

This file contains the following documents:

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



Este archivo contiene los siguientes documentos:

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

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

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.

Generation Park Management District (CN604386060) and MRA Northeast, L.P. (CN606362754) proposes to operate Generation Park Management District East Wastewater Treatment Plant (RN112166004), a domestic wastewater treatment facility. The facility will be located approximately 1,400 ft north of the intersection of Lake Houston Parkway and Common Dock Drive, in Houston, Harris County, Texas 77044.

This application is for a new permit to discharge at an ultimate average flow of 2,800,000 gallons per day of treated domestic wastewater via an outfall into a series of detention basins and ultimately to the San Jacinto River Basin.

Discharges from the facility are expected to contain Carbonaceous Biochemical Oxygen Demand (5-day)(CBOD₅), total suspended solids (TSS), and ammonia nitrogen (NH₃-N). Additional potential pollutants are unknown as this is a new wastewater treatment plant. Domestic wastewater will be treated by activated sludge process with single stage nitrification.

RESUMEN DE LA SOLICITUD EN LENGUAJE SENCILLO PARA LAS SOLICITUDES DE PERMISOS TPDES O TLAP

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.

El Distrito de Gestión de Generation Park (CN604386060) y MRA Northeast, L.P. (CN606362754) propone operar Planta de Tratamiento de Aguas Residuales del Este del Distrito de Gestión de Generation Park (RN112166004), una instalación de tratamiento de aguas residuales domésticas. La instalación está ubicada en aproximadamente 1,400 pies al norte de la intersección de Lake Houston Parkway y Common Dock Drive, en Houston, Condado de Harris, Texas 77044. Esta solicitud es para un nuevo permiso para descargar un caudal promedio final de 2.800.000 galones por día de aguas residuales domésticas tratadas a través de un desagüe en una serie de cuencas de detención y, en última instancia, en la cuenca del río San Jacinto.

Se espera que las descargas de la instalación contengan Demanda bioquímica de oxígeno carbonoso $(5\text{-días})(CBOD_5)$, sólidos suspendidos totales (TSS) y nitrógeno amoniaco $(NH_3\text{-}N)$. Se desconocen otros posibles contaminantes ya que se trata de una nueva planta de tratamiento de aguas residuales.. Aguas residuales domésticas. estará tratado por roceso de lodos activados con nitrificación en una sola etapa.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0016745001

APPLICATION. Generation Park Management District and MRA Northeast, L.P., 1300 Post Oak Boulevard, Suite 2400, Houston, Texas 77056, have applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016745001 (EPA I.D. No. TX0147567) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 2,800,000 gallons per day. The domestic wastewater treatment facility will be located approximately 1,400 feet north of the intersection of Lake Houston Parkway and Common Dock Drive, near the city of Houston, in Harris County, Texas 77044. The discharge route will be from the plant site to a detention basin; thence to a storm sewer; thence to an unnamed tributary; thence to San Jacinto River Tidal. TCEQ received this application on March 5, 2025. The permit application will be available for viewing and copying at TCEQ Region 12 Office, Suite H, 5425 Polk Street, Houston, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdesapplications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.170277,29.900833&level=18

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Generation Park Management District and MRA Northeast, L.P. at the address stated above or by calling Mr. Vernon Webb II, P.E., District Engineer, IDS Engineering Group, at (832) 590-7210.

Issuance Date: April 16, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO PROPUESTO NO. WQ0016745001

SOLICITUD. El Distrito de Gestión de Generation Park y MRA Northeast, L.P., 1300 Post Oak Boulevard, Suite 2400, Houston, Texas 77056, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WO0016745001 (EPA I.D. No. TX0147567) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 2,800,000 galones por día. La planta está ubicada aproximadamente 1,400 pies al norte de la intersección de Lake Houston Parkway y Common Dock Drive, cerca de la ciudad de Houston, en el Condado de Harris, Texas 77044. La ruta de descarga es del sitio de la planta a una cuenca de detención sin nombre; de allí al alcantarillado pluvial; de allí a una serie de cuencas y canales de detención sin nombre; de allí a un afluente sin nombre; de allí a la marea del río San Jacinto. La TCEQ recibió esta solicitud el 5 de Marzo de 2025. La solicitud para el permiso está disponible para leerla y copiarla en Oficina de la Región 12 de la TCEQ, Suite H, 5425 Polk Street, Houston, en el candado de Harris, Texas. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdesapplications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=95.170277,29.900833&level=18

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una

reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director

Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Ademas, puede pedir que la TCEQ ponga su nombre en una or mas de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

También se puede obtener información adicional del El Distrito de Gestión de Generation Park y MRA Northeast, L.P. a la dirección indicada arriba o llamando a Mr. Vernon Webb, II, P.E., Ingeniero de Distrito, al (832) 590-7210.

Fecha de emisión 16 de abril de 2025



March 26, 2025

Abesha H. Michael Applications Review and Processing Team (MC148) Texas Commission on Environmental Quality 12100 Park 35 Circle Austin, Texas 78753

Reference: Notice of Deficiency Letter dated March 11, 2025

Application for Proposed Permit No.: WQ0016745001 (EPA I.D. No. TX0147567)

Applicant Name: Generation Park Management District (CN604386060)

MRA Northeast, L.P. (CN606362754)

Site Name: Generation Park Management District East WWTP (RN12166004)

IDS Project No. 1339-012-04

Dear Ms. Michael,

Thank you for your review of the new permit application referenced above. Please see our responses below.

- The hardcopies (one original and two copies) were mailed to TCEQ and delivered March 11, 2025. The tracking number was 772552863164 and the package was signed for by "D. Alba."
- 2. The address for the applicant (Generation Park Management District) should be used on the permit and for permit correspondence from the TCEQ. For clarity, the address is 1300 Post Oak Blvd, Suite 2400, Houston, TX 77056.
- 3. Per our phone conversation on 3/25/2025, the location description will remain as "Approximately 1,400 ft north of the intersection of Lake Houston Parkway and Common Dock Drive."
- 4. Revised Plain Language Summaries in both English and Spanish are attached.
- 5. An updated Signature Page for the Administrative Report 1.0 is attached. Additionally, the original was mailed to TCEQ on March 26, 2025.
- 6. The land east-northeast of the co-applicant property boundary is Deussen Park, which is owned by Harris County. The Affected Landowner map has been updated to reflect this information, attached. Also attached are an updated Affected Landowner Cross-Reference List and Microsoft Word file for the mailing labels.

7. The NORI should read as follows (corrections are in red):

Generation Park Management District and MRA Northeast, L.P., 1300 Post Oak Boulevard, Suite 2400, Houston, Texas 77056, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016745001 (EPA I.D. No. TX0147567) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 2,800,000 gallons per day. The domestic wastewater treatment facility will be located approximately 1,400 feet north of the intersection of Lake Houston Parkway and Common Dock Drive, near the city of Houston, in Harris County, Texas (77044). The discharge route will be from the plant site to an unnamed detention basin; thence to storm sewer; thence to a series of unnamed detention basins and channels; thence to an unnamed tributary; thence to San Jacinto River Tidal. TCEQ received this application on March 5, 2025. The permit application will be available for viewing and copying at TCEQ Region 12 Office, Suite H, 5425 Polk Street, Houston, in Harris County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This

https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.170277,29.900833&level=18

Further information may also be obtained from Generation Park Management District and MRA Northeast, L.P. at the address stated above or by calling Mr. Vernon Webb II, P.E., District Engineer, IDS Engineering Group, at (832) 590-7210.

8. The translated Spanish NORI is attached as a Microsoft Word document.

A complete revised permit application has been uploaded to the TCEQ file transfer system. The revised application also includes updates from the technical review dated March 14, 2025. Technical Report 1.0 Section 9D and Technical Report 1.1 Section 3C were revised in accordance with the comments received.

Sincerely,

ann Marie & Burns

AnnMarie Burns, E.I.T. Design Engineer

cc: Vernon H. Webb, II, P.E., IDS Engineering Group

Daniel Ringold, Schwartz, Page & Harding, L.L.P.

X:\1300\133901204 TO 143 Generation Park East\Eng-PM\Reports\Response to 3-11-2025 letter\Response Letter.docx





DOMESTIC WASTEWATER PERMIT RENEWAL APPLICATION - REVISED

Texas Commission on Environmental Quality

Generation Park Management District

IDS Project No. 1339-012-04

February 2025



3/26/2025

TABLE OF CONTENTS

Checklist

Administrative Report 1.0

Attachment No. 1 – Core Data Forms (Administrative Report 1.0, Section 3.C.)

Attachment No. 2 – Plain Language Summary (English & Spanish) (Administrative Report 1.0, Section 8.F.)

Attachment No. 3 – Public Involvement Plan Form (Administrative Report 1.0, Section 8.G.)

Attachment No. 4 – USGS Topographic Map (Administrative Report 1.0, Section 13)

Attachment No. 5 – Copy of Payment Voucher

Administrative Report 1.1

Attachment No. 6 – Affected Landowners Map & List of Addresses (Administrative Report 1.1, Section 1.)

Attachment No. 7 – Original Photographs with map (Administrative Report 1.1, Section 2.)

Attachment No. 8 – Buffer Zone Map (Administrative Report 1.1, Section 3.)

Attachment No. 9 – Supplemental Permit Information Form (SPIF)

Checklist of Common Deficiencies

Technical Report 1.0

Attachment No. 10 – Treatment Process Description (Technical Report 1.0, Section 2.A.)

Attachment No. 11 – Treatment Units (Technical Report 1.0, Section 2.B.)

Attachment No. 12 – Process Flow Diagrams (Technical Report 1.0, Section 2.C.)

Attachment No. 13 – Site Map (Technical Report 1.0, Section 3)

Technical Report 1.1

Attachment No. 14 – Justification of Permit Need (Technical Report 1.1, Section 1.A.)

Attachment No. 15 – Nearby WWTPs Map and Proof of Mailing Request for Service (Technical Report, Section 1.3.)

Attachment No. 16 – Design Calculations (Technical Report, Section 4)

Attachment No. 17 – FIRM Panel (Technical Report, Section 5.A.)

Attachment No. 18 – Wind Rose (Technical Report, Section 5.B.)

Attachment No. 19 – Sewage Sludge Solids Management Plan (Technical Report, Section 7)

Worksheet 2.0: Receiving Waters

Worksheet 2.1: Stream Physical Characteristics

Worksheet 6.0: Industrial Waste Contribution

THE TOTAL COMMISSION OF THE PROPERTY OF THE PR

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Generation Park Management District

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

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

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

For TCEQ Use Only	
Segment Number	County
Expiration Date	Region
Permit Number	

THE THE PART OF TH

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 □	\$315.00 □
≥0.05 but <0.10 MGD	\$550.00 □	\$515.00 □
≥0.10 but <0.25 MGD	\$850.00 □	\$815.00 □
≥0.25 but <0.50 MGD	\$1,250.00 □	\$1,215.00 □
≥0.50 but <1.0 MGD	\$1,650.00 □	\$1,615.00
≥1.0 MGD	\$2,050.00 ⊠	\$2,015.00

Minor Amendment (for any flow) \$150.00 □

Payment	Inform	ation:

Active

Mailed Check/Money Order Number: Click to enter text.

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY Voucher Number: <u>751697/751698</u>

Copy of Payment Voucher enclosed? Yes \boxtimes

Section 2. Type of Application (Instructions Page 26)

a.	Che	ck the box next to the appropriate authorization type
	\boxtimes	Publicly-Owned Domestic Wastewater
		Privately-Owned Domestic Wastewater
		Conventional Wastewater Treatment
b.	Che	ck the box next to the appropriate facility status.

Inactive

c.	. Check the box next to the appropriate permit type.					
	□ TLAP					
	☐ TPDES Permit with TLAP component					
	☐ Subsurface Area Drip Dispersal System (SADDS)					
d.	d. Check the box next to the appropriate application type					
	New					
	\square Major Amendment <u>with</u> Renewal \square Mine	or Amendment <u>with</u> Renewal				
	\square Major Amendment <u>without</u> Renewal \square Mine	or Amendment <u>without</u> Renewal				
	☐ Renewal without changes ☐ Mine	or Modification of permit				
e.	e. For amendments or modifications, describe the proposed of	changes: Click to enter text.				
f.	f. For existing permits:					
	Permit Number: WQ00 Click to enter text.					
	EPA I.D. (TPDES only): TX Click to enter text.					
	Expiration Date: Click to enter text.					
-						
Se	Section 3. Facility Owner (Applicant) and Co-A	Applicant Information				
	(Instructions Page 26)					
A.	A. The owner of the facility must apply for the permit.					
	What is the Legal Name of the entity (applicant) applying fo	or this permit?				
	Generation Park Management District					
	(The legal name must be spelled exactly as filed with the Tex the legal documents forming the entity.)	xas Secretary of State, County, or				
	If the applicant is currently a customer with the TCEQ, what					

You may search for your CN on the TCEQ website at http://www15.tceq.texas.gov/crpub/

CN: 604386060

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.

Last Name, First Name: Neuhaus, Charles W. Prefix: Mr.

Title: **Board President** Credential: Click to enter text.

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

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

MRA Northeast, L.P.

(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: Mr. Last Name, First Name: McCord, Frederick R.

Title: <u>President</u> Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: <u>The co-applicant is the current owner</u> of the land where the treatment facility will be located.

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Webb II, Vernon

Title: <u>District Engineer</u> Credential: <u>P.E.</u>

Organization Name: IDS Engineering Group

Mailing Address: 13430 Northwest Fwy, Suite 700 City, State, Zip Code: Houston, TX 77040

Phone No.: 832-590-7210 E-mail Address: wwebb@idseg.com

Check one or both:

Administrative Contact

Technical Contact

B. Prefix: Mr. Last Name, First Name: Ringold, Daniel

Title: District Attorney Credential: Click to enter text.

Organization Name: Schwartz, Page & Harding, L.L.P.

Mailing Address: 1300 Post Oak Blvd, Suite 2400 City, State, Zip Code: Houston, TX 77056

Phone No.: 713-623-4531 E-mail Address: dringold@sphllp.com

Check one or both: oxdot Administrative Contact oxdot 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: Neuhaus, Charles W.

Title: <u>Board President</u> Credential: Click to enter text.

Organization Name: c/o Schwartz, Page & Harding, L.L.P.

Mailing Address: 1300 Post Oak Blvd, Suite 2400 City, State, Zip Code: Houston, TX 77056

Phone No.: (713) 623-4531 E-mail Address: Click to enter text.

B. Prefix: Mr. Last Name, First Name: Deboben III, John R.

Title: Board Vice President Credential: Click to enter text.

Organization Name: c/o Schwartz, Page & Harding, L.L.P.

Mailing Address: 1300 Post Oak Blvd, Suite 2400 City, State, Zip Code: Houston, TX 77056

Phone No.: (713) 623-4531 E-mail Address: Click to enter text.

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: Ms. Last Name, First Name: Colondres, Cynthia

Title: <u>District Bookkeeper</u> Credential: Click to enter text.

Organization Name: Municipal Accounts & Consulting, L.P.

Mailing Address: <u>1281 Brittmoore Rd.</u> City, State, Zip Code: <u>Houston, TX 77043</u> Phone No.: <u>(713) 623-4539</u> E-mail Address: <u>ccolondres@municipalaccounts.com</u>

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

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

Prefix: Ms. Last Name, First Name: Chapa, Vanessa

Title: Compliance Manager Credential: Click to enter text.

Organization Name: <u>Inframark</u>

Mailing Address: 2002 W Grand Pkwy N., Suite 100 City, State, Zip Code: Katy, TX, 77449

Phone No.: (281) 877-2612 E-mail Address: vanessa.chapa@inframark.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Riley, Vonda

Title: <u>Administrative Assistant</u> Credential: Click to enter text.

Organization Name: <u>IDS Engineering Group</u>

Mailing Address: 13430 Northwest Fwy, Suite 700 City, State, Zip Code: Houston, TX 77040

Phone No.: (713) 462-3178 E-mail Address: vriley@idseg.com

Ь.		kage	Receipt and intent to Obtain a water Quanty Permit
	Ind	icate by a check mark the pre	ferred method for receiving the first notice and instructions:
	\boxtimes	E-mail Address	
		Fax	
		Regular Mail	
C.	Coı	ntact permit to be listed in th	ne Notices
	Pre	fix: <u>Mr.</u>	Last Name, First Name: Webb II, Vernon
	Titl	e: <u>District Engineer</u>	Credential: <u>P.E.</u>
	Org	ganization Name: <u>IDS Engineer</u>	ring Group
	Mai	lling Address: <u>13430 Northwest</u>	t Fwy, Suite 700 City, State, Zip Code: Houston, TX 77040
	Pho	one No.: <u>(832) 590-7210</u>	E-mail Address: vwebb@idseg.com
D.	Pul	olic Viewing Information	
	•	he facility or outfall is located inty must be provided.	in more than one county, a public viewing place for each
	Pub	olic building name: <u>TCEQ Regi</u>	on 12 Office
	Loc	ation within the building: <u>Rec</u>	eption Area
	Phy	rsical Address of Building: <u>542</u>	<u>≥5 Polk Street</u>
	City	y: <u>Houston</u>	County: <u>Harris</u>
	Cor	ntact (Last Name, First Name):	<u>N/A</u>
	Pho	one No.: <u>(713) 767-3500</u> Ext.: Cl	ick to enter text.
Ε.	Bili	ngual Notice Requirements	
		s information is required for dification, and renewal appli	new, major amendment, minor amendment or minor ications.
	be 1		s only used to determine if alternative language notices will as on publishing the alternative language notices will be in
	obt		rdinator at the nearest elementary and middle schools and to determine whether an alternative language notices are
			ram required by the Texas Education Code at the elementary he facility or proposed facility?
		⊠ Yes □ No	
		If no , publication of an altern below.	native language notice is not required; skip to Section 9
		Are the students who attend a hilingual education program	either the elementary school or the middle school enrolled in at that school?

Yes □ No

	3.	Do the locatio		these	e schools attend a bilingual education program at another
			Yes	\boxtimes	No
	4.				quired to provide a bilingual education program but the school has rement under 19 TAC §89.1205(g)?
			Yes		No
	5.		-	_	question 1, 2, 3, or 4 , public notices in an alternative language are ge is required by the bilingual program? <u>Spanish</u>
F.	Pla	in Lang	guage Sumn	nary T	Геmplate
	Co	mplete	the Plain La	nguag	ge Summary (TCEQ Form 20972) and include as an attachment.
	At	tachme	nt: <u>Attachme</u>	nt 2	
G.	Pu	blic Inv	olvement P	lan F	orm
	Co	mplete	the Public Ir	nvolve	ement Plan Form (TCEQ Form 20960) for each application for a
	ne	w perm	iit or major	amen	ndment to a permit and include as an attachment.
	At	tachme	nt: <u>Attachme</u>	<u>nt 3</u>	
C		0	D 1 .		
5 e	CU	on 9.	Regula Page 29		Entity and Permitted Site Information (Instructions
A.				regul	ated by TCEQ, provide the Regulated Entity Number (RN) issued to
					Registry at http://www15.tceq.texas.gov/crpub/ to determine if ed by TCEQ.
B.	Na	me of p	roject or sit	e (the	name known by the community where located):
	<u>Ge</u>	<u>neration</u>	Park Manage	ement	District East Wastewater Treatment Plant
C.	Ov	vner of	treatment fa	cility	: Generation Park Management District
	Ov	vnership	of Facility:	\boxtimes	Public □ Private □ Both □ Federal
D.	Ov	vner of l	land where t	treatn	nent facility is or will be:
	Pre	efix: Cli	ck to enter t	ext.	Last Name, First Name: Click to enter text.
	Tit	le: Click	k to enter te	xt.	Credential: Click to enter text.
	Or	ganizat	ion Name: <u>M</u>	IRA N	ortheast, L.P.
	Ma	iling Ac	ddress: <u>250 /</u>	Assay S	Street, Suite 200 City, State, Zip Code: Houston, TX 77044
	Ph	one No.	: <u>(713) 860-3</u>	000	E-mail Address: scloonan@mccord.com
					same person as the facility owner or co-applicant, attach a lease d easement. See instructions.
		Attach	ment: <u>Lando</u>	wner	is co-applicant.

F.

	Owner of effluent disposal site:	
	Prefix: <u>N/A</u>	Last Name, First Name: <u>N/A</u>
	Title: <u>N/A</u>	Credential: <u>N/A</u>
	Organization Name: <u>N/A</u>	
	Mailing Address: <u>N/A</u>	City, State, Zip Code: <u>N/A</u>
	Phone No.: <u>N/A</u>	E-mail Address: <u>N/A</u>
	If the landowner is not the same agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: <u>N/A</u>	
F.	Owner sewage sludge disposal si property owned or controlled by	ite (if authorization is requested for sludge disposal on the applicant)::
	Prefix: N/A	Last Name, First Name: <u>N/A</u>
	Title: <u>N/A</u>	Credential: <u>N/A</u>
	Organization Name: <u>N/A</u>	
	Mailing Address: <u>N/A</u>	City, State, Zip Code: <u>N/A</u>
	Phone No.: <u>N/A</u>	E-mail Address: <u>N/A</u>
		person as the facility owner or co-applicant, attach a lease
	agreement or deed recorded ease	ement. See instructions.
	Attachment: <u>N/A</u>	
So	ection 10 TDDES Dischar	ge Information (Instructions Page 31)
/\	Is the wastewater treatment facil	ity location in the existing permit accurate?
Л.	D Ma	not in the character accurate.
л.	☐ Yes ☐ No	
Α.	If no, or a new permit application	on, please give an accurate description:
Α.	If no, or a new permit application	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock
	If no , or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7704	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14.
	If no , or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7704 Are the point(s) of discharge and	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock
	If no , or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702 Are the point(s) of discharge and Yes No	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14. I the discharge route(s) in the existing permit correct?
	If no , or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7704 Are the point(s) of discharge and Yes No If no , or a new or amendment p	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14.
	If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702 Are the point(s) of discharge and Texas	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14. I the discharge route(s) in the existing permit correct? ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 ence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in
	If no , or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702 Are the point(s) of discharge and Implication Yes No If no , or a new or amendment p point of discharge and the discharge and the discharge and the discharge and unnamed detention basin, the basins and channels, thence to an in Segment No. 1001 of the San Jacin	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 44. I the discharge route(s) in the existing permit correct? ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 thence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin.
	If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702 Are the point(s) of discharge and Implication Yes No If no, or a new or amendment proportion of discharge and the discharge and the discharge and the discharge and channels, thence to an unamed detention basin, the basins and channels, thence to an unamed segment No. 1001 of the San Jacin City nearest the outfall(s): Houston	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14. I the discharge route(s) in the existing permit correct? ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 tence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin.
В.	If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702 Are the point(s) of discharge and Texas and Texas In No If no, or a new or amendment proportion of discharge and the discharge and the discharge and the discharge and unnamed detention basin, the basins and channels, thence to an an Segment No. 1001 of the San Jacin City nearest the outfall(s): Housted County in which the outfalls(s) is	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14. I the discharge route(s) in the existing permit correct? ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 tence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin. on s/are located: Harris
В.	If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702 Are the point(s) of discharge and Texas and Texas In No If no, or a new or amendment proportion of discharge and the discharge and the discharge and the discharge and unnamed detention basin, the basins and channels, thence to an an Segment No. 1001 of the San Jacin City nearest the outfall(s): Housted County in which the outfalls(s) is	on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 44. I the discharge route(s) in the existing permit correct? ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 tence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin. on s/are located: Harris discharge to a city, county, or state highway right-of-way, or

	If yes , indicate by a check mark if:
	\square Authorization granted \square Authorization pending
	For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.
	Attachment: <u>N/A</u>
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: $\underline{N/A}$
C	ation 11 TI AD Discussible (Leature tion Dec. 22)
56	ection 11. TLAP Disposal Information (Instructions Page 32)
A.	For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
	□ Yes □ No
	If no, or a new or amendment permit application , provide an accurate description of the disposal site location:
	N/A
В.	City nearest the disposal site: <u>N/A</u>
C.	County in which the disposal site is located: <u>N/A</u>
D.	For TLAPs , describe the routing of effluent from the treatment facility to the disposal site:
	N/A
Е.	For TLAPs , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A
Se	ection 12. Miscellaneous Information (Instructions Page 32)
A.	Is the facility located on or does the treated effluent cross American Indian Land?
	□ Yes ⊠ No
В.	If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?
	□ Yes □ No ⊠ Not Applicable
	If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.
	N/A

C.	Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?
	□ Yes ⊠ No
	If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: $\underline{N/A}$
D.	Do you owe any fees to the TCEQ?
	□ Yes ⊠ No
	If yes , provide the following information:
	Account number: <u>N/A</u>
	Amount past due: <u>N/A</u>
E.	Do you owe any penalties to the TCEQ?
	□ Yes ⊠ No
	If yes , please provide the following information:
	Enforcement order number: <u>N/A</u>
	Amount past due: <u>N/A</u>
Se	ection 13. Attachments (Instructions Page 33)
Inc	dicate 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.
\boxtimes	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
	nguage Summary (English and Spanish); Attachment 3 – Public Involvement Plan Form; Attachment 4
<u> </u>	<u> USGS Topographic Map, Attachment 5 – Copy of Payment Voucher</u>

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: Generation Park Management District

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): Mr. Charles W. Neuhaus
Signatory title: Board President
Signature: Date: 3-19-25 (Use blue ink)
Subscribed and Sworn to before me by the said harles W. Jenhaus on this 19th day of harch , 2025. My commission expires on the 28th day of harmy, 2025.
Notary Public LINDA L KNOX Notary Public Comm. Expires 01-28-202 Notary ID 448502-4

New Hublic, State of Texas Comm. Expires 01-28-2029 Notary ID 448502-4

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: MRA Northeast, L.P.

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): Mr. Frederick R. McCord
Signatory title: President
Signature:
(Use blue ink)
Subscribed and Sworn to before me by the said Frederick R. McCord, Jr.
on this 14th day of Februs, 20 <u>25</u> .
My commission expires on the 12th day of October, 2025.

Notary Public

County, Texas

SHAWN WESLEY CLOONAN
Notary Public, State of Texas
Comm. Expires 10-12-2028
Notary ID 126589235

ATTACHMENT NO. 1

CORE DATA FORMS





TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for	Subillissi	on (ij other is checked	i pieuse uest	ribe ili space pr	oviaea.)								
New Pern	nit, Registra	ation or Authorization	(Core Data F	orm should be	submitte	ed with	n the prog	ram apı	olication.)				
Renewal	Renewal (Core Data Form should be submitted with the renewal form)								Other				
2. Customer Reference Number (if issued) Follow this link to search for CN or RN numbers in							3. Reg	gulated	l Entity Re	ference	Number (if i	issued)	
CN 604386060 Central Regist							RN						
SECTION	N II:	Customer	Infor	mation	<u>1</u>								
4. General Cu	istomer In	formation	5. Effectiv	ve Date for Cu	ustome	r Info	rmation	Update	es (mm/dd/	['] yyyy)			
☐ New Custor	mer	Пи	pdate to Cus	stomer Informa	tion		Chan	nge in Re	egulated Ent	tity Owne	ership		
		(Verifiable with the Te				otrolle				,			
The Custome	r Name su	ıbmitted here may ı	be updated	l automatical	ly base	d on ı	what is c	urrent	and active	with th	e Texas Secr	retary of State	
		oller of Public Accou	-										
6. Customer	Legal Nam	ne (If an individual, pri	nt last name	first: ea: Doe. J	lohn)			If nev	v Customer.	enter pre	evious Custom	er below:	
								1					
Generation Par	k Managen	nent District											
7. TX SOS/CP	A Filing N	umber	8. TX Stat	t e Tax ID (11 d	igits)			9. Federal Tax ID 10. DUNS No			Number (if		
								(9 dig	its)		applicable)		
						1							
11. Type of C	ustomer:	Corpora	tion				Individual Partners			rship: 🔲 Gen	neral Limited		
		County Federal	Local Sta	ate 🛛 Other			Sole P		•	Otl			
12. Number o	of Employ	ees						13. li	ndepender	ntly Ow	ned and Ope	erated?	
□ 0-20 □ 2	21-100	101-250 251-	500 🗌 50	01 and higher			⊠ Yes □ No						
14. Customer	Role (Pro	posed or Actual) – as i	t relates to t	he Regulated Ei	ntity liste	ed on t	this form.	Please (check one of	the follo	wing		
Owner		Operator		Owner & Opera	ator								
	al Licensee	Responsible Pa		☐ VCP/BSA App					Other:				
	Schwartz	, Page & Harding, L.L.F).										
15. Mailing	1300 Pos	t Oak Blvd, Suite 2400	ı										
Address:		, 		State	TX		ZIP	7705	2		ZIP + 4	1	
	City	Houston		State	'^		217	//05	J		ZIF + 4		
16. Country N	Mailing Inf	formation (if outside	USA)			17.	E-Mail Ad	ddress	(if applicabl	le)			
						dring	gold@sphl	llp.com					
18. Telephon	e Number	•		19. Extension	on or Co	ode	e 20. Fax Number (if applicable)						

TCEQ-10400 (11/22) Page 1 of 3

(713)623-4531 (713)623-6143

SECTION III: Regulated Entity Information

21. General Regulated En	tity Informa	ition (If 'New Reg	ulated Entity" is sel	ected, a new pe	ermit applica	tion is also requi	red.)	
New Regulated Entity	Update to	Regulated Entity	Name 🔲 Update	e to Regulated	Entity Inform	ation		
The Regulated Entity Namas Inc, LP, or LLC).	ne submitte	d may be upda	ted, in order to m	eet TCEQ Cor	e Data Star	ndards (removo	al of organizatio	onal endings such
22. Regulated Entity Nam	ne (Enter nam	e of the site wher	e the regulated acti	on is taking pla	ce.)			
Generation Park Managemer	nt District East	t Wastewater Trea	itment Plant					
23. Street Address of the Regulated Entity:								
(No PO Boxes)	City		State		ZIP		ZIP + 4	
24. County	Harris	1	<u> </u>	l .		1	l	
		If no Stree	et Address is prov	rided, fields 2	5-28 are re	quired.		
25. Description to Physical Location:	Approximate	ely 1,400 ft north	of the intersection o	of Lake Housto	n Parkway an	d Common Dock	Drive.	
26. Nearest City						State	Ne	earest ZIP Code
Houston TX 77044								
Houston							,,,	U-1-1
Latitude/Longitude are re used to supply coordinate	-	-	-		ata Standa			-
Latitude/Longitude are re	es where no	-	-	n accuracy).				-
Latitude/Longitude are re used to supply coordinate	es where no	-	-	n accuracy).	ongitude (V	rds. (Geocodin	g of the Physico	-
Latitude/Longitude are re used to supply coordinate 27. Latitude (N) In Decima	al: Minutes	-	rovided or to gain	28. Lo	ongitude (V	rds. (Geocodin	g of the Physico	al Address may be
Latitude/Longitude are re used to supply coordinate 27. Latitude (N) In Decima	al: Minutes	ne have been p	Seconds 3.32	28. Lo Degre 31. Primar	es -95	rds. (Geocodin V) In Decimal: Minute	ng of the Physico	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees	Minutes 30.	ne have been p	Seconds 3.32	28. Lo	es -95	V) In Decimal: Minute de 32	ng of the Physica	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code	Minutes 30.	54 Secondary SIC	Seconds 3.32	28. Lo Degre 31. Primar	es -95	V) In Decimal: Minute de 32	ng of the Physical Secondary NA	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits)	Minutes 30. (4 d	54 Secondary SIC (igits)	Seconds 3.32 Code	Degree 31. Primar (5 or 6 digit	es -95 ry NAICS Co	V) In Decimal: Minute de 32	ng of the Physical Secondary NA	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits) 4952	Minutes 30. (4 d	54 Secondary SIC (igits)	Seconds 3.32 Code	Degree 31. Primar (5 or 6 digit	es -95 ry NAICS Co	V) In Decimal: Minute de 32	ng of the Physical Secondary NA	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits) 4952 33. What is the Primary B Wastewater Treatment Facility	Minutes 30. (4 d	54 Secondary SIC (igits)	Seconds 3.32 Code	Degree 31. Primar (5 or 6 digit	es -95 ry NAICS Co	V) In Decimal: Minute de 32	ng of the Physical Secondary NA	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits) 4952 33. What is the Primary E Wastewater Treatment Facility 34. Mailing	Minutes 30. (4 d Business of t	54 Secondary SIC (igits)	Seconds 3.32 Code	Degree 31. Primar (5 or 6 digit	es -95 ry NAICS Co	V) In Decimal: Minute de 32	ng of the Physical Secondary NA	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits) 4952 33. What is the Primary B Wastewater Treatment Facility	Minutes 30. (4 d Business of t	54 Secondary SIC (igits) This entity? (Do	Seconds 3.32 Code	Degree 31. Primar (5 or 6 digit	es -95 ry NAICS Co	V) In Decimal: Minute de 32	ng of the Physical Secondary NA	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits) 4952 33. What is the Primary E Wastewater Treatment Facility 34. Mailing	Minutes 30. (4 d Susiness of t ty Schwartz, 1300 Post City	54 Secondary SIC (igits) his entity? (Do Page & Harding, I Oak Blvd, Suite 2	Seconds 3.32 Code onot repeat the SIC P. 400	28. Lo Degre 31. Primar (5 or 6 digit	es -95 Ty NAICS Co ts)	Minute de 32	ag of the Physical states of the Physical sta	Seconds 13.44
Latitude/Longitude are reused to supply coordinate 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits) 4952 33. What is the Primary E Wastewater Treatment Facilit 34. Mailing Address:	Minutes 30. (4 d Susiness of t ty Schwartz, 1300 Post City	54 Secondary SIC (igits) his entity? (Do Page & Harding, I Oak Blvd, Suite 2	Seconds 3.32 Code onot repeat the SIC P. 400	28. Lo Degree 31. Primar (5 or 6 digit	es -95 TY NAICS Co ts) iption.)	Minute de 32	ag of the Physical Islands or 6 digits)	Seconds 13.44

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.

TCEQ-10400 (11/22) Page 2 of 3

☐ Dam Safety		Districts	Edwards Aquifer		Em	issions Inventory Air	Industrial Hazardous Waste		
☐ Municipal Solid Waste		New Source Review Air	OSSF		Petroleum Storage Tank		□ PWS		
Sludge		Storm Water	☐ Title V Air		Tire	es	Used Oil		
☐ Voluntary Clean	up		☐ Wastewater Agricu	lture	☐ Wa	ter Rights	Other:		
SECTION I	V: Pr	eparer Inf	<u>ormation</u>	'					
40. Name: Ann	nMarie Burn	S		41. Title:	D	esign Engineer			
42. Telephone Nun	nber	43. Ext./Code	44. Fax Number	45. E-M	ail Add	Iress			
(832)590-7153			() -	aburns@	ns@idseg.com				
SECTION \	/: Au	thorized S	ignature						
6. By my signature be	low, I certify	, to the best of my kno					and that I have signature authority ntified in field 39.		
Company:	Generatio	n Park Management D	istrict	Job Title		Board President			
Name (In Print):	Charles W	. Neuhaus				Phone:	213-5024515		
Signature:		1///				Date:	12/18/14		



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for	Submissi	i on (If other is checked	please describe	e in space pr	rovided.)						
New Perr	nit, Registra	ation or Authorization	(Core Data Forn	n should be	submitted v	vith the prog	gram application.)				
Renewal	(Core Data	Form should be submi	tted with the re	newal form))		Other				
2. Customer	Reference	Number (if issued)		Follow this I	link to searc	13. Re	3. Regulated Entity Reference Number (if issued)				
CN	CN For CN or RN Central Re					n RN					
SECTIO	N II:	Customer	Inform	nation	1						
4. General Cu	ıstomer Ir	nformation	5. Effective	Date for Cu	ustomer Ir	formation	Updates (mm/dd/	[′] уууу)			
New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership											
☐Change in L	egal Name	(Verifiable with the Te	kas Secretary of	State or Tex	kas Comptro	ller of Publi	c Accounts)				
The Custome	r Name su	ubmitted here may l	be updated a	utomatical	lly based o	n what is o	current and active	with th	ne Texas Sec	retary of State	
(SOS) or Texa	s Comptro	oller of Public Accou	ints (CPA).								
6. Customer	Legal Nam	ne (If an individual, pri	nt last name fir	st: eg: Doe, J	John)		If new Customer,	enter pre	evious Custon	ner below:	
MRA Northeas	t, L.P.										
7. TX SOS/CP	A Filing N	umber	8. TX State	Tax ID (11 d	ligits)		9. Federal Tax ID 10. DUI			Number (if	
0800309222			32035641169	9			(9 digits)		applicable)		
									N/A		
							76-0559742				
11. Type of C	ustomer:	☐ Corpora	tion			☐ Indivi	dual	Partne	ership: 🔲 Ge	neral 🛛 Limited	
Government: [City 🔲 (County 🔲 Federal 🔲	Local State	Other		Sole F	Sole Proprietorship Other:				
12. Number	of Employ	rees				l .	13. Independe	ntly Ow	ned and Op	erated?	
☑ 0-20 □	21-100 [<u> </u>	500 🗌 501	and higher			⊠ Yes □ No				
14. Customer	r Role (Pro	posed or Actual) – as i	t relates to the	Regulated E	ntity listed o	n this form.	Please check one o	f the follo	owing		
Owner		Operator	☐ Ow	ner & Opera	ator			Current	owner of lan	d where treatment	
Occupation	al Licensee	Responsible Pa	rty 🔲 \	/CP/BSA App	olicant		facility wil	l be locat	ted.		
	MRA No	rtheast, L.P.									
15. Mailing	250 Assa	y St., Suite 200									
Address:	City	Houston		State	TX	ZIP	77044		ZIP + 4	3506	
	J,				<u> </u>		170		4		
16. Country I	Mailing In	formation (if outside	USA)		1	7. E-Mail A	ddress (if applicabl	le)			
					sc	loonan@m	ccord.com				
18 Telenhon	a Numbai	•	1	9 Fytansia	on or Code	1	20 Fay N	lumher	(if annlicable	1	

TCEQ-10400 (11/22) Page 1 of 3

SECTION III: Regulated Entity Information

21. General Regulated En	tity Informa	tion (If 'New Reg	ulated Entity" is sele	cted, a new pe	ermit applica	tion is also required.)		
New Regulated Entity	Update to	Regulated Entity	Name	to Regulated E	Entity Inform	ation		
The Regulated Entity Nan as Inc, LP, or LLC).	ne submitted	d may be updat	ed, in order to me	et TCEQ Cor	e Data Star	dards (removal of	organization	al endings such
22. Regulated Entity Nam	e (Enter name	e of the site where	e the regulated actio	n is taking pla	ce.)			
Generation Park Managemer	t District East	Wastewater Trea	tment Plant					
23. Street Address of the Regulated Entity:								
(No PO Boxes)	City		State		ZIP		ZIP + 4	
24. County	Harris	ı						
		If no Stree	et Address is provi	ded, fields 2	5-28 are re	quired.		
25. Description to Physical Location:	Approximate	ely 1,400 ft north	of the intersection of	f Lake Houstor	n Parkway an	d Common Dock Drive	2.	
26. Nearest City						State	Nea	rest ZIP Code
Houston						TX	7704	14
Latitude/Longitude are re used to supply coordinate	-	-	-		ata Standa	rds. (Geocoding of	the Physical	Address may be
27. Latitude (N) In Decima	al:			28. Lo	ongitude (V	/) In Decimal:		
Degrees	Minutes		Seconds	Degre	es	Minutes		Seconds
29	!	54	3.32		-95	10	0	13.44
29. Primary SIC Code	30.	Secondary SIC (Code		y NAICS Co	de 32. Sec	ondary NAI	CS Code
(4 digits)	(4 di	gits)		(5 or 6 digit	rs)	(5 or 6 d	digits)	
4952								
33. What is the Primary B	usiness of t	his entity? (Do	not repeat the SIC o	or NAICS descri	iption.)			
Wastewater Treatment Facilit	У							
Schwartz, Page & Harding, L.L.P.								
24 Mailing	Schwartz, I	Page & Harding, L	.L.P.					
34. Mailing		Page & Harding, L						
34. Mailing Address:				тх	ZIP	77056	ZIP + 4	3078
, and the second	1300 Post	Oak Blvd, Suite 24	State	тх	ZIP	77056	ZIP + 4	3078
Address:	1300 Post	Oak Blvd, Suite 24	State			77056 ax Number (if applic		3078

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.

TCEQ-10400 (11/22) Page 2 of 3

☐ Dam Safety	Districts	Edwards Aquifer		Emissions Inventory Air	☐ Industrial Hazardous Waste		
☐ Municipal Solid	Waste Review Air	OSSF		Petroleum Storage Tank	□PWS		
Sludge	Storm Water	☐ Title V Air		Tires	Used Oil		
☐ Voluntary Clean	up 🛚 Wastewater	☐ Wastewater Agricu	ulture 🔲	Water Rights	Other:		
SECTION 1	:V: Preparer In	<u>formation</u>	1				
40. Name: Ani	nMarie Burns		41. Title:	Design Engineer			
42. Telephone Nun	nber 43. Ext./Code	44. Fax Number	45. E-Mail	Address			
(832)590-7153		() -	aburns@idseg.com				
SECTION \	/: Authorized	Signature	•				
46. By my signature be		nowledge, that the informat			e, and that I have signature authority entified in field 39.		
Company:	MRA Northeast, L.P.		Job Title:	President			
Name (In Print):	Frederick R. McCord			Phone:	() -		
Signature:				Date:	2/14/2025		

TCEQ-10400 (11/22) Page 3 of 3

ATTACHMENT NO. 2

PLAIN LANGUAGE SUMMARY (ENGLISH AND SPANISH)



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

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.

Generation Park Management District (CN604386060) and MRA Northeast, L.P. (CN606362754) proposes to operate Generation Park Management District East Wastewater Treatment Plant (RN112166004), a domestic wastewater treatment facility. The facility will be located approximately 1,400 ft north of the intersection of Lake Houston Parkway and Common Dock Drive, in Houston, Harris County, Texas 77044.

This application is for a new permit to discharge at an ultimate average flow of 2,800,000 gallons per day of treated domestic wastewater via an outfall into a series of detention basins and ultimately to the San Jacinto River Basin.

Discharges from the facility are expected to contain Carbonaceous Biochemical Oxygen Demand (5-day)(CBOD₅), total suspended solids (TSS), and ammonia nitrogen (NH₃-N). Additional potential pollutants are unknown as this is a new wastewater treatment plant. Domestic wastewater will be treated by activated sludge process with single stage nitrification.

RESUMEN DE LA SOLICITUD EN LENGUAJE SENCILLO PARA LAS SOLICITUDES DE PERMISOS TPDES O TLAP

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.

El Distrito de Gestión de Generation Park (CN604386060) y MRA Northeast, L.P. (CN606362754) propone operar Planta de Tratamiento de Aguas Residuales del Este del Distrito de Gestión de Generation Park (RN112166004), una instalación de tratamiento de aguas residuales domésticas. La instalación está ubicada en aproximadamente 1,400 pies al norte de la intersección de Lake Houston Parkway y Common Dock Drive, en Houston, Condado de Harris, Texas 77044. Esta solicitud es para un nuevo permiso para descargar un caudal promedio final de 2.800.000 galones por día de aguas residuales domésticas tratadas a través de un desagüe en una serie de cuencas de detención y, en última instancia, en la cuenca del río San Jacinto.

Se espera que las descargas de la instalación contengan Demanda bioquímica de oxígeno carbonoso (5-días)(CBOD₅), sólidos suspendidos totales (TSS) y nitrógeno amoniaco (NH₃-N). Se desconocen otros posibles contaminantes ya que se trata de una nueva planta de tratamiento de aguas residuales.. Aguas residuales domésticas. estará tratado por roceso de lodos activados con nitrificación en una sola etapa.

PUBLIC INVOLVEMENT PLAN FORM



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.

TCEQ-20960 (02-09-2023)

Section 3. Application Information

Type of Application (check all that apply):

Air Initial Federal Amendment Standard Permit Title V

Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire

Radioactive Material Licensing Underground Injection Control

Water Quality

Texas Pollutant Discharge Elimination System (TPDES)

Texas Land Application Permit (TLAP)

State Only Concentrated Animal Feeding Operation (CAFO)

Water Treatment Plant Residuals Disposal Permit

Class B Biosolids Land Application Permit

Domestic Septage Land Application Registration

Water Rights New Permit

New Appropriation of Water

New or existing reservoir

Amendment to an Existing Water Right

Add a New Appropriation of Water

Add a New or Existing Reservoir

Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

D ' 1	1 1		C 1 1	
Provide 3	hrigt d	accrintion	of planned	activation
I I OVIUE a	титет и	CSCLIDUOL	от планиси	activities.

Section 5. Community and Demographic Information

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

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

language notice is necessary. Please provide the following information.				
(City)				
(County)				
(Census Tract) Please indicate which City	of these three is the County	e level used for gatherin Census Tract	ng the following informat	tion.
(a) Percent of people	over 25 years of age	e who at least graduated	from high school	
- -		the specified location	race within the specified	location
(d) Percent of Linguis	stically Isolated Hous	seholds by language wit	hin the specified locatior	1
(e) Languages commo	only spoken in area l	by percentage		
(f) Community and/o	or Stakeholder Group	os		
(g) Historic public int	terest or involvemen	t		

Section 6. Planned Public Outreach Activities

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

Yes No

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

Yes No

If Yes, please describe.

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

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

Yes No

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

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

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

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

Yes No

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

Yes No

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

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

Section 7. Voluntary Submittal

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

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

Yes No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

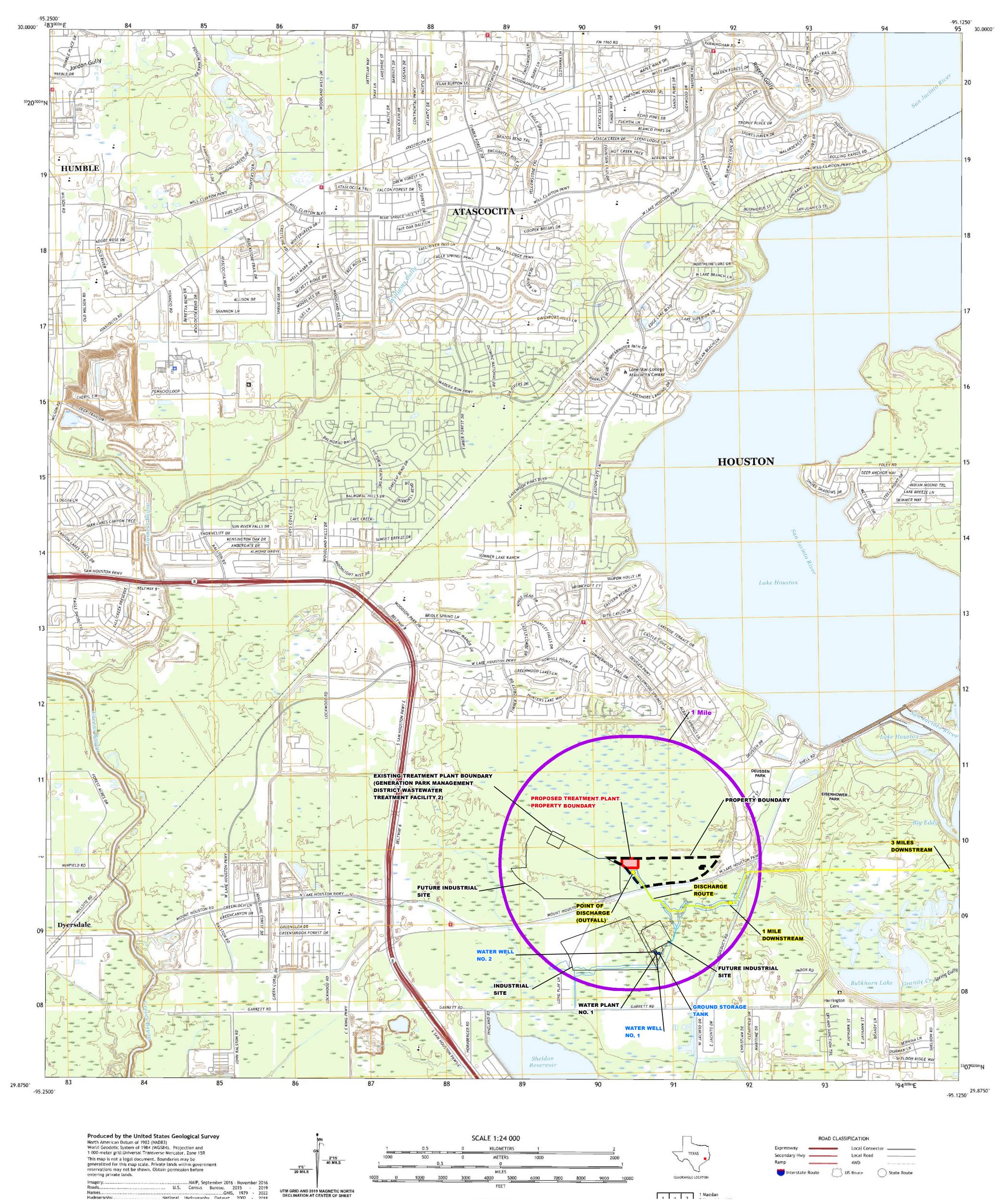
Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

USGS TOPOGRAPHIC MAP

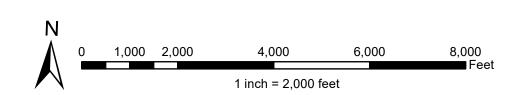








13430 NW. Freeway Suite 700 Houston, Texas 77040 713.462.3178 TxEng Firm 2726 Tx Surv Firm 10110700



GENERATION PARK MANAGEMENT DISTRICT USGS 7.5' QUADRANGLE MAP

COPY OF PAYMENT VOUCHER



Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information-

Trace Number: 582EA000653750

Date: 02/21/2025 10:21 AM

Payment Method: CC - Authorization 0000021420

ePay Actor: ANNMARIE BURNS Actor Email: dgillamac@idseg.com

IP: 216.201.136.178

TCEQ Amount: \$2,050.00 Texas.gov Price: \$2,096.38*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name: ANNMARIE BURNS

Company: IDS ENGINEERING GROUP

Address: 13430 NORTHWEST FREEWAY, HOUSTON, TX 77040

Phone: 713-462-3178

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
751697	WW PERMIT - FACILITY WITH FLOW $>=1.0~{\rm MGD}$ - NEW AND MAJOR AMENDMENTS		\$2,000.00
751698	30 TAC 305.53B WQ NOTIFICATION FEE	TCEQ Amount:	\$50.00 \$2,050.00

ePay Again Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

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)

Α.		cate by a check mark that the landowners map or drawing, with scale, includes the owing information, as applicable:
	\boxtimes	The applicant's property boundaries
	\boxtimes	The facility site boundaries within the applicant's property boundaries
	\boxtimes	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
В.	⊠ addı	Indicate by a check mark that a separate list with the landowners' names and mailing resses cross-referenced to the landowner's map has been provided.
C.	Indi	cate by a check mark in which format the landowners list is submitted:
		☐ USB Drive
D.	Prov <u>Dist</u> ı	ride the source of the landowners' names and mailing addresses: <u>Harris County Appraisal</u> rict
Е.		equired by <i>Texas Water Code § 5.115</i> , is any permanent school fund land affected by application?
		□ Yes ⊠ No

	If ye land(s, provide the location and foreseeable impacts and effects this application has on the (s):
	Clic	k to enter text.
Se	ctio	n 2. Original Photographs (Instructions Page 38)
		original ground level photographs. Indicate with checkmarks that the following tion 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
0		
		n 3. Buffer Zone Map (Instructions Page 38)
Α.		er zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following
		mation. The applicant's property line and the buffer zone line may be distinguished by g dashes or symbols and appropriate labels.
В.	using Buffe	The applicant's property boundary; The required buffer zone; and Each treatment unit; and
В.	using Buffe	The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries. er zone compliance method. Indicate how the buffer zone requirements will be met. k all that apply.
В.	using Buffe	The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries. er zone compliance method. Indicate how the buffer zone requirements will be met. k all that apply. Ownership
В.	using Buffer Chec	The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries. er zone compliance method. Indicate how the buffer zone requirements will be met. k all that apply. Ownership
В.	using Buffer Chec	The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries. Per zone compliance method. Indicate how the buffer zone requirements will be met. It all that apply. Ownership Restrictive easement
	using Buffe Chec	The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries. Per zone compliance method. Indicate how the buffer zone requirements will be met. It k all that apply. Ownership Restrictive easement Nuisance odor control

DOMESTIC WASTEWATER PERMIT APPLICATION SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: See Attachment No. 9

ORIGINAL PHOTOGRAPHS WITH MAP



Generation Park Management District East Wastewater Treatment Plant Domestic Administrative Report 1.1 – Section 2 Original Photographs

Photograph of new treatment unit location:
 Area is currently wooded and is not yet cleared.

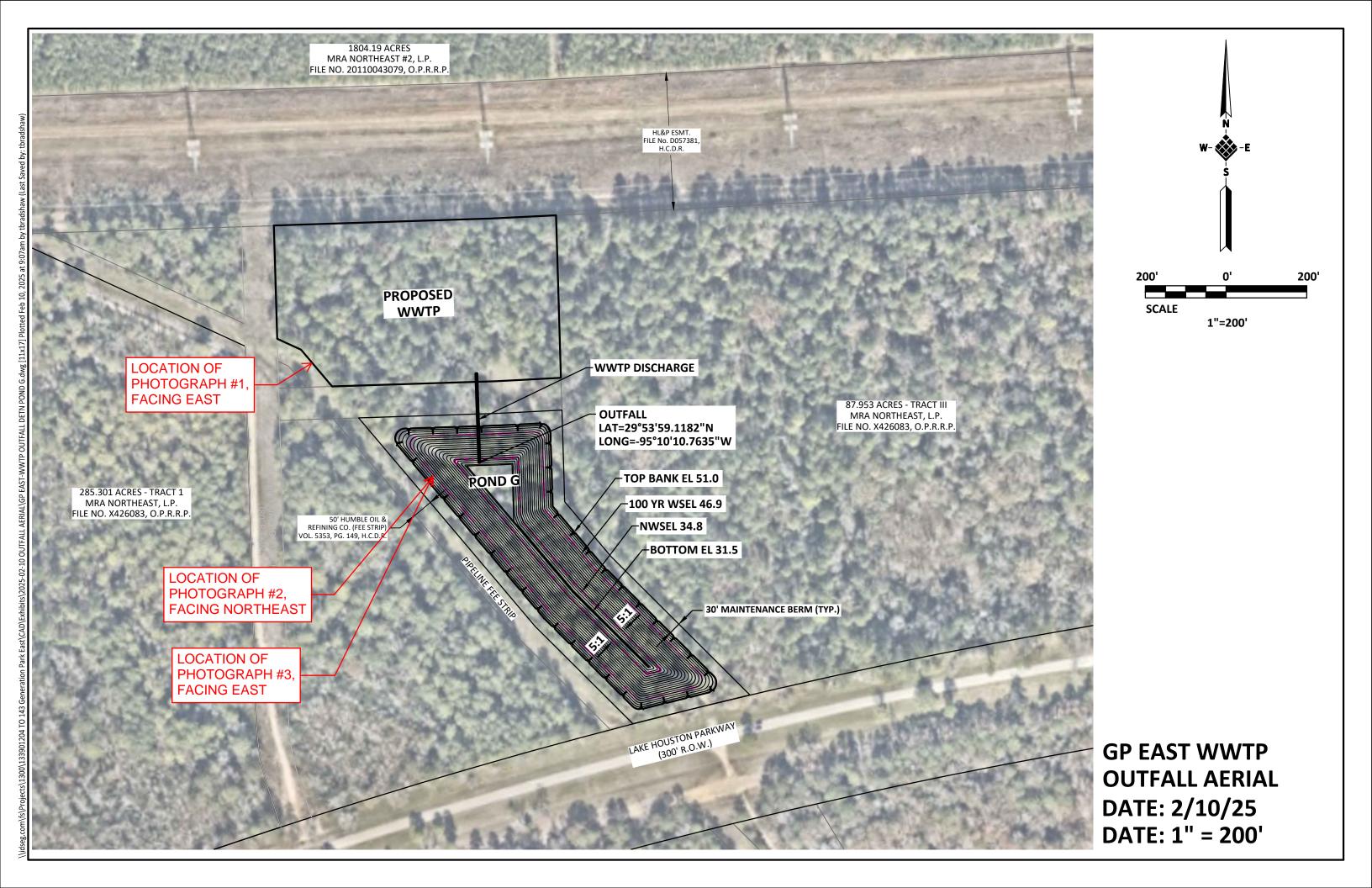


• Photographs of proposed discharge point:

Area is currently wooded and is not yet cleared. Effluent will discharge into detention pond, which has not yet been excavated.

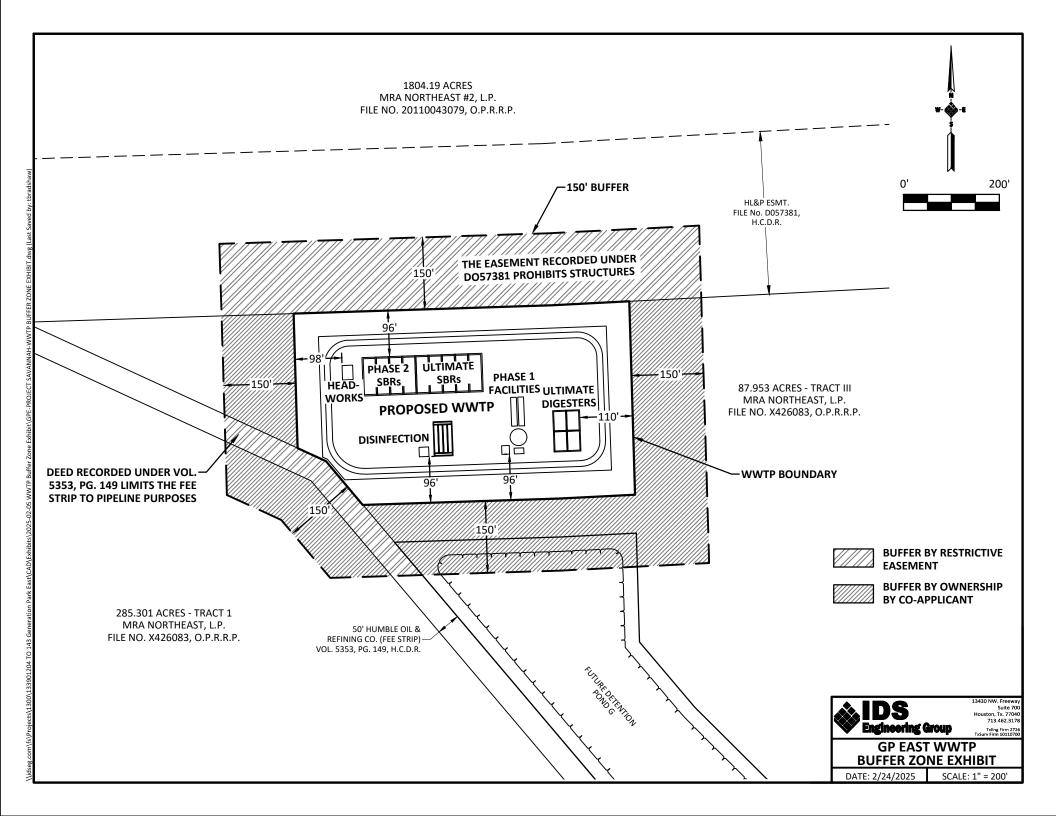






BUFFER ZONE MAP





SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

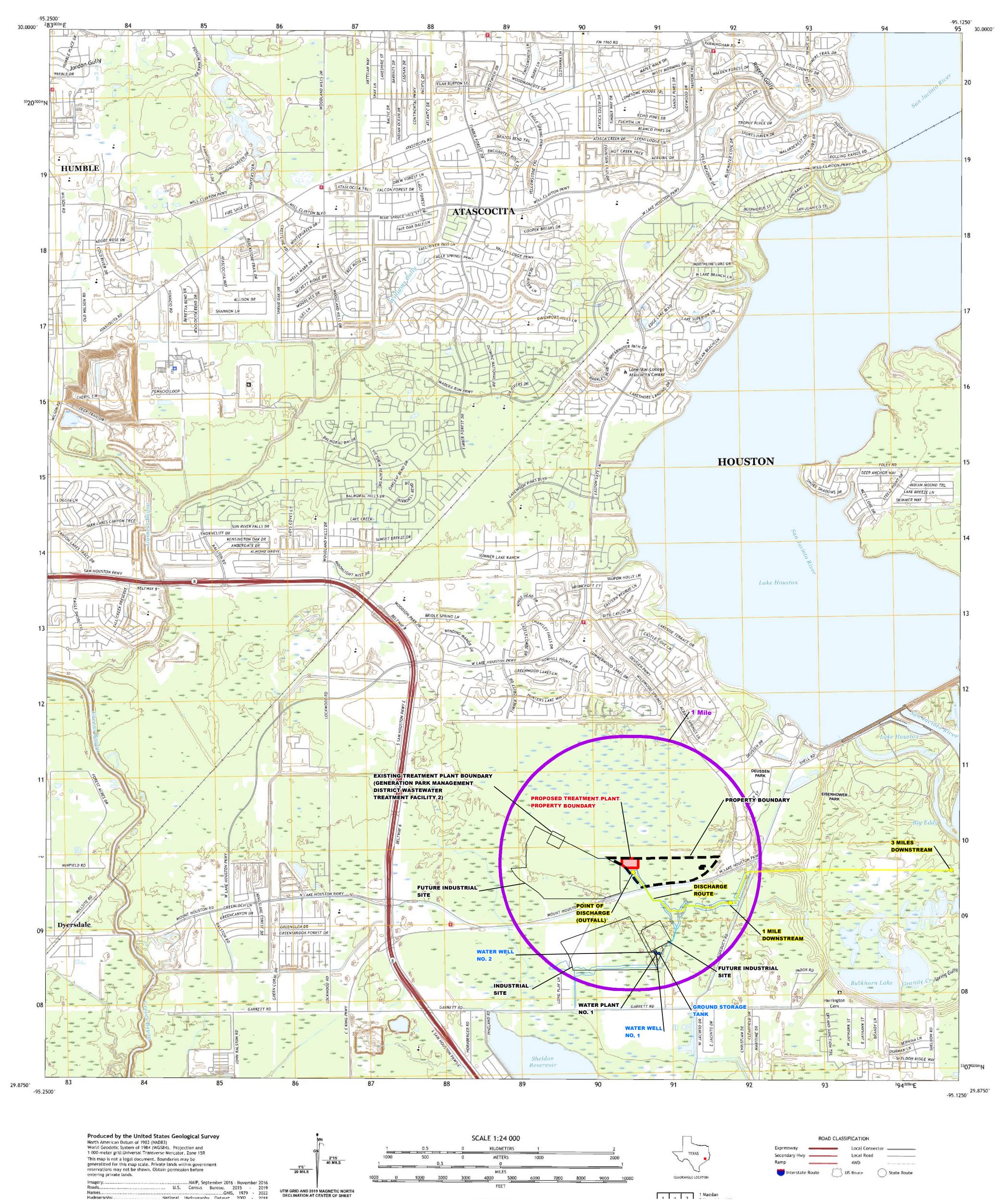
FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

	ACDO MAD CANAN			
	CEQ USE ONLY:	J	Min on American descript	
-	application type:RenewalMajor Amen			3W
	ounty:Se	egment N	umber:	
	dmin Complete Date:			
~	gency Receiving SPIF:			
	Texas Historical Commission			
	Texas Parks and Wildlife Department	U.S.	Army Corps of Engineers	
Thi	is form applies to TPDES permit applications o	only. (Inst	tructions, Page 53)	
our is n	mplete this form as a separate document. TCEQ r agreement with EPA. If any of the items are not needed, we will contact you to provide the information completely.	t complet	tely addressed or further info	ormation
atta app com may	not refer to your response to any item in the pachment for this form separately from the Admiplication will not be declared administratively completed in its entirety including all attachments by be directed to the Water Quality Division's Appail at WO-ARPTeam@tceq.texas.gov or by phone	inistrative omplete v . Question plication	e Report of the application. To without this SPIF form being and or comments concerning to Review and Processing Team	The this form
The	e following applies to all applications:			
1. 1	Permittee: <u>Generation Park Management District</u>	<u>t</u>		
]	Permit No. WQ00	EPA ID	No. TX	xt.
	Address of the project (or a location description and county):	n that inc	eludes street/highway, city/vi	icinity,
	Approximately 1,400 ft north of the intersection Dock Drive in Harris County, TX 77044.	on of Lak	e Houston Parkway and Com	<u>mon</u>

		e the name, address, phone and fax number of an individual that can be contacted to specific questions about the property.
	Prefix ((Mr., Ms., Miss): <u>Mr.</u>
	First aı	nd Last Name: <u>Vernon H. Webb, II</u>
	Creden	ntial (P.E, P.G., Ph.D., etc.): <u>P.E.</u>
	Title: <u>I</u>	District Engineer
	Mailing	g Address: <u>13430 Northwest Freeway, Suite 700</u>
	City, St	tate, Zip Code: <u>Houston, TX 77040</u>
	Phone	No.: <u>(713) 462-3178</u> Ext.: Fax No.:
	E-mail	Address: <u>vwebb@idseg.com</u>
2.	List the	e county in which the facility is located: <u>Harris</u>
3.	please	property is publicly owned and the owner is different than the permittee/applicant, list the owner of the property.
	N/A	
	Duorid	a a description of the offluent discharge route. The discharge route must follow the flow
4.		e a description of the effluent discharge route. The discharge route must follow the flow ent from the point of discharge to the nearest major watercourse (from the point of
		rge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify
		ssified segment number.
	series	ent will discharge to an unnamed detention basin, thence to storm sewer, thence to a of unnamed detention basins and channels, thence to an unnamed tributary, thence
	10 Sai	<u> Jacinto River Tidal in Segment No. 1001 of the San Jacinto River Basin.</u>
5.	plotted route f	provide a separate 7.5-minute USGS quadrangle map with the project boundaries and a general location map showing the project area. Please highlight the discharge from the point of discharge for a distance of one mile downstream. (This map is ed in addition to the map in the administrative report).
	Provide	e original photographs of any structures 50 years or older on the property.
	Does y	our 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
	\boxtimes	Additional phases of development that are planned for the future
		Sealing caves, fractures, sinkholes, other karst features

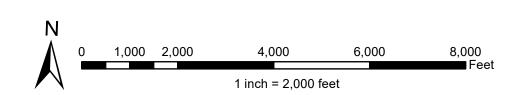
	☑ Disturbance of vegetation or wetlands
1.	List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):
	Construction of the wastewater treatment plant will include grading of the site, installation of utilities, site paving, equipment, and treatment basins. Excavation depth will not exceed approximately 20 feet. Construction, including clearing, will impact approximately 5.5 acres.
2.	Describe existing disturbances, vegetation, and land use:
	The site is currently wooded. There is one cleared area which was previously used for oil and gas exploration.
	HE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR MENDMENTS TO TPDES PERMITS
3.	List construction dates of all buildings and structures on the property:
	There are no existing buildings or structures.
4.	Provide a brief history of the property, and name of the architect/builder, if known.
1.	The site was previously owned by the King Cattle & Timber Company, and was also used
	for oil and gas activities.







13430 NW. Freeway Suite 700 Houston, Texas 77040 713.462.3178 TxEng Firm 2726 Tx Surv Firm 10110700



GENERATION PARK MANAGEMENT DISTRICT USGS 7.5' QUADRANGLE MAP

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) (Required for all application types. Must be completed in its entirety of Note: Form may be signed by applicant representative.)	ınd s	igned.		Yes
Domestic Correct and Current Industrial Wastewater Permit Application Form (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or late			\boxtimes	Yes
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for TCEQ ePay Voucher Receipt is included 7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)				
Current/Non-Expired, Executed Lease Agreement or Easement	\boxtimes	N/A		Yes
Landowners Map (See instructions for landowner requirements)		N/A	\boxtimes	Yes
 Things to Know: All the items shown on the map must be labeled. The applicant's complete property boundaries must be de boundaries of contiguous property owned by the applicant. The applicant cannot be its own adjacent landowner. You landowners immediately adjacent to their property, regard from the actual facility. If the applicant's property is adjacent to a road, creek, or on the opposite side must be identified. Although the property applicant's property boundary, they are considered potent if the adjacent road is a divided highway as identified on map, the applicant does not have to identify the landowned the highway. 	t. mus dless strea perti tially the U	t identi of how m, the es are i affecto ISGS to	fy the far fande lande l	e they are owners djacent to ndowners. aphic
Landowners Cross Reference List (See instructions for landowner requirements)		N/A		Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)		N/A		Yes
Original signature per 30 TAC § 305.44 - Blue Ink Preferred (If signature page is not signed by an elected official or principle exec a copy of signature authority/delegation letter must be attached)	utive	e officei	×,	Yes

Plain Language Summary

Yes

THI THOUNDENTAL OUT IN

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.12

2-Hr Peak Flow (MGD): o.48

Estimated construction start date: February 2026

Estimated waste disposal start date: September 2026

B. Interim II Phase

Design Flow (MGD): 1.05

2-Hr Peak Flow (MGD): 4.2

Estimated construction start date: <u>February 2027</u> Estimated waste disposal start date: August 2029

C. Final Phase

Design Flow (MGD): 2.8

2-Hr Peak Flow (MGD): 11.2

Estimated construction start date: <u>January 2030</u> Estimated waste disposal start date: <u>June 2032</u>

D. Current Operating Phase

Provide the startup date of the facility: N/A

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

than one phase exists or is proposed, a description of *each phase* must be provided.

See Attachment No. 10

finish with the point of discharge. Include all sludge processing and drying units. If more

B. Treatment Units

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

Table 1.0(1) - Treatment Units

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

C. Process Flow Diagram

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

Attachment: See Attachment No. 12

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

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

• Latitude: 29° 53' 59.12" N

• Longitude: <u>-95° 10' 10.76" W</u>

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

Latitude: <u>N/A</u>Longitude: <u>N/A</u>

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

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

Attachment: See Attachment No. 13

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

This wastewater treatment plant will serve the east side of Generation Park Management District. The area is generally bounded by Beltway 8 and Sheldon Reservoir to the West, Summerwood to the North, Deussen Parkway and Aqueduct Road to the east, and Garrett Road to the South.

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
Generation Park East Collection System	Generation Park Management District	Publicly Owned	1675
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. U	nbuilt Phases	(Instructions	Page 44)
--------------	---------------	---------------	------------------

Is the application for a renewal of a permit that contains an unbuilt phase or phases?						
□ Yes ⊠ No						
If yes, does the existing permit contain a phase that has not been constructed within five years of being authorized by the TCEQ?						
□ Yes □ No						
If yes, provide a detailed discussion regarding the continued need for the unbuilt phase. Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.						
recommending denial of the unbuilt phase or phases.						
recommending denial of the unbuilt phase or phases.						
recommending denial of the unbuilt phase or phases.						
recommending denial of the unbuilt phase or phases.						
recommending denial of the unbuilt phase or phases.						
recommending denial of the unbuilt phase or phases.						

Section 5. Closure Plans (Instructions Page 44)

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

	□ Yes ⊠ No
If y	y es , was a closure plan submitted to the TCEQ?
	□ Yes □ No
If y	yes, provide a brief description of the closure and the date of plan approval.
N	<u>/A</u>
Se	ction 6. Permit Specific Requirements (Instructions Page 44)
	r applicants with an existing permit, check the Other Requirements or Special ovisions 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: N/A
	Provide information, including dates, on any actions taken to meet a <i>requirement or provision</i> pertaining to the submission of a summary transmittal letter. Provide a copy of an approval letter from the TCEQ, if applicable.
	N/A
B.	Buffer zones
	Have the buffer zone requirements been met?
	□ Yes □ No
	Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.
	N/A

C.	Ot	her actions required by the current permit
	su	bes the <i>Other Requirements</i> or <i>Special Provisions</i> section in the existing permit require bmission of any other information or other required actions? Examples include otification of Completion, progress reports, soil monitoring data, etc.
		□ Yes □ No
		yes, provide information below on the status of any actions taken to meet the nditions of an <i>Other Requirement</i> or <i>Special Provision</i> .
	N	/A
D.	Gr	it 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.
		N/A
	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.
		N/A
	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.
		N/A
E.	Sto	ormwater 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:
	N/A
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.
	N/A
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.
	N/A
	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.
		N/A
		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.	Dis	scharges to the Lake Houston Watershed
	Do	es the facility discharge in the Lake Houston watershed?
		□ Yes □ No
		ves, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. ck to enter text.
G.	Ot	her 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 ₅ concentration of the sludge, and the design BOD ₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
		N/A
		Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
	<i>2.</i>	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

	N/A
	Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
3.	Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)
	Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?
	□ Yes □ No
	If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.
	N/A
Sect	ion 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)
Is the	facility in operation?
	Yes ⊠ No
If no,	this section is not applicable. Proceed to Section 8.
	, provide effluent analysis data for the listed pollutants. <i>Wastewater treatment</i> ties complete Table 1.0(2). Water treatment facilities discharging filter backwash water,

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the

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

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.

Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l					
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					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

^{*}TPDES permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Inframark, LLC

Facility Operator's License Classification and Level: (Wastewater Operations Company)

Facility Operator's License Number: OCoooo232

[†]TLAP permits only

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

A. WWTP's Sewage Sludge or Biosolids Management Facility Type Check all that apply. See instructions for guidance Design flow>= 1 MGD Serves $\geq 10,000$ people Class I Sludge Management Facility (per 40 CFR § 503.9) \boxtimes Biosolids generator Biosolids end user - land application (onsite) Biosolids end user - surface disposal (onsite) Biosolids end user - incinerator (onsite) B. WWTP's Sewage Sludge or Biosolids Treatment Process Check all that apply. See instructions for guidance. \boxtimes Aerobic Digestion Air Drying (or sludge drying beds) **Lower Temperature Composting** Lime Stabilization **Higher Temperature Composting Heat Drying** Thermophilic Aerobic Digestion Beta Ray Irradiation Gamma Ray Irradiation **Pasteurization** Preliminary Operation (e.g. grinding, de-gritting, blending) Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter) Sludge Lagoon Temporary Storage (< 2 years) Long Term Storage (>= 2 years) Methane or Biogas Recovery Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

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

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk	60 metric tons (estimated per year)	Class B: PSRP Aerobic Digestion	Option 4: SOUR <=1.5 mg 02/hr/g total solids at 20C (<2% 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: <u>Mt Houston Road WWTP Sludge Processing Site</u>

TCEQ permit or registration number: <u>WQ0005023000</u>

County where disposal site is located: Harris

E. Transportation method

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

Name of the hauler: <u>Magna Flow Environmental</u>

Hauler registration number: 21484

Sludge is transported as a:

Liquid □ semi-liquid ⊠	semi-solid □	solid □
------------------------	--------------	---------

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

A. Beneficial use authorization

Does the ext	isting pern	nit include a	ıthorization	for lan	d applicati	ion of bio	solids for
beneficial us	se?						

□ Yes □ No

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

□ Yes □ No

		is the completed Application for Permit f Form No. 10451) attached to this permit s)?				
		Yes □ No				
B.	Sludge	e processing authorization				
		the existing permit include authorization for se or disposal options?	or an	y of the	follov	wing sludge processing,
	Slu	idge Composting		Yes		No
	Ma	rketing and Distribution of Biosolids		Yes		No
	Slu	ldge Surface Disposal or Sludge Monofill		Yes		No
	Tei	mporary storage in sludge lagoons		Yes		No
	author	to any of the above sludge options and the rization, is the completed Domestic Waste iical Report (TCEQ Form No. 10056) attack	wate	r Permi	t App	lication: Sewage Sludge
		Yes □ No				
Se	ection	11. Sewage Sludge Lagoons (Ins	strn	ctions	Pag	e 53)
		facility include sewage sludge lagoons?) CI GI	ctionio	- ⁴ 8	C 55)
D	_	es 🗵 No				
If		nplete the remainder of this section. If no,	proc	eed to S	Section	n 12.
A.	Locati	on information				
		ollowing maps are required to be submitted le the Attachment Number.	l as p	art of t	he apı	plication. For each map,
	•	Original General Highway (County) Map:				
		Attachment: Click to enter text.				
	•	USDA Natural Resources Conservation Ser	vice	Soil Ma _l	o:	
		Attachment: Click to enter text.				
	•	Federal Emergency Management Map:				
		Attachment: Click to enter text.				
	•	Site map:				
	. .	Attachment: Click to enter text.				
	Discus apply.	ss in a description if any of the following e	xist v	vithin th	ie lago	oon area. Check all that
		Overlap a designated 100-year frequency	floo	d plain		
		Soils with flooding classification				
		Overlap an unstable area				
		Wetlands				

		Located less than 60 meters from a fault
		None of the above
	Att	achment: Click to enter text.
	-	rtion of the lagoon(s) is located within the 100-year frequency flood plain, provide otective measures to be utilized including type and size of protective structures:
C	lick	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: <u>Click to enter text.</u>

Potassium, mg/kg: <u>Click to enter text.</u> 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: <u>Click to enter text.</u> 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 $1x10^{-7}$ cm/sec?

		Yes □ No			
	If yes	, describe the liner below. Please note that a liner is required.			
	Click	to enter text.			
D.	Site d	evelopment plan			
	Provid	le a detailed description of the methods used to deposit sludge in the lagoon(s):			
	Click	to enter text.			
	Attac	n 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.	Groui	ndwater monitoring			
	groun	undwater monitoring currently conducted at this site, or are any wells available for dwater monitoring, or are groundwater monitoring data otherwise available for the e lagoon(s)?			
		Yes □ No			
	types	undwater monitoring data are available, provide a copy. Provide a profile of soil encountered down to the groundwater table and the depth to the shallowest dwater as a separate attachment.			

Attachment: Click to enter text.

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

Α.	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:	
C.	lick to enter text.	
B.	Permittee enforcement status	
	Is the permittee currently under enforcement for this facility?	
	□ Yes ⊠ No	
	Is the permittee required to meet an implementation schedule for compliance or enforcement?	
	□ Yes ⊠ No	
	If yes to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:	on
C.	lick to enter text.	
Se	ection 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?	e
	□ 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 55)

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

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

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

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

CERTIFICATION:

Printed Name: N/A

Title: N/A

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

Signature:	
Date:	

ATTACHMENT NO. 10

TREATMENT PROCESS DESCRIPTION



Generation Park Management District

East Wastewater Treatment Plant

Domestic Technical Report 1.0 – Section 2. Treatment Process Description

Current Operating Phase

All phases are proposed; plant is not currently operating.

Proposed Interim Phase I (0.12 MGD)

The proposed Interim Phase I plant is a steel plant, designed to treat 0.12 MGD average daily flow with a 0.48 MGD peak flow (4Q). The treatment process is activated sludge process with complete mix single stage nitrification.

Wastewater will be pumped through an influent force main to the headworks, which will have a manual bar screen. The effluent from the screens will proceed to two (2) aeration basins for biological treatment. From the aeration basins, the mixed liquor will flow to a single clarifier for settling.

The settled sludge from the clarifier will either be returned to the aeration basins as Recycled Activated Sludge (RAS) or wasted into two (2) digesters as Waste Activated Sludge (WAS). Each digester has aerators and airlift decanters to further thicken the sludge and return the supernatant back to the aeration basins, while the sludge is periodically removed and wet hauled to another facility for further dewatering and disposal.

The settled final clarifier effluent will flow to a chlorine contact basin for disinfection. Finally, the disinfected effluent will be discharged into a man-made detention pond and ultimately into the San Jacinto River.

Proposed Interim Phase II (1.05 MGD)

The proposed Interim Stage II plant will include four (4) of the nine (9) ultimate sequencing batch reactors (SBRs) and repurpose the basins from the steel plant as digesters. It will be designed to treat 1.05 MGD average daily flow and 4.2 MGD peak flow, with one SBR out of service. Each SBR treats 350,000 gallons per day.

The wastewater influent will flow into a headworks structure and then to the SBRs for biological treatment and settling using an activated sludge process with single stage nitrification. Fine bubble diffusers and/or jet aerators will be used for aeration and decanters will be used for removing the clarified supernatant effluent. Positive displacement blowers will supply air to the SBR basins.

The proposed Interim Phase II will also include two (2) chlorine contact basins, for final disinfection of the effluent. The disinfected effluent will then be de-chlorinated and discharged into a man-made detention pond and ultimately into the San Jacinto River.

Excess sludge from the SBRs will continue to digesters, which will contain a decant mechanism for thickening the sludge. The steel aeration basins and digesters from the Proposed Stage I package plant will be converted as necessary and repurposed as digesters in this phase. The decanted digester supernatant will be returned to the SBR treatment basins, and thickened sludge will be periodically removed and wet hauled to another facility for further dewatering and disposal.

Proposed Ultimate Phase (2.8 MGD)

In the proposed ultimate phase, five (5) additional concrete sequencing batch reactors (SBRs) will be added to the four (4) SBRs proposed in the 1.05 MGD Interim II phase, for a total of nine (9) SBRs. The ultimate plant will be designed to treat 2.8 MGD average daily flow and 11.2 MGD peak flow, with one SBR out of service. Each SBR treats 350,000 gallons per day.

The wastewater influent will flow into a headworks structure and then to the SBRs for biological treatment and settling using an activated sludge process with single stage nitrification. Fine bubble diffusers and/or jet aerators will be used for aeration and decanters will be used for removing the clarified supernatant effluent. Positive displacement blowers will supply air to the SBR basins.

The proposed ultimate phase will include four (4) chlorine contact basins, for final disinfection of the effluent. The disinfected effluent will then be de-chlorinated and discharged into a man-made detention pond and ultimately into the San Jacinto River.

Excess sludge from the SBRs will continue to digesters, which will contain a decant mechanism for thickening the sludge. The proposed ultimate phase will include four (4) digesters. The decanted digester supernatant will be returned to the SBR treatment basins, and thickened sludge will be periodically removed and wet hauled to another facility for further dewatering and disposal.

ATTACHMENT NO. 11

TREATMENT UNITS



Generation Park Management District

East Wastewater Treatment Plant

Domestic Technical Report 1.0 – Table 1.0(1) Treatment Units

<u>Treatment Unit Type</u>	Number of <u>Units</u>	Dimensions (L X W X D)
Interim I Phase – 0.12 MGD		
Aeration Basins	2	40 ft L X 12 ft W X 10.45 ft SWD
Clarifier	1	35 ft Diameter X 10 ft SWD
Chlorine Contact Basin	1	20 ft L X 12 ft W X 8.58 ft SWD
Aerobic Digesters	2	20 ft L X 12 ft W X 10.5 ft SWD
Interim II Phase – 1.05 MGD		
SBR Basins	4	75 ft L X 25 ft W X 24 SWD
Chlorine Basins	2	58 ft L X 8 ft W X 11.5 SWD
Aerobic Digesters	2	60 ft L X 12 ft W X 10.5 SWD
Ultimate Phase – 2.8 MGD		
SBR Basins	9	75 ft L X 25 ft W X 24 SWD
Chlorine Basins	4	58 ft L X 8 ft W X 11.5 SWD
Aerobic Digesters	4	25 ft L X 40 ft W X 12.5 SWD

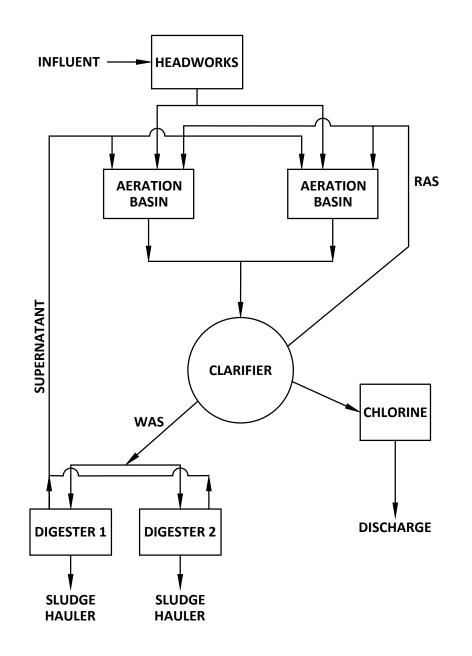
SWD-Side Wall Depth L-Length D-Depth W-Width

ATTACHMENT NO. 12

PROCESS FLOW DIAGRAMS



0.12 MGD PROPOSED INTERIM I PHASE GENERATION PARK MANAGEMENT DISTRICT







13430 NW. Freeway
Suite 700
Houston, Tx. 77040
713.462.3178
TxEng Firm 2726
TxSurv Firm 10110700

PROCESS FLOW DIAGRAM 1

DATE: 1/6/2025 SCALE: N.T.S.

1.05 MGD **PROPOSED INTERIM II PHASE GENERATION PARK MANAGEMENT DISTRICT**





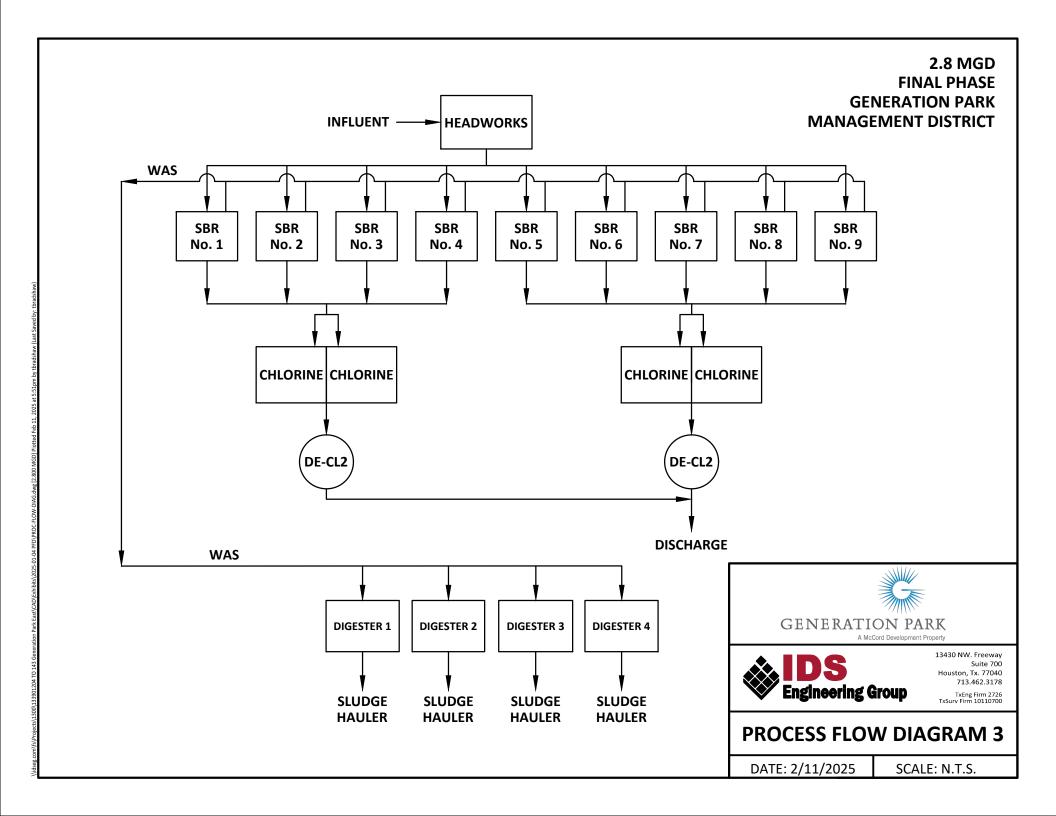
13430 NW. Freeway Suite 700 Houston, Tx. 77040 713.462.3178

TxEng Firm 2726 TxSurv Firm 10110700

PROCESS FLOW DIAGRAM 2

DATE: 1/6/2025

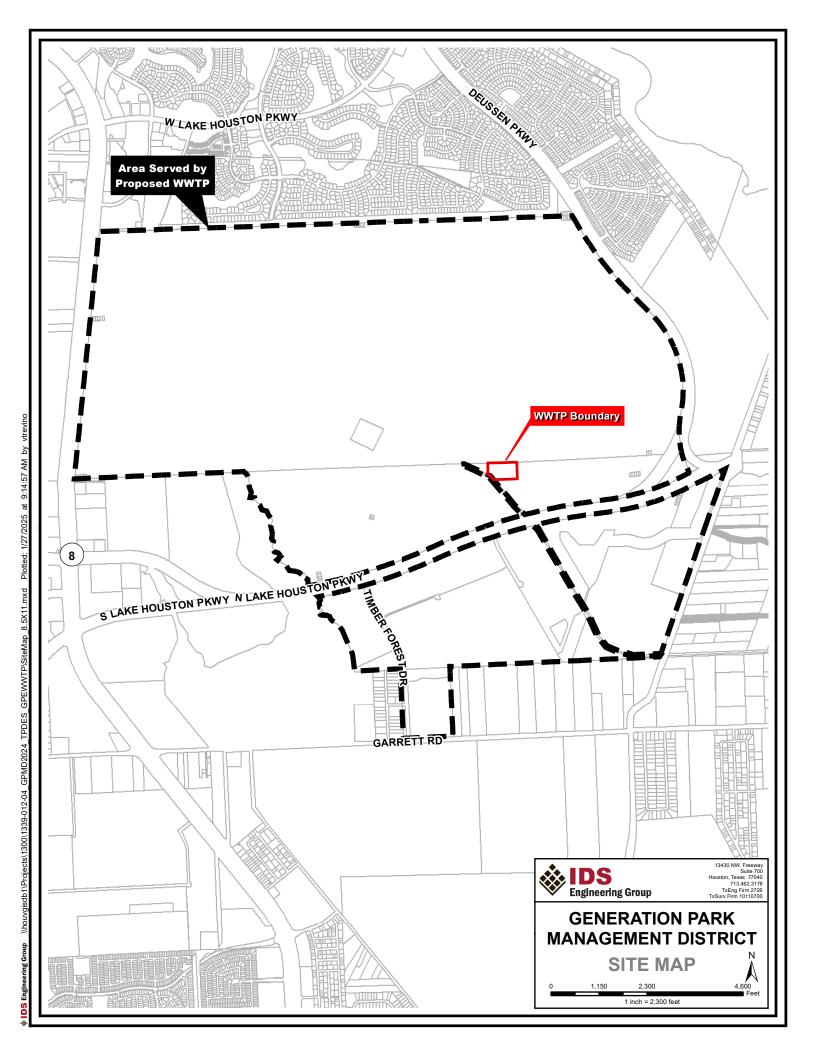
SCALE: N.T.S.



ATTACHMENT NO. 13

SITE MAP





DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 56)

A	Instification	of.	noumit	maad
A.	Justification	ΟI	регини	neeu

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.

	See Attachment No. 14
В.	Regionalization of facilities
	For additional guidance, please review <u>TCEO's Regionalization Policy for Wastewater Treatment</u> ¹ .
	Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:
	1. Municipally incorporated areas
	If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.
	Is any portion of the proposed service area located in an incorporated city?
	□ Yes ⊠ No □ Not Applicable
	If yes, within the city limits of: <u>Click to enter text.</u>
	If yes, attach correspondence from the city.
	Attachment: Click to enter text.
	If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.
	Attachment: Click to enter text.
	2. Utility CCN areas
	Is any portion of the proposed service area located inside another utility's CCN area?
	□ Yes ⊠ No

¹ 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? \boxtimes Yes No If ves. attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems. Attachment: See Attachment No. 15 If ves. attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system. Attachment: See Attachment No. 15 If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion. Attachment: N/A Section 2. Proposed Organic Loading (Instructions Page 58) Is this facility in operation? Yes 🖂 No **If no**, proceed to Item B, Proposed Organic Loading.

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

A. Current organic loading

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

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

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

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

Click to enter text.			

B. Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory	1.2 MGD	300 mg/L
Motel		
Restaurant		
Hospital		
Nursing home		
Other	1.6 MGD	300-350 mg/L
TOTAL FLOW from all sources	2.8 MGD	
AVERAGE BOD ₅ from all sources		approx. 315 mg/L

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15 mg/L

Ammonia Nitrogen, mg/l: 3 mg/L

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

Dissolved Oxygen, mg/l: 4.0 mg/L

Other: E. coli, colony forming units per 100mL: 126

B.	Interim II Phase Design Effluent Quality
	Biochemical Oxygen Demand (5-day), mg/l: 10 mg/L
	Total Suspended Solids, mg/l: 15 mg/L
	Ammonia Nitrogen, mg/l: <u>3 mg/L</u>
	Total Phosphorus, mg/l: <u>N/A</u>
	Dissolved Oxygen, mg/l: <u>4.0 mg/L</u>
	Other: E. coli, colony forming units per 100mL: 126
C.	Final Phase Design Effluent Quality
	Biochemical Oxygen Demand (5-day), mg/l: <u>10 mg/L</u>
	Total Suspended Solids, mg/l: 15 mg/L
	Ammonia Nitrogen, mg/l: <u>3 mg/L</u>
	Total Phosphorus, mg/l: <u>N/A</u>
	Dissolved Oxygen, mg/l: <u>4.0 mg/L</u>
	Other: E. coli, colony forming units per 100mL: 126
D.	Disinfection Method
	Identify the proposed method of disinfection.
	$oxed{\boxtimes}$ Chlorine: 1.0 to 4.0 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: <u>Sodium Bisulfite</u>
S ₀	ection 4. Design Calculations (Instructions Page 58)
	tach design calculations and plant features for each proposed phase. Example 4 of the structions includes sample design calculations and plant features.
	Attachment: See Attachment No. 16

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

⊠ 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.			

FIRM Panel No. 48201C0520L. See Attachment No. 17.		
For a new or expansion of a facility, will a wetland or part of a wetland be filled?		
□ Yes ⊠ No		
If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?		
□ Yes □ No		
If yes, provide the permit number: <u>Click to enter text.</u>		
If no, provide the approximate date you anticipate submitting your application to the Corps: Click to enter text.		
Wind rose		
Attach a wind rose: <u>See Attachment No. 18</u>		
ection 6. Permit Authorization for Sewage Sludge Disposal		

A. Beneficial use authorization

B.

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

(Instructions Page 59)

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 60)

Attach a solids management plan to the application.

Attachment: See Attachment No. 19

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

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow

- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

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

ATTACHMENT NO. 14

JUSTIFICATION OF PERMIT NEED



Generation Park Management District

East Wastewater Treatment Plant

Domestic Technical Report 1.1 – Section 1.A. Justification of permit need

Generation Park Management District currently has two permitted wastewater treatment facilities with permit numbers WQ0014625001 and WQ0015015001. The Generation Park Management District Wastewater Treatment Facility 2 (GPMD WWTF2) (WQ0015015001) has not been placed into operation. It is proposed that the new facility proposed in this permit application will take the place of GPMD WWTF2 and all flow that would have been treated at GPMD WWTF2 will be treated at this new site.

The ultimate service area for this facility will consist of approximately 2,900 acres of mixed-use development and currently contains a 1.4 million square foot warehouse facility. This facility is currently not occupied but will require 55,000 GPD of wastewater capacity after its estimated occupancy date of Summer 2027. The developer is in the process of selling two additional industrial sites, one of which requires 7,000 GPD of wastewater capacity, expected in late 2026. The proposed Interim Phase I WWTP (0.12 MGD) would be required to treat these flows.

The other industrial site is expected to require 800,000 GPD of wastewater capacity by Q2 of 2029. The proposed Interim Phase II WWTP (1.05 MGD) will treat these flows in addition to the flows described in Phase I.

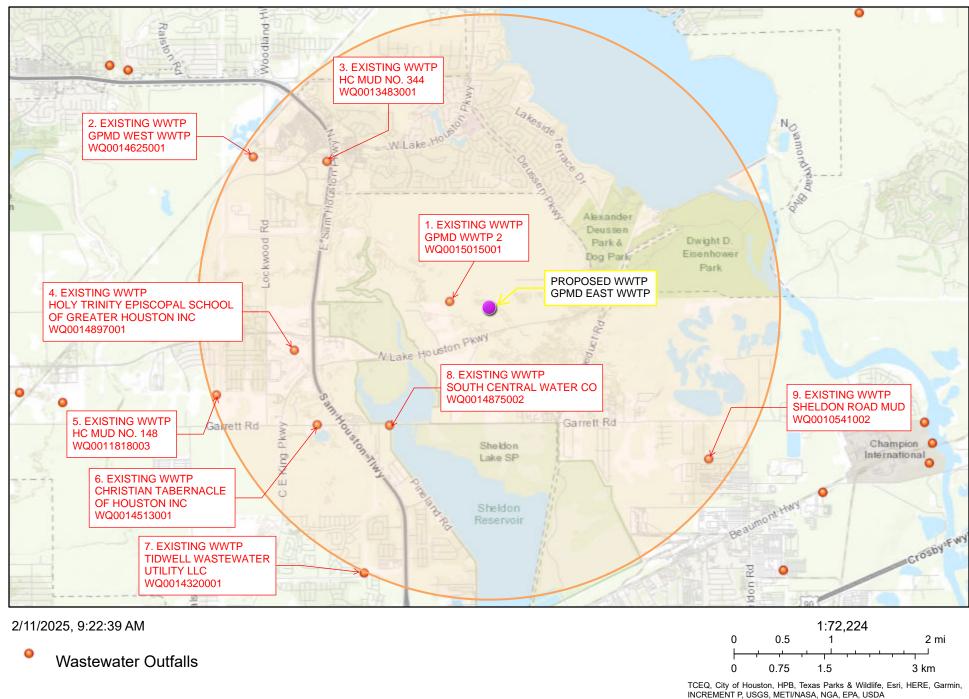
The second industrial site will require an additional 350,000 GPD by Summer 2032 pushing total flows to 1.2 MGD. Additional land within the District is also being offered for sale which we estimate will increase the required WWTP capacity to 2.8 MGD.

ATTACHMENT NO. 15

NEARBY WWTPS MAP & PROOF OF MAILING REQUEST FOR SERVICE



Nearby Wastewater Treatment Facilities (3 miles)



/NASA, NGA, EPA, USDA

Web AppBuilder for ArcGIS

Permittee Name – Generation Park Management District (Wastewater Treatment Facility 2)
Permit No. – WQ0015015001
Same permittee as proposed Wastewater Treatment Plant. This WWTP & Permit will be abandoned if proposed permit is approved and new WWTP is built.
Permittee Name – Generation Park Management District (West Wastewater Treatment Plant)
Permit No. – WQ0014625001
Same permittee as proposed Wastewater Treatment Plant. This plant was designed to serve the current and future needs of the west side of Generation Park Management District.

3. Permittee Name – Harris County Municipal Utility District No. 344

Permit No. - WQ0013483001

Proof of Mailing Request via Certified Mail:









13430 Northwest Freeway, Suite 700 Houston, Texas 77040 IMPEF-2726 | TRPLS 50150700 & 30150704

Harris County Municipal Utility District No. 344 c/o Brown and Gay Engineers, Inc. Attn: Ms. Cindy Fields 10777 Westheimer Rd, Suite 400 Houston, Texas 77042-3475

Copy of Request & Correspondence Received: See next page



December 3, 2024

Harris County Municipal Utility District No. 344 c/o Brown and Gay Engineers, Inc. Attn: Ms. Cindy Fields 10777 Westheimer Rd, Suite 400 Houston, TX 77042-3475

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to aburns@idseg.com. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

annMaries murro

AnnMarie Burns, E.I.T Design Engineer

	Reply
Date: 12/10/24 Name of Permitee: HCMUD344	Terms (if capacity available):
Address:	
	Name of Person Responding: CHDY FIELDS Title: ENGINEER
Capacity Available Now (Yes/No)? Willing to Expand Plant (Yes/No)?	Title: ENGINEER
Willing to Expand Plant (Yes No ?	Telephone: 713-488-8343
Date Available:	Fax:

\\indeed.com\fs\projects\1300\133901204 TO 145 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (HC MUD 344), DOCX

4. Permittee Name – Holy Trinity Episcopal School of Greater Houston Inc

Permit No. – WQ0014897001

Proof of Mailing Request via Certified Mail:









13430 Northwest Freeway, Suite 700 Houston, Texas 77040 IMPEF-2726 | IMPES 20110700 & 20110704

Holy Trinity Episcopal School 11810 Lockwood Road Houston, Texas 77044

Copy of Request & Correspondence Received: See next page



December 3, 2024

Holy Trinity Episcopal School 11810 Lockwood Road Houston, Texas 77044

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to aburns@idseg.com. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

	Reply
Date: Name of Permitee:	Terms (if capacity available):
Address:	
7.ddi C33.	Name of Person Responding:
Capacity Available Now (Yes/No)?	Title:
Willing to Expand Plant (Yes/No)?	Telephone:
Date Available:	Fax:

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (HOLY TRINITY EPISCOPAL SCHOOL).DOCX

No response received.

School no longer exists. See screenshot from website below (https://hteshouston.org/):



As of June 2023 Holy Trinity Episcopal School closed it's door to students. We are in the process of selling the property.

Student and Employment records requests can be placed by email or voicemail.

Email: info@hteshouston.org

Phone: 281-608-8252

Other requests will be forwarded to the responsible parties.

5. Permittee Name – Harris County Municipal Utility District No. 148

Permit No. - WQ0011818003

Proof of Mailing Request via Certified Mail:









13430 Northwest Freeway, Suite 700 Houston, Texas 77040

Harris County Municipal Utility District No. 148 c/o Langford Engineering, Inc. Attn: Mr. Craig Hajovsky 1080 W Sam Houston Pkwy N, Suite 200 Houston, Texas 77043-5014

Copy of Request & Correspondence Received: See next page



December 3, 2024

Harris County Municipal Utility District No. 148 c/o Langford Engineering, Inc.
Attn: Mr. Craig Hajovsky
1080 W Sam Houston Pkwy N, Suite 200
Houston, Texas 77043-5014

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to aburns@idseg.com. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

	Reply
Date: 1/15/2025	Terms (if capacity available): N/A
Name of Permitee: Harris County MUD No. 148	
Address: 2929 ALLEN PARKWAY, SUITE 3150	
HOUSTON, TEXAS 77019	Name of Person Responding: Craig A. Hajovsky, P.E.
Capacity Available Now (Yes/No)? No	Title: Engineer for the District
Willing to Expand Plant (Yes/No)? No	Telephone: 713-461-3530
Date Available:N/A	Fax:

\\iDSEG.COM\FS\PROJECTS\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (HC MUD 148).DOCX

6. Permittee Name – Christian Tabernacle of Houston Inc

Permit No. – WQ0014513001

Proof of Mailing Request via Certified Mail:







Inspire Church (Christian Tabernacle of Houston) 11727 E. Sam Houston Pkwy N. Houston, Texas 77044

Copy of Request & Correspondence Received: See next page for copy of request. No response received.



December 3, 2024

Inspire Church (Christian Tabernacle of Houston) 11727 E. Sam Houston Pkwy N. Houston, Texas 77044

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to aburns@idseg.com. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

	Reply
Date:	Terms (if capacity available):
Name of Permitee:	
Address:	
	Name of Person Responding:
Capacity Available Now (Yes/No)?	Title:
Willing to Expand Plant (Yes/No)?	Telephone:
Date Available:	Fax:

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (CHRISTIAN TABERNACLE).DOCX

7. Permittee Name – Tidwell Wastewater Utility LLC

Permit No. – WQ0014320001

Proof of Mailing Request via Certified Mail:







13430 Northwest Freeway, Suite 700 Houston, Texas 77040 IBPEF-2726 (IBRS 10110700 & 10110704

Tidwell Wastewater Utility, LLC Attn: Mr. Ron Sasson 6776 Southwest Freeway, Suite 350 Houston, Texas 77074

Copy of Request & Correspondence Received: See next page for copy of request. No response received.



December 3, 2024

Tidwell Wastewater Utility, LLC Attn: Mr. Ron Sasson 6776 Southwest Freeway, Suite 350 Houston, Texas 77074

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to aburns@idseg.com. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

	Reply
Date: Name of Permitee: Address:	Terms (if capacity available):
	Name of Person Responding:
Capacity Available Now (Yes/No)?	Title:
Willing to Expand Plant (Yes/No)?	Telephone:
Date Available:	Fax:

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (TIDWELL WASTEWATER UTILITY LLC).DOCX

8. Permittee Name – South Central Water Co

Permit No. – WQ0014875002

Permit has been sold to: Undine Development

Proof of Mailing Request via Certified Mail: correspondence with Undine Development via email & phone call

Copy of Request & Correspondence Received: See next page



December 5, 2024

Undine Group, LLC Attn: Mr. Jeff Goebel 17681 Telge Road Cypress, Texas 77429

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to aburns@idseg.com. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & murio

AnnMarie Burns, E.I.T Design Engineer

	Reply
Date: 12/0/20	Terms (if capacity available):
Name of Permittee: Undivid	
Address: 17681 Telai Ko	
Cypless TK 17459	Name of Person Responding: John Cook
Capacity Available Now (Yes/No)? NO	Title: Business Da
Willing to Expand Plant (Yes/No)?	Telephone: 113-724-9321
Date Available:	Fax:

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (SOUTH CENTRAL WATER CO UNDINE). DOCX

9. Permittee Name – Sheldon Road Municipal Utility District

Permit No. – WQ0010541002

Proof of Mailing Request via Certified Mail:



Copy of Request & Correspondence Received: See next page



December 3, 2024

Sheldon Road Municipal Utility District c/o HDR Engineering, Inc. Attn: Mr. Ryan Nokelby 4828 Loop Central Dr., Suite 800 Houston, Texas 77081-2220

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to aburns@idseg.com. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

	Reply
Date: 12/20/24 Name of Permitee: Sheldon Road MUD	Terms (if capacity available):
Address: 9419 Lankin Road	
Houston, Tx 77049	Name of Person Responding: Kyan No Kelby, P.E.
Capacity Available Now (Yes/No?	Name of Person Responding: Ryan No Kelby, P.E. Title: District Engineer Telephone: 713-622-9264
Willing to Expand Plant (Yes/10)?	Telephone: 713-622-9264
Date Available:	Fax: 713-622-9265

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (SHELDON RD MUD).DOCX

ATTACHMENT NO. 16

DESIGN CALCULATIONS



Project: Generation Park East WWTP

Job Number: 1339-012-04 Design By: VHW Checked By: KP 2/25/2025 Date:

Description: Phase I - 0.120 MGD

350 mg / I

250 mg/l

75 mg/L

350 lbs / day

Influent BOD₅

Influent BOD5

Influent NH3-N

Influent TSS

Final Process Calculations

Design Parameters

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

Average Design Flow 0.12 MGD 83 gpm Peaking Factor 4 0.48 MGD Peak Flow 333 gpm

Effluent Characteristics 10 mg/L BOD₅ S_e TSS 15 mg/L TSS

Values shown are the minimum that will be provided.

NH₃-N N_e 3 mg/L The calculations below are based on minimum TCEQ sizing parameters but may not reflect actual treatment unit dimensions.

Aeration

Criteria Value Regulation Section Maximum Organic Loading Rate (lbs BOD5/day/1000 cu ft) 35 217.154(b)(Table F.1)

Reactor MLSSS Level at normal operating level (mg/l) 3000-5000

10,008 cu. ft. Aeration Volume Required

Volume Provided:

Length 40 ft Width 12 ft SWD 10.45 ft

2 # Tanks

Volume Provided 10,032 cu. ft.

Criteria

Effective Organic Loading 34.92 lbs BOD₅/day/1000 cu. ft.

Clarifier

Regulation Section 217.154(c)(Table F.2) TCEQ Maximum Surface Loading (Qpk) 1200 gal/day/s.f. at peak flow TCEQ Minimum Detention Time (Qpk) 1.8 hours at peak flow 217.154(c)(Table F.2) TCEQ Maximum Weir Loading (Qpk) 30000 gal/day/ft 217.152(c)(4) TCEQ Minimum Side Water Depth (SWD) 10 ft 217.152(g)(2)(A)/(B) TCEQ Maximum Stilling Well Velocity 0.15 ft/sec 217.152(a)(4)

Value

Surface Area Required Required 400 sq. ft. 4813 cu. ft. Volume Required Length of weir required 16 ft.

Volume Provided:

35 ft Diameter SWD 10.00 ft # Tanks 1 Weir Diameter 33 ft

Surface Area Provided 962 sq. ft. Volume Provided 9,621 cu. ft. Weir length provided 104 ft.

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Phase I - 0.120 MGD Description:

Final Process Calculations

CHEMICAL (CHLORINE) DISINFECTION

Chlorination

Regulation Section Minimum Cl₂ Contact Time 20 minutes 217.281(b)(1)

6,667 gallons Chlorine basin volume required

Phase I

Length 20 ft 12 ft Width Depth @ design Number of Basins Volume Provided 8.58 ft

15,403 gallons

Volume provided greater than or equal to required volume YES

TCEQ min. design Cl₂ dose 8 mg / I 217.272(b)

Cylinder size 150 lbs

1 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders) 217.273(a)(1) Withdrawal factor

217.273(a)(1) Threshold Temperatures (Low Ambient Temperature?) 65 Use 65 for indoor storage

Capacity of chlorine disinfection system @ max. flow 32 lbs per day 217.272(a) K.1

Avg. daily chlorine usage @ average flow 8 lbs per day

217.273(a)(1) K.2 Max. withdrawal rate per cylinder 65 lbs per day (Formula for vacuum systems only)

No. of Cylinders required per bank

19 days at average flow and typical chlorine usage One bank of cylinders will last

Project: Job Number: Design By:

Generation Park East WWTP

1339-012-04 VHW KP

Checked By: Date: 2/25/2025

Final Process Calculations

Digesters

TCEQ Minimum Sludge Retention Time TCEQ Min. Volatile Solids Loading Rate TCEQ Max. Volatile Solids Loading Rate

40 days 100 lb / day / 1,000 cu. ft. 200 lb / day / 1,000 cu. ft.

Description:

217.249(t)(4)(B)(Table J.2) 217.249(t)(7)(D) 217.249(t)(7)(D)

Phase I - 0.120 MGD

Influent BOD₅ 350 lb/ day Effluent BOD₅ 10 lb/ day BOD₅ to Digester 340 lb/ day

Volume Required from Metcalf and Eddy, "Wastewater Engineering," 4th Edition

Hydraulic Detention Time of the Aeration Basins

$$\theta \left(Gal \right) \! = \! \left(\frac{Volume \ of \ Aeration \ Basins \ in \ Gallons}{Average \ Influent \ Flow \ in \ Gallons \ / \ Day} \right) \! * 24 \, \frac{hrs}{day}$$

$$BOD_{5}utilized \left(\frac{lbs BOD_{5}}{day} \right) = Q * (S_{i} - S_{e})$$

$$\frac{\text{NH}_{3}\text{-N Utilized}}{\text{NH }_{3}\text{utilized}} \left(\text{lbs NH }_{3} \right) = \text{Q * (N }_{i} - \text{N }_{c})$$

Hydraulic Detention Time of Aeration Basins / SBRs BOD_5 utilized

 NH_3 utilized

15.01 Hours 340 lb BOD₅ / day 72 lb NH₃-N / day

8,500 mg/L 0.6 VSS/lb BOD₅

0.06 /day

0.30 /day

0.70

0.70

1.005

0.15 VSS/lb NH₃-N

BOD₅ Concentration S NH₃-N Concentration Ν Influent (subscript) Effluent (subscript) Q Average Design Flow

Peak Flow

Waste Sludge Flow to Digester Waste Sludge Concentration Yield Coefficient Yield Coefficient (nitrification)

Endogenous Decay Coefficent Endogenous Decay Coeff. (nitrification) Volatile Fraction of X

MLVSS/MLSS Ratio S_{sl} Specific Gravity of Sludge Sludge Concentration in Digester X Ps Percent Solids in Digester TSS₀ % of TSS that is inert Specific Weight of Water

25,000 mg/L 50 % 8.34 lbs / gallon

Typical Values											
Variable	Rai	nge	Source								
X _W	0.8	2.5	M&E, 4th ed., pg. 14								
Υ	0.4	0.8	M&E, 4th ed., pg. 58								
Yn	0.04	0.29	WEF MoP 8, Vol I, p								
k _d	0.06	0.15	M&E, 4th ed., pg. 58								
k _{dn}	0.3	3.0	WEF MoP 8, Vol I, p								
P _n	0.59	0.88	M&E, 4th ed., pg. 14								
S _{sl}	1.005	1.005	M&E, 4th ed., pg. 14								
X P _s	15,000	40,000	M&E, 4th ed., pg. 14								
P_s	1.5	4	M&E, 4th ed., pg. 14								

M&E, 4th ed. Pg. 595

Carbonaceous Yield Coefficient Observed

$$Y_{c,obs} = \left(\frac{Y}{1 + k_d * \theta}\right)$$

Carbonaceous Sludge Production (MLVSS)

 $P_{x,c}$ $\begin{pmatrix} lb/day \end{pmatrix} = Y_{c,obs} * Q * (S_i - S_e) = Y_{c,obs} * BOD_5 utilized$

M&E, 4th ed. Pg. 681 $P_{x,i}$ $\binom{lb}{day} = Q_{design} * TSS_{\%} * (TSS_i - TSS_e) * 8.34$

Total Sludge Production

Inert Sludge Production

M&E, 4th ed. Pg. 682

$$P_{x}\left(\frac{lb}{day}\right) = P_{x,c} + P_{x,n} + P_{x,i}$$

M&E, 4th ed. Pg. 595 $\underline{Nitrogenous\ Yield\ Coefficient}$

$$Y_{n,obs} = \left(\frac{Y_n}{1 + k_{dn} * \theta}\right)$$

M&E, 4th ed. Pg. 681 <u>Nitrogenous Sludge Production (MLVSS)</u>

M&E, 4th ed. Pg. 681

$$P_{x,n}\left(lb\!\!\!/_{\!day}\right) = Y_{n,obs} *Q*(N_i - N_e) = Y_{n,obs} *NH_3utilized$$

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Final Process Calculations

M&E, 4th ed. Pg. 1458

 $Q_{w} = \frac{\text{Total Sludge Production, Dry Solids}}{}$

Waste Sludge Flow to Digester

 $\rho_{\mathsf{w}} S_{sl} P_{s}$

Y_{c,obs} Carbonaceous Yield Coefficient Carbonaceous Sludge Production

Nitrogenous Yield Coefficient $Y_{n,obs}$ Nitrogenous Sludge Production $P_{x,n}$

Inert Sludge Production (TSS), Dry Solids

Total Sudge Production, Volatile Solids Volatile Solids Loading Rate

Total Sudge Production, Dry Solids Q_W Waste Sludge Flow to Digester

Digester Volume Required

Volume Provided:

20 ft Length Width 12 ft SWD 10.5 # Tanks Volume 5,040 cu. ft.

Total Digester Vol. available Volume greater than required Required Volume

M&E, 4th ed. Pg. 1537

Phase I - 0.120 MGD

$$V(Gal) = \left(\frac{Q_w}{X}\right) \left(\frac{(X_w + Y * S_i)}{k_d * P_n + \frac{1}{SRT}}\right)$$

Description:

0.58

197 lb / day (MLVSS) 281 lb / day (MLSS)

0.13

9.10 lb / day (MLVSS) 13.00 lb / day (MLSS)

118 lb / day

206 lb / day

41 lb / day / 1,000 cu. ft.

500 lb / day 2,386 gallons / day

12,408 gallons 1,659 cu. ft.

5,040 cu. ft. YES

Page 4 of 17

Use (3) 500 SCFM blowers

IDS Engineering Group Project: Job Number: Design By: Checked By: Generation Park East WWTP 1339-012-04 VHW KP 2/25/2025 Date:

Phase I - 0.120 MGD Description:

	Final Process Calcula	tions	
Air Requirements			
Criteria	1.2(POD.) + 4.2(NHN)	Value	Regulation
Air requirements for Aeration basins	$O_2 R = \frac{1.2(BOD_5) + 4.3(NH_3 - N)}{BOD_5}$	2.12 lb oxygen per lb BOD	217.155(a)(3)
Air requirements for digesters	2023	30 SCFM /1000 cu. ft.	217.249(d)(1)(C)***
Air requirements for post aeration		20 SCFM /1000 cu. ft.	not regulated by TCEQ
Minimum mixing requirements		0.12 SCFM /sq. ft.	217.155 (b)(3)(B)
Diffuser transfer efficiency		6.5% (In wastewater)	217.155 (b)(2)(B)
Design Submergence		10.00 feet	
Diffuser Submergence Correction Factor		1.56 @ design flow depth	217.155 (b)(2)(D)
Corrected Air Flowrate @ Design Submergence = = {(lb BOD)*(lb Oxygen / lb BOD)} * Correction (T.E.) (lb Oxygen / lb air) (lb air / cu. ft.) (min /		718 SCFM	217.155 (b)(2)(C)
Air required for digesters:		151 SCFM	
Air required for post aeration		41 SCFM	
Air Requiremetns for air lift pumps		40 SCFM	
Total Air Requiremetns		950	

Project: Generation Park East WWTP

Job Number: 1339-012-04 Design By: VHW Checked By: KP 2/25/2025 Date:

Description: Phase II - 1.05 MGD

> 350 mg / I 3065 lbs / day

250 mg/l

75 mg/L

Final Process Calculations

Design Parameters

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

Average Design Flow 1.05 MGD 729 gpm Peaking Factor 4 4.2 MGD Peak Flow 2,917 gpm

Effluent Characteristics

10 mg/L BOD₅ S_e TSS 15 mg/L TSS 3 mg/L NH₃-N N

The calculations below are based on minimum TCEQ sizing parameters but may not reflect actual treatment unit dimensions. Values shown are the minimum that will be provided.

FOUR BASIN SYSTEM

Criteria Value Regulation Section Maximum Organic Loading Rate (lbs BOD5/day/1000 cu ft) 35 217.156(a)(6) 217.156(a)(7) Reactor MLSSS Level at normal operating level (mg/l) 3000-5000 Min Side Water Depth (ft) 12 217.156(a)(9)

Aeration Volume Required 87,570 cu. ft.

4

Volume Provided:

Tanks

288 min SBR Cycle Time @ Desing ADI SBR Cycle Time @ Peak Flow 144 min

75 ft Length

Width 25 ft

Volume (w/ one basin out of service per TCEQ 217.156 (c

Effective Organic Loading with one basin out of service at design water depth Design Side Water Depths

24.00 ft - Design max water level at peak flow w/ all basins operating 17.74 ft - Water level at design flow w/ all basins operating

Influent BOD₅

Influent BOD5

Influent NH3-N

Influent TSS

18.99 ft - Water level at design flow w/ 1 basin out of service

21.49 ft - Calculated max water level at peak flow w/ all basins operating 23.98 ft - Calculated max water level at peak flow w/ 1 basin out of service

14.00 ft - Minimum water level

106,825 cu. ft.

28.69 lbs BOD₅/day/1000 cu. ft.

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Phase II - 1.05 MGD Description:

Final Process Calculations

CHEMICAL (CHLORINE) DISINFECTION

Chlorination

Regulation Section Minimum Cl₂ Contact Time 20 minutes 217.281(b)(1) Max. Decant Rate per SBR Basins 3,889

Maximum No. of Basins Decanting at one time Chlorine basin volume required at max. decant rate 77,778 gallons

Phase I Length 58 ft Width 8 ft Depth @ design 11.5 ft Number of Basins 2 Volume Provided 79,827 gallons

Volume provided greater than or equal to required volume YES

Max. Decant Flow Rate 3,889 gpm Daily Average Flow 729 gpm

TCEQ min. design Cl_2 dose 8 mg / I 217.272(b)

2000 lbs Cylinder size

Withdrawal factor 8 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders) 217.273(a)(1)

Threshold Temperatures (Low Ambient Temperature?) 65 Use 65 for indoor storage 217.273(a)(1)

Capacity of chlorine disinfection system @ max. flow 374 lbs per day 217.272(a) K.1

Avg. daily chlorine usage @ average flow 70 lbs per day

Max. withdrawal rate per cylinder 520 lbs per day (Formula for vacuum systems only) 217.273(a)(1) K.2

No. of Cylinders required per bank

One bank of cylinders will last 29 days at average flow and typical chlorine usage

Project: Job Number: Design By:

Generation Park East WWTP

1339-012-04 VHW KP 2/25/2025

Checked By: Date:

Final Process Calculations

Digesters

TCEQ Minimum Sludge Retention Time TCEQ Min. Volatile Solids Loading Rate TCEQ Max. Volatile Solids Loading Rate

40 days 100 lb / day / 1,000 cu. ft. 200 lb / day / 1,000 cu. ft.

Description:

217.249(t)(4)(B)(Table J.2) 217.249(t)(7)(D) 217.249(t)(7)(D)

Phase II - 1.05 MGD

Influent BOD₅ 3065 lb/ day Effluent BOD₅ 88 lb/ day BOD₅ to Digester 2977 lb/ day

Volume Required from Metcalf and Eddy, "Wastewater Engineering," 4th Edition

Hydraulic Detention Time of the Aeration Basins

$$\theta \left(Gal \right) \! = \! \left(\frac{Volume \ of \ Aeration \ Basins \ in \ Gallons}{Average \ Influent \ Flow \ in \ Gallons \ / \ Day} \right) \! * 24 \, \frac{hrs}{day}$$

$$BOD_{5}utilized \left(\frac{lbs BOD_{5}}{day} \right) = Q * (S_{i} - S_{e})$$

$$\frac{\text{NH}_3\text{-N Utilized}}{\text{NH}_3\text{utilized}} = Q * (N_i - N_e)$$

Hydraulic Detention Time of Aeration Basins / SBRs BOD_5 utilized

 NH_3 utilized

18.26 Hours 2,977 lb BOD₅ / day 631 lb NH₃-N / day

BOD₅ Concentration S NH₃-N Concentration Ν Influent (subscript) Effluent (subscript) Q Average Design Flow

Peak Flow

Waste Sludge Flow to Digester Waste Sludge Concentration Yield Coefficient Yield Coefficient (nitrification)

Endogenous Decay Coefficent Endogenous Decay Coeff. (nitrification) Volatile Fraction of X

MLVSS/MLSS Ratio $S_{\rm sl}$ Specific Gravity of Sludge Sludge Concentration in Digester X Ps Percent Solids in Digester TSS₀ % of TSS that is inert

Specific Weight of Water

8,500	mg/L
0.6	VSS/lb BOD ₅
0.15	VSS/lb NH ₃ -N
0.06	/day
0.30	/day
0.70	
0.70	
1.005	
25,000	mg/L
2.5	_
50	%
8.34	lbs / gallon

M&E, 4th ed. Pg. 595 Nitrogenous Yield Coefficient

Typical Values											
Variable	Rai	nge	Source								
X _W	0.8	2.5	M&E, 4th ed., pg. 14								
Υ	0.4	0.8	M&E, 4th ed., pg. 58								
Yn	0.04	0.29	WEF MoP 8, Vol I, p								
k _d	0.06	0.15	M&E, 4th ed., pg. 58								
k _{dn}	0.3	3.0	WEF MoP 8, Vol I, p								
P _n	0.59		M&E, 4th ed., pg. 14								
S _{sl}	1.005	1.005	M&E, 4th ed., pg. 14								
Χ	15,000		M&E, 4th ed., pg. 14								
P _s	1.5	4	M&E, 4th ed., pg. 14								

M&E, 4th ed. Pg. 595

Carbonaceous Yield Coefficient Observed

$$Y_{c,obs} = \left(\frac{Y}{1 + k_d * \theta}\right)$$

Carbonaceous Sludge Production (MLVSS)

 $P_{x,c}$ $\begin{pmatrix} lb/day \end{pmatrix} = Y_{c,obs} * Q * (S_i - S_e) = Y_{c,obs} * BOD_5 utilized$

M&E, 4th ed. Pg. 681

$$P_{x,i} \left(\frac{lb}{day} \right) = Q_{design} * TSS_{\%} * (TSS_i - TSS_e) * 8.34$$

Total Sludge Production

Inert Sludge Production

M&E, 4th ed. Pg. 682

$$P_{x}\left(\frac{lb}{day}\right) = P_{x,c} + P_{x,n} + P_{x,i}$$

 $Y_{n,obs} = \left(\frac{Y_n}{1 + k_{dn} * \theta}\right)$

M&E, 4th ed. Pg. 681 $\underline{Nitrogenous\ Sludge\ Production\ (MLVSS)}$ M&E, 4th ed. Pg. 681

 $P_{x,n} \left(\frac{lb}{day} \right) = Y_{n,obs} * Q * (N_i - N_e) = Y_{n,obs} * NH_3 utilized$

Project: Generation Park East WWTP

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Final Process Calculations

M&E, 4th ed. Pg. 1537

Phase II - 1.05 MGD

Waste Sludge Flow to Digester

 $Q_{w} = \frac{\text{Total Sludge Production, Dry Solids}}{}$ $\rho_{\mathsf{w}} S_{sl} P_{s}$

M&E, 4th ed. Pg. 1458

Required Volume

Description:

Y_{c,obs} Carbonaceous Yield Coefficient

Carbonaceous Sludge Production

Nitrogenous Yield Coefficient $Y_{n,obs}$ Nitrogenous Sludge Production $P_{x,n}$

Inert Sludge Production (TSS), Dry Solids

Total Sudge Production, Volatile Solids Volatile Solids Loading Rate

Total Sudge Production, Dry Solids Q_W Waste Sludge Flow to Digester

Digester Volume Required

Volume Provided:

60 ft Length Width 12 ft SWD 10.5 # Tanks 2 Volume 15,120 cu. ft.

Total Digester Vol. available Volume greater than required

0.57

1,708 lb / day (MLVSS) 2,441 lb / day (MLSS) 0.12

77.00 lb / day (MLVSS) 110.00 lb / day (MLSS)

1029 lb / day

1785 lb / day 118 lb / day / 1,000 cu. ft.

4336 lb / day 20,693 gallons / day

107,602 gallons 14,385 cu. ft.

15,120 cu. ft. YES

Page 9 of 17

IDS Engineering Group Project: Job Number: Design By: Checked By: Generation Park East WWTP 1339-012-04 VHW KP 2/25/2025 Date:

Phase II - 1.05 MGD Description:

		Final Process Calculation	ons					
Air Requirem	ents							
Criteri Air requiremer Air requiremer Air requiremer Minimum mixir Diffuser transfi Design Subme Diffuser Subm Number of Bas	ia ants for SBR basts for digester at for post aer agrequiremen ar efficiency ergence corresins, with one	s action tas	Value 2.12 lb oxyge 30 SCFM /* 10 SCFM /* 0.12 SCFM /* 11.7% (In waste 17.74 feet 0.75 @ desig	1000 cu. ft. 217.249(d)(1)(C)*** 1000 cu. ft. not regulated by TCEQ eq. ft. 217.155 (b)(3)(B) 217.155 (b)(2)(B) In flow depth 217.155 (b)(2)(D)				
= {(lb (T.E.) Minimum Air F	Flowrate @ De BOD)*(lb Oxy (lb Oxygen / I lowrate @ De ted Air Flow F		0.50 days/bas 1668 SCFM 1112 SCFM	217.155 (b)(2)(C)				
Verify mixing r	equirements:		0.22 OK					
Provide	4	SBR Blowers @	1112 SCFM	each (1 per basin w/ 1 standby)				
Maximum wate Pressure loss Pressure @ bl	in piping	diffuser	25 feet 0.7 psi 11.3 psi	top of SBR basin minus 1 ft for hieght of diffuse				
Air required fo	r digesters:		454 SCFM					
Provide	3	Digester Blowers @	227 SCFM	each (1 per basin w/ 1 standby)				
Air required for	r post aeratior		107 SCFM					
Provide	2	Post-Air Blower(s) @	53 SCFM					

Project: Generation Park East WWTP

Job Number:

Design By: VHW Checked By: ΚP 2/25/2025 Date:

Final Process Calculations

Description:

Phase II - 1.05 MGD

Decanter Sizing Per TCEQ Chapter 217.156(b)(8), requiring the decant system to accommodate the design flow with a constant cycle time with the largest tank out of service

<u>Basin Dimentions</u> <u>Width</u> 25 feet Length Min SWD Max SWD 75 feet 14 feet 24.5 feet

Condition No. 1: -Basins in service

4 basins

All Basins in Service

-Decant flow of

3,889 gpm

% of	Flow	No. of	Total	Batch	Fill	React	Fill	Settle	Fill	Decant	Fill	ldle	Total	Total	Total	Total	Volume	Decant	Basin water
Design	Rate	Cycles/day	Cycle Time	Volume	React		Settle		Decant		Idle		Fill	React	Settle	Decant	Decant	Depth	Surface Elevation
Flow	MGD		minutes	Gallon	minutes	minutes	minutes	minutes	minutes	minutes	ninute	minutes	minutes	minutes	minutes	minutes	gal	ft.	ft
100%	1.05	5.00	288	52,500	173	0	45	0	14	0	56.7	0	288	173	45	14	52,500	3.7	17.74
150%	1.58	5.00	288	78,750	173	0	45	0	20	0	50.0	0	288	173	45	20	78,750	5.6	19.61
200%	2.10	5.00	288	105,000	173	0	45	0	27	0	43.2	0	288	173	45	27	105,000	7.5	21.49
250%	2.63	6.66	216	98,536	130	0	45	0	25	0	16	0	216	130	45	25	98,536	7.0	21.03
300%	3.15	6.66	216	118,243	130	0	45	0	30	0	11	0	216	130	45	30	118,243	8.4	22.43
350%	3.68	10.00	144	91,875	71	0	45	0	24	0	4	0	144	71	45	24	91,875	6.6	20.55
400%	4.20	10.00	144	105,000	67	0	45	0	27	0	5	0	144	67	45	27	105,000	7.5	21.49

Condition No. 2: -Basins in service

-Decant flow of

3 basins

One Basin Out of Service

3,889 gpm

% of	Flow	No. of	Total	Batch	Fill	React	Fill	Settle	Fill	Decant	Fill	Idle	Total	Total	Total	Total	Volume	Decant	Basin water
Design	Rate	Cycles/day	Cycle Time	Volume	React		Settle		Decant		Idle		Fill	React	Settle	Decant	Decant	Depth	Surface Elevation
Flow	MGD		minutes	Gallon	minutes	minutes	minutes	minutes	minutes	minutes	ninute	minutes	minutes	minutes	minutes	minutes	gal	ft.	ft
100%	1.05	5.00	288	70,000	144	0	45	0	18	0	81.0	0	288	144	45	18	70,000	5.0	18.99
150%	1.58	5.00	288	105,000	144	0	45	0	27	0	72.0	0	288	144	45	27	105,000	7.5	21.49
200%	2.10	5.00	288	140,000	144	0	45	0	36	0	63.0	0	288	144	45	36	140,000	10.0	23.98
250%	2.63	6.66	216	131,381	108	0	45	0	34	0	29	0	216	108	45	34	131,381	9.4	23.37
300%	3.15	10.00	144	105,000	72	0	45	0	27	0	0	0	144	72	45	27	105,000	7.5	21.49
350%	3.68	10.00	144	122,500	68	0	45	0	32	0	-1	0	144	68	45	32	122,500	8.7	22.73
400%	4.20	10.00	144	140,000	63	0	45	0	36	0	0	0	144	63	45	36	140,000	10.0	23.98

Decant Size from Above

3,889

gpm

Project: Generation Park East WWTP

 Job Number:
 1339-012-04

 Design By:
 VHW

 Checked By:
 KP

 Date:
 2/25/2025

Description: Phase III - 2.8 MGD

350 mg / I

300 mg / I

75 mg/L

8173 lbs / day

Final Process Calculations

Design Parameters

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

 Average Design Flow
 2.8 MGD

 1,944 gpm

 Peaking Factor
 4

 Peak Flow
 11.2 MGD

 7,778 gpm

Effluent Characteristics

The calculations below are based on minimum TCEQ sizing parameters but may not reflect actual treatment unit dimensions. Values shown are the minimum that will be provided.

SBR FOUR BASIN SYSTEM

 Criteria
 Value
 Regulation Section

 Maximum Organic Loading Rate (lbs BOD5/day/1000 cu ft)
 35
 217.156(a)(6)

 Reactor MLSSS Level at normal operating level (mg/l)
 3000-5000
 217.156(a)(7)

 Min Side Water Depth (ft)
 12
 217.156(a)(9)

Aeration Volume Required 233,520 cu. ft.

Volume Provided:

SBR Cycle Time @ Desing ADF 288 min SBR Cycle Time @ Peak Flow 144 min

Length 75 ft Width 25 ft

Tanks 9

Design Side Water Depths

24.00 ft - Design max water level at peak flow w/ all basins operating 17.44 ft - Water level at design flow w/ all basins operating

Influent BOD₅

Influent BOD5

Influent NH3-N

Influent TSS

17.99 ft - Water level at design flow w/ 1 basin out of service

21.87 ft - Calculated max water level at peak flow w/ all basins operating 22.98 ft - Calculated max water level at peak flow w/ 1 basin out of service

13.00 ft - Minimum water level

Volume (w/ one basin out of service per TCEQ 217.156 (c 269,866 cu. ft.

Effective Organic Loading with

one basin out of service at design water depth

30.29 lbs BOD₅/day/1000 cu. ft.

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Phase III - 2.8 MGD Description:

Final Process Calculations

CHEMICAL (CHLORINE) DISINFECTION

Chlorination

Regulation Section Minimum Cl₂ Contact Time 20 minutes 217.281(b)(1) Max. Decant Rate per SBR Basins 3,889

Maximum No. of Basins Decanting at one time Chlorine basin volume required at max. decant rate 155,556 gallons

Phase I Length 58 ft Width 8 ft Depth @ design 11.5 ft Number of Basins 4 Volume Provided 159,653 gallons

Volume provided greater than or equal to required volume YES

Max. Decant Flow Rate 7,778 gpm Daily Average Flow 1,944 gpm

TCEQ min. design Cl_2 dose 8 mg / I 217.272(b)

2000 lbs Cylinder size

Withdrawal factor 8 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders) 217.273(a)(1) Threshold Temperatures (Low Ambient Temperature?) 65 Use 65 for indoor storage 217.273(a)(1)

Capacity of chlorine disinfection system @ max. flow 747 lbs per day 217.272(a) K.1

Avg. daily chlorine usage @ average flow 187 lbs per day

Max. withdrawal rate per cylinder 520 lbs per day (Formula for vacuum systems only) 217.273(a)(1) K.2

No. of Cylinders required per bank

One bank of cylinders will last 21 days at average flow and typical chlorine usage

Project: Job Number: Design By:

Generation Park East WWTP

1339-012-04 VHW KP 2/25/2025

Checked By: Date:

Description: Phase III - 2.8 MGD

Final Process Calculations

Digesters

TCEQ Minimum Sludge Retention Time TCEQ Min. Volatile Solids Loading Rate TCEQ Max. Volatile Solids Loading Rate

40 days 100 lb / day / 1,000 cu. ft. 200 lb / day / 1,000 cu. ft. 217.249(t)(4)(B)(Table J.2) 217.249(t)(7)(D) 217.249(t)(7)(D)

Influent BOD₅ 8173 lb/ day Effluent BOD₅ 234 lb/ day BOD₅ to Digester 7940 lb/ day

Volume Required from Metcalf and Eddy, "Wastewater Engineering," 4th Edition

Hydraulic Detention Time of the Aeration Basins

$$\theta \left(Gal \right) \! = \! \left(\frac{Volume \ of \ Aeration \ Basins \ in \ Gallons}{Average \ Influent \ Flow \ in \ Gallons \ / \ Day} \right) \! * 24 \, \frac{hrs}{day}$$

$$BOD_{5}utilized \left(\frac{lbs BOD_{5}}{day} \right) = Q * (S_{i} - S_{e})$$

$$\frac{\text{NH}_{3}\text{-N Utilized}}{\text{NH }_{3}\text{utilized}} \left(\text{lbs NH }_{3} \right) = \text{Q * (N }_{i} - \text{N }_{c})$$

Hydraulic Detention Time of Aeration Basins / SBRs BOD_5 utilized

 NH_3 utilized

17.30 Hours 7,940 lb BOD₅ / day 1,681 lb NH₃-N / day

BOD₅ Concentration S NH₃-N Concentration Ν Influent (subscript) Effluent (subscript) Q Average Design Flow

Peak Flow

Waste Sludge Flow to Digester Waste Sludge Concentration Yield Coefficient Yield Coefficient (nitrification) **Endogenous Decay Coefficent** Endogenous Decay Coeff. (nitrification)

Volatile Fraction of X MLVSS/MLSS Ratio S_{sl} Specific Gravity of Sludge Sludge Concentration in Digester X Ps Percent Solids in Digester

TSS₀ % of TSS that is inert Specific Weight of Water

8,500 mg/L 0.6 VSS/lb BOD₅ 0.15 VSS/lb NH₃-N 0.06 /day 0.30 /day 0.70 0.70 1.005 <mark>25,000</mark> mg/L 2.5 50 %

8.34 lbs / gallon

M&E, 4th ed. Pg. 595 $\underline{Nitrogenous\ Yield\ Coefficient}$

Typical Values											
Variable	Rai	nge	Source								
X _W	0.8	2.5	M&E, 4th ed., pg. 14								
Υ	0.4	0.8	M&E, 4th ed., pg. 58								
Yn	0.04	0.29	WEF MoP 8, Vol I, p								
k _d	0.06	0.15	M&E, 4th ed., pg. 58								
k _{dn}	0.3	3.0	WEF MoP 8, Vol I, p								
P _n	0.59		M&E, 4th ed., pg. 14								
S _{sl}	1.005	1.005	M&E, 4th ed., pg. 14								
X	15,000	40,000	M&E, 4th ed., pg. 14								
P _s	1.5	4	M&E, 4th ed., pg. 14								

M&E, 4th ed. Pg. 595

Carbonaceous Yield Coefficient Observed

$$Y_{c,obs} = \left(\frac{Y}{1 + k_d * \theta}\right)$$

Carbonaceous Sludge Production (MLVSS)

 $P_{x,c}$ $\begin{pmatrix} lb/day \end{pmatrix} = Y_{c,obs} * Q * (S_i - S_e) = Y_{c,obs} * BOD_5 utilized$

 $Y_{n,obs} = \left(\frac{Y_n}{1 + k_{dn} * \theta}\right)$

M&E, 4th ed. Pg. 681 Nitrogenous Sludge Production (MLVSS) M&E, 4th ed. Pg. 681

 $P_{x,n} \left(\frac{lb}{day} \right) = Y_{n,obs} * Q * (N_i - N_e) = Y_{n,obs} * NH_3 utilized$

Inert Sludge Production

M&E, 4th ed. Pg. 681

$$P_{x,i} \left(\frac{lb}{day} \right) = Q_{design} * TSS_{\%} * (TSS_i - TSS_e) * 8.34$$

Total Sludge Production

M&E, 4th ed. Pg. 682

$$P_{x} \left(\frac{lb}{day} \right) = P_{x,c} + P_{x,n} + P_{x,i}$$

Project: Generation Park East WWTP

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Final Process Calculations

Waste Sludge Flow to Digester

 $Q_{w} = \frac{\text{Total Sludge Production, Dry Solids}}{}$ $\rho_{\mathsf{w}} S_{sl} P_{s}$

M&E, 4th ed. Pg. 1458

Required Volume

M&E, 4th ed. Pg. 1537

Phase III - 2.8 MGD

$$V(Gal) = \left(\frac{Q_W}{X}\right) \left| \frac{(X_W + Y * S_i)}{k_d * P_n + \frac{1}{SRT}} \right|$$

Y_{c,obs} Carbonaceous Yield Coefficient

Carbonaceous Sludge Production

Nitrogenous Yield Coefficient $Y_{n,obs}$ Nitrogenous Sludge Production $P_{x,n}$

Inert Sludge Production (TSS), Dry Solids

Total Sudge Production, Volatile Solids Volatile Solids Loading Rate

Total Sudge Production, Dry Solids Q_W Waste Sludge Flow to Digester

Digester Volume Required

Volume Provided:

25 ft Length Width 40 ft SWD 12.5 # Tanks Volume 50,000 cu. ft.

Total Digester Vol. available Volume greater than required

Description:

0.58

4,566 lb / day (MLVSS)

6,523 lb / day (MLSS)

0.12

207.36 lb / day (MLVSS)

296.22 lb / day (MLSS) 3328 lb / day

4774 lb / day

95 lb / day / 1,000 cu. ft.

11593 lb / day 55,326 gallons / day

287,695 gallons 38,462 cu. ft.

50,000 cu. ft. YES

IDS Engineering Group Project: Job Number: Design By: Checked By: Date: Generation Park East WWTP 1339-012-04 VHW KP 2/25/2025

Phase III - 2.8 MGD Description:

		Final Process Calcu	lations		
Air Requireme	nts				
Air requirement Air requirement Air requirement Air requirement Minimum mixing Diffuser transfe Design Submet Diffuser Submet Number of Bas Design Aeration	s for SBR bas s for digesters s for post aers g requirement r efficiency gence ergence Corre- ins, with one o	s ation s	Value 2.12 lb oxyge 30 SCFM / 10 SCFM / 0.12 SCFM / 11.7% (In wast 17.44 feet 0.76 @ desig 8 0.50 days/ba	1000 cu. ft. not regulated by TCEQ sq. ft. 217.155 (b)(3)(B) ewater) 217.155 (b)(2)(B) 217.155 (b)(2)(D)	
Corrected Air F = {(lb E (T.E.) (lowrate @ De BOD)*(lb Oxyg (lb Oxygen / lb owrate @ Des ted Air Flow F	sign Submergence = Jen / Ib BOD)} * Correction Factor Do air) (Ib air / cu. ft.) (min / day) Sign Aeration Time Per Basin = Rate e X No. of Basins	4557 SCFM 1139 SCFM	217.155 (b)(2)(C)	
Verify mixing re	quirements:		0.27 OK		
Provide	9	SBR Blowers @	1139 SCFM	each (1 per basin w/ 1 standby)	
Maximum wate Pressure loss in Pressure @ blo	n piping	iffuser	25 feet 0.7 psi 11.3 psi	top of SBR basin minus 1 ft for hieght of diffuse	
Air required for	digesters:		1500 SCFM		
Provide Air required for	5	Digester Blowers @	375 SCFM each (1 per basin w/ 1 standby) 213 SCFM		
Provide	4	Post-Air Blower(s) @	53 SCFM		

Project: Generation Park East WWTP

Job Number:

Design By: VHW Checked By: ΚP 2/25/2025 Date:

Description: Phase III- 2.8 MGD

Final Process Calculations

Decanter Sizing Per TCEQ Chapter 217.156(b)(8), requiring the decant system to accommodate the design flow with a constant cycle time with the largest tank out of service

<u>Basin Dimentions</u> <u>Width</u> 25 feet Length Min SWD Max SWD 75 feet 14 feet 24.5 feet

Condition No. 1: -Basins in service

basins

All Basins in Service

-Decant flow of

3,889 gpm

% of	Flow	No. of	Total	Batch	Fill	React	Fill	Settle	Fill	Decant	Fill	ldle	Total	Total	Total	Total	Volume	Decant	Basin water
Design	Rate	Cycles/day	Cycle Time	Volume	React		Settle		Decant		Idle		Fill	React	Settle	Decant	Decant	Depth	Surface Elevation
Flow	MGD		minutes	Gallon	minutes	minutes	minutes	minutes	minutes	minutes	ninute	minutes	minutes	minutes	minutes	minutes	gal	ft.	ft
100%	2.80	5.00	288	62,222	173	0	45	0	16	0	54.2	0	288	173	45	16	62,222	4.4	18.44
150%	4.20	5.00	288	93,333	173	0	45	0	24	0	46.2	0	288	173	45	24	93,333	6.7	20.65
200%	5.60	5.00	288	124,444	173	0	45	0	32	0	38.2	0	288	173	45	32	124,444	8.9	22.87
250%	7.00	6.66	216	116,783	130	0	45	0	30	0	11	0	216	130	45	30	116,783	8.3	22.33
300%	8.40	6.66	216	140,140	130	0	45	0	36	0	5	0	216	130	45	36	140,140	10.0	23.99
350%	9.80	10.00	144	108,889	71	0	45	0	28	0	0	0	144	71	45	28	108,889	7.8	21.76
400%	11.20	10.00	144	124,444	67	0	45	0	32	0	0	0	144	67	45	32	124,444	8.9	22.87

Condition No. 2: -Basins in service

-Decant flow of

8 basins

One Basin Out of Service

3,889 gpm

% of	Flow	No. of	Total	Batch	Fill	React	Fill	Settle	Fill	Decant	Fill	ldle	Total	Total	Total	Total	Volume	Decant	Basin water
Design	Rate	Cycles/day	Cycle Time	Volume	React		Settle		Decant		Idle		Fill	React	Settle	Decant	Decant	Depth	Surface Elevation
Flow	MGD		minutes	Gallon	minutes	minutes	minutes	minutes	minutes	minutes	ninute	minutes	minutes	minutes	minutes	minutes	gal	ft.	ft
100%	2.80	5.00	288	70,000	144	0	45	0	18	0	81.0	0	288	144	45	18	70,000	5.0	18.99
150%	4.20	5.00	288	105,000	144	0	45	0	27	0	72.0	0	288	144	45	27	105,000	7.5	21.49
200%	5.60	5.00	288	140,000	144	0	45	0	36	0	63.0	0	288	144	45	36	140,000	10.0	23.98
250%	7.00	6.66	216	131,381	108	0	45	0	34	0	29	0	216	108	45	34	131,381	9.4	23.37
300%	8.40	6.66	216	157,658	108	0	45	0	41	0	23	0	216	108	45	41	157,658	11.2	25.24
350%	9.80	10.00	144	122,500	68	0	45	0	32	0	0	0	144	68	45	32	122,500	8.7	22.73
400%	11.20	10.00	144	140,000	63	0	45	0	36	0	0	0	144	63	45	36	140,000	10.0	23.98

Decant Size from Above

3,889

gpm

ATTACHMENT NO. 17

FIRM PANEL



NOTES TO USERS

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

To obtain more detailed information in areas where Base Flood Elevation (BFEal andler Readways have been determined, users are encouraged to consult with relief Preliate and Floodways base black contained within the Flood feature of the Proof feature of the Pro

Cosstal Base Flood Elevation (BFEs) shown on this map apply only land-ward of 0.0" North American Versical Datum MAVDI. Liters of this FIRM should be aware that cosstal flood devisions may also be provided in the Summary of Stillwater Devations table in the Food Insurance Study report for this community. Eventions shown in this community. Eventions shown in this Summary of Stillwater Elevations table with Summary of Stillwater Elevations table with Summary of Stillwater Elevations table when the community of the Study are flight or has believation shown on the FiRM.

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

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

The projection used in the preparation of this map is Universal Tranverse Mercator (LTM) zone 15. The herizontal datum is MAUSS, GRS1805 to the production of PRIMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences one raffect the accuracy of the PRIMs

Spatial Reference System Division National Geodetic Survey, NOAA Silver Spring Metro Center 1315 East-West Highway Silver Spring, Meryland 20910 (301) 713-3242

To obtain current elevation, description, and/or location information for bench marks shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit their website at

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

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

An accompanying Flood Insurance Study report, Letters of Map Revision or Letters of Map Amendment revising portions of this panel, and digital versions of this PANEL may be available. Contact the FERMA Map Service Center at the following phone numbers and Internet address for information on all related products available from FBMA.

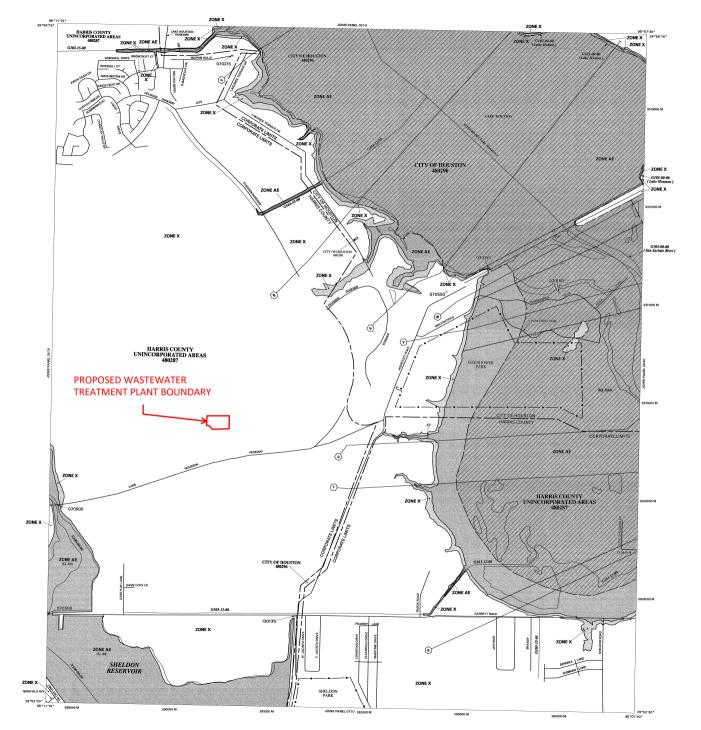
Phone: 800-358-9616 FAX: 800-358-9620 www.fema.gov/msc

If you have questions about this map or questions concerning the National Flood insurance Program in general, please call 1.877-FEMA-MAP (1-877-336-2627) or visit the FEMA website at www.fema.gov.

This map reflects more detailed and up-to-date stream channel configurations than those shown on the previous FRIM for this jurisdiction. The floodplains and floodways that were transferred from the previous FRIM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report may reflect stream channel distances that differ from what is shown on this may.

Vertical Datum Adjustment due to subsidence is the 2001 adjustment.

Benchmarks shown on this map were provided by either Harris County or the National Geodetic Survey. To obtain elevation, description, and location information for benchmarks provided by Harris County, please contact the Permits Office of the Public Infrastructure Department at 17/13 956-3000 or wist their websites at https://www.npp.hctx.net/permits. For information regarding the benchmarks provided by the National Geodetic Survey please see note above.



LEGEND

SPECIAL FLOOD HAZARD AREAS SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD EVENT

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Rood Hazard Area is the area subspect to flooding by the 1% arranged chance flood. Areas of Spocial Flood Hazard includes Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Rood Bevation in the water surface devastion of the 1% areautic alternative.

ZONE A

ZONE AH

Flood depths of 1 to 3 feet (usually areas of ponding); base floo elevations determined

//// FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encrosehment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

OTHER FLOOD AREAS

ZONE D Areas in which flood hazards are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

Zone D boundary

Base Flood Elevation line and value: elevation in feet

(EL 987) Cross Section Line

Geographic coordinates refere Datum of 1983 (NAD 83)

600000 FT

• M1.5

MAP REPOSITORY Refer to Repository Listing on Index Map

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP

SEPTEMBER 28, 1990

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

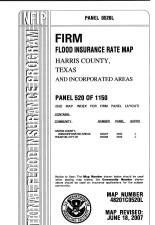
~~~~£12~~~~

(23)-----(23)

97\*07'30\*, 32\*22'30\*

change base flood alevations, to add sp cial flood hazard areas, to change zone information and to have flood



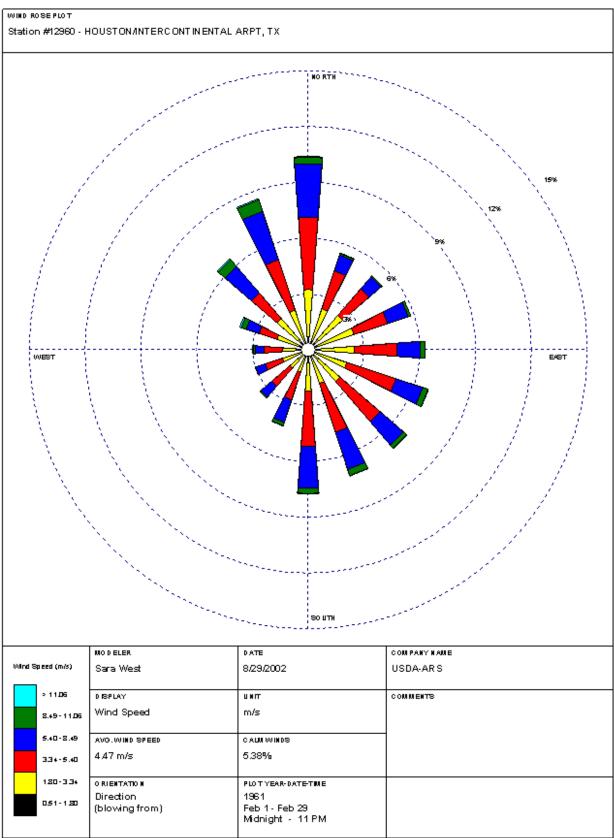


Federal Emergency Management Agency

**ATTACHMENT NO. 18** 

WIND ROSE





## **ATTACHMENT NO. 19**

**SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN** 



# Technical Report 1.1 Section 7. Sewage Sludge Solids Management Plan

#### **Interim I Phase - Capacity of Digester**

Design Flow **0.12** MGD Influent Flow

Minimum Retention Time 40 days
Digester Volume 5,040 ft<sup>3</sup>

Digester Dimensions 2 @ 20' length x 12' width x 10.5' SWD

Side Water Depth 10.5 ft.
Digester Sludge Retention Time 40 days

CBOD5 Removal Influent concentration 350.0 mg/l

Effluent concentration 10.0 mg/l
Net removal 340.0 mg/l

| Solids Generated                                 | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|--------------------------------------------------|-----------|----------|----------|----------|
| Pounds BOD5/day removed                          | 340       | 255      | 170      | 85       |
| Pounds of dry sludge produced*                   | 116       | 87       | 58       | 29       |
| Pounds of wet sludge produced**                  | 4,628     | 3,471    | 2,314    | 1,157    |
| Volume of wet sludge produced in gals.           | 556       | 417      | 278      | 139      |
| Volume of wet sludge produced in ft <sup>3</sup> | 74        | 56       | 37       | 19       |

<sup>\*</sup>Assuming 0.340 pounds of dry sludge produced per pound of BOD5 removed.

MLSS operating range = 3000 mg/l

Settled sludge from the clarifier will be wasted to the digesters. At the digesters, the sludge is further thickened by decanting mechanisms.

| Removal Schedule (days)     | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|-----------------------------|-----------|----------|----------|----------|
| Days between sludge removal | 68        | 90       | 136      | 271      |

After thickening, the sludge is periodically transported by Magna Flow Environmental (Hauler Registration #21484) to the Mt. Houston Road WWTP Sludge Processing Site (TCEQ Permit No. 0011154001).

<sup>\*\*</sup>Assuming 2.5% solids.

# Technical Report 1.1 Section 7. Sewage Sludge Solids Management Plan

### Interim II Phase - Capacity of Digester

Design Flow 1.05 MGD Influent Flow

Minimum Retention Time 40 days
Digester Volume 15,120 ft<sup>3</sup>

Digester Dimensions 2 @ 60' length x 12' width x 10.5' SWD

Side Water Depth

Digester Sludge Retention Time

10.5 ft.

40 days

CBOD5 RemovalInfluent concentration350.0 mg/lEffluent concentration10.0 mg/l

Net removal 340.0 mg/l

| Solids Generated                                 | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|--------------------------------------------------|-----------|----------|----------|----------|
| Pounds BOD5/day removed                          | 2,977     | 2,233    | 1,489    | 744      |
| Pounds of dry sludge produced*                   | 1,012     | 759      | 506      | 253      |
| Pounds of wet sludge produced**                  | 40,492    | 30,369   | 20,246   | 10,123   |
| Volume of wet sludge produced in gals.           | 4,867     | 3,650    | 2,433    | 1,217    |
| Volume of wet sludge produced in ft <sup>3</sup> | 651       | 488      | 325      | 163      |

<sup>\*</sup>Assuming 0.340 pounds of dry sludge produced per pound of BOD5 removed.

MLSS operating range = 3,000-5,000 mg/l

Settled sludge from the clarifier will be wasted to the digesters. At the digesters, the sludge is further thickened by decanting mechanisms.

| Removal Schedule (days)     | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|-----------------------------|-----------|----------|----------|----------|
| Days between sludge removal | 23        | 31       | 46       | 93       |

After thickening, the sludge is periodically transported by Magna Flow Environmental (Hauler Registration #21484) to the Mt. Houston Road WWTP Sludge Processing Site (TCEQ Permit No. 0011154001).

<sup>\*\*</sup>Assuming 2.5% solids.

# Technical Report 1.1 Section 7. Sewage Sludge Solids Management Plan

#### **Ultimate Phase - Capacity of Digester**

Design Flow 2.80 MGD Influent Flow

Minimum Retention Time 40 days
Digester Volume 50,000 ft<sup>3</sup>

Digester Dimensions 4 @ 25' length x 40' width x 12.5' SWD

Side Water Depth 12.5 ft.
Digester Sludge Retention Time 40 days

CBOD5 Removal Influent concentration 350.0 mg/l

Effluent concentration 10.0 mg/l
Net removal 340.0 mg/l

| Solids Generated                                 | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|--------------------------------------------------|-----------|----------|----------|----------|
| Pounds BOD5/day removed                          | 7,940     | 5,955    | 3,970    | 1,985    |
| Pounds of dry sludge produced*                   | 2,699     | 2,025    | 1,350    | 675      |
| Pounds of wet sludge produced**                  | 107,980   | 80,985   | 53,990   | 26,995   |
| Volume of wet sludge produced in gals.           | 12,978    | 9,734    | 6,489    | 3,245    |
| Volume of wet sludge produced in ft <sup>3</sup> | 1,735     | 1,301    | 867      | 434      |

<sup>\*</sup>Assuming 0.340 pounds of dry sludge produced per pound of BOD5 removed.

MLSS operating range = 3,000-5,000 mg/l

Settled sludge from the clarifier will be wasted to the digesters. At the digesters, the sludge is further thickened by decanting mechanisms.

| Removal Schedule (days)     | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|-----------------------------|-----------|----------|----------|----------|
| Days between sludge removal | 29        | 38       | 58       | 115      |

After thickening, the sludge is periodically transported by Magna Flow Environmental (Hauler Registration #21484) to the Mt. Houston Road WWTP Sludge Processing Site (TCEQ Permit No. 0011154001).

<sup>\*\*</sup>Assuming 2.5% solids.

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

| Continue 1 Demostic Driving Water Cumply (Instructions Dego 62)                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Section 1. Domestic Drinking Water Supply (Instructions Page 63)                                                                                    |
| Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge? |
| □ Yes ⊠ No                                                                                                                                          |
| If <b>no</b> , proceed it Section 2. <b>If yes</b> , provide the following:                                                                         |
| Owner of the drinking water supply: $N/A$                                                                                                           |
| Distance and direction to the intake: $N/A$                                                                                                         |
| Attach a USGS map that identifies the location of the intake.                                                                                       |
| Attachment: <u>N/A</u>                                                                                                                              |
| Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)                                                                            |
| Does the facility discharge into tidally affected waters?                                                                                           |
| □ Yes ⊠ No                                                                                                                                          |
| If <b>no</b> , proceed to Section 3. <b>If yes</b> , 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: $\underline{N/A}$                                                                             |
| 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).                                                                                         |
| N/A                                                                                                                                                 |
| 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).                                                                                     |
| N/A                                                                                                                                                 |

# **Classified Segments (Instructions Page 63)** Is the discharge directly into (or within 300 feet of) a classified segment? Yes ⊠ No If yes, this Worksheet is complete. **If no**, complete Sections 4 and 5 of this Worksheet. Section 4. **Description of Immediate Receiving Waters (Instructions Page 63)** Name of the immediate receiving waters: Click to enter text. A. Receiving water type Identify the appropriate description of the receiving waters. Stream Freshwater Swamp or Marsh Lake or Pond Surface area, in acres: <u>0.77 ac</u> Average depth of the entire water body, in feet: 3.3 ft Average depth of water body within a 500-foot radius of discharge point, in feet: 3.3 ft 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.

Section 3.

|    |             | e names of all perennial streams tream of the discharge point.                                                             | that joi  | n the receiving water within three miles                      |
|----|-------------|----------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|
|    | None        |                                                                                                                            |           |                                                               |
|    |             |                                                                                                                            |           |                                                               |
|    |             |                                                                                                                            |           |                                                               |
| D. | Downs       | stream characteristics                                                                                                     |           |                                                               |
|    |             | receiving water characteristics cl<br>rge (e.g., natural or man-made da                                                    | _         | vithin three miles downstream of the ands, reservoirs, etc.)? |
|    | $\boxtimes$ | Yes □ No                                                                                                                   |           |                                                               |
|    | If yes,     | discuss how.                                                                                                               |           |                                                               |
|    | charac      | proximately 1.5 miles downstream of<br>eteristics transition from a series of m<br>inforced concrete box culverts to the r | nan-mad   | le detention basins and channels connected                    |
| E. | Norma       | ıl dry weather characteristics                                                                                             |           |                                                               |
|    |             |                                                                                                                            | -         | during normal dry weather conditions.                         |
|    |             | etention pond does not yet exist. It w<br>ng detention basins before construction                                          |           |                                                               |
|    | Date a      | nd time of observation: 2/10/2025                                                                                          | 5, 3:00 p | <u>m</u>                                                      |
|    | Was th      | e water body influenced by storn                                                                                           | ıwater    | runoff during observations?                                   |
|    |             | Yes ⊠ No                                                                                                                   |           |                                                               |
| Se | ection      | 5. General Characterist<br>Page 65)                                                                                        | ics of    | the Waterbody (Instructions                                   |
| A. | Upstre      | am influences                                                                                                              |           |                                                               |
|    |             | mmediate receiving water upstre<br>aced by any of the following? Che                                                       |           | he discharge or proposed discharge site nat apply.            |
|    |             | Oil field activities                                                                                                       |           | Urban runoff                                                  |
|    |             | Upstream discharges                                                                                                        |           | Agricultural runoff                                           |
|    | □<br>of tl  | Septic tanks<br>he proposed discharge site does not y                                                                      | vet exist | Other(s), specify: <u>immediate receiving water</u>           |

C. Downstream perennial confluences

### **B.** Waterbody uses Observed or evidences of the following uses. Check all that apply. Livestock watering Contact recreation Irrigation withdrawal Non-contact recreation **Fishing Navigation** Domestic water supply Industrial water supply Park activities $\boxtimes$ Other(s), specify: does not yet exist C. Waterbody aesthetics Check one of the following that best describes the aesthetics of the receiving water and the surrounding area. Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored Common Setting: not offensive; developed but uncluttered; water may be colored or turbid Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

| Section 1. General Information (Instructions Page 65)                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------|
| Date of study: February 10, 2025 Time of study: 3:00 pm                                                                             |
| Stream name: <u>N/A</u>                                                                                                             |
| Location: <u>29.8997, -95.1696</u>                                                                                                  |
| Type of stream upstream of existing discharge or downstream of proposed discharge (check one).                                      |
| $\square$ Perennial $\square$ Intermittent with perennial pools                                                                     |
| Section 2. Data Collection (Instructions Page 65)                                                                                   |
| Number of stream bends that are well defined: <u>N/A</u>                                                                            |
| Number of stream bends that are moderately defined: $N/A$                                                                           |
| Number of stream bends that are poorly defined: $N/A$                                                                               |
| Number of riffles: <u>N/A</u>                                                                                                       |
| Evidence of flow fluctuations (check one):                                                                                          |
| □ Minor □ moderate □ severe                                                                                                         |
| Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.                |
| Detention pond has not yet been cleared or excavated. Excavation will occur prior to construction of the proposed WWTP and outfall. |
|                                                                                                                                     |

### Stream transects

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

Table 2.1(1) - Stream Transect Records

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

# **Section 3.** Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: N/A

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): N/A

Length of stream evaluated, in feet: N/A

Number of lateral transects made: <u>N/A</u>

Average stream width, in feet: N/AAverage stream depth, in feet: N/A

Average stream velocity, in feet/second: N/A

Instantaneous stream flow, in cubic feet/second:  $\underline{N/A}$ 

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): N/A

Size of pools (large, small, moderate, none): N/A

Maximum pool depth, in feet: N/A

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

## **Section 1.** All POTWs (Instructions Page 87)

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: o

Average Daily Flows, in MGD: N/A

Significant IUs – non-categorical:

Number of IUs: o

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: o

Average Daily Flows, in MGD: N/A

### B. Treatment plant interference

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

□ Yes ⊠ No

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

| N <u>/A</u> |
|-------------|
|             |
|             |
|             |
|             |
|             |
|             |
|             |
|             |
|             |

|          | In the past three years, has your POTW experienced pass through (see instructions)?                                                                                                                                                                         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | □ Yes ⊠ No                                                                                                                                                                                                                                                  |
|          | <b>If yes</b> , identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through. |
|          | N/A                                                                                                                                                                                                                                                         |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |
| D.       | Pretreatment program                                                                                                                                                                                                                                        |
|          | Does your POTW have an approved pretreatment program?                                                                                                                                                                                                       |
|          | □ Yes ⊠ No                                                                                                                                                                                                                                                  |
|          | If yes, complete Section 2 only of this Worksheet.                                                                                                                                                                                                          |
|          | Is your POTW required to develop an approved pretreatment program?                                                                                                                                                                                          |
|          | □ Yes ⊠ No                                                                                                                                                                                                                                                  |
|          | If yes, complete Section 2.c. and 2.d. only, and skip Section 3.                                                                                                                                                                                            |
|          | <b>If no to either question above</b> , skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.                                                                                                         |
| Se       | ection 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)                                                                                                                                                        |
| <b>A</b> | Substantial modifications                                                                                                                                                                                                                                   |
| Α.       |                                                                                                                                                                                                                                                             |
|          | Have there been any <b>substantial modifications</b> to the approved pretreatment program that have not been submitted to the TCEQ for approval according to 40 CFR §403.18?                                                                                |
|          | ☐ Yes ⊠ No                                                                                                                                                                                                                                                  |
|          | <b>If yes</b> , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.                                                                                                                                 |
|          | N <u>/A</u>                                                                                                                                                                                                                                                 |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |
|          |                                                                                                                                                                                                                                                             |

C. Treatment plant pass through

|                    | en any <b>non-substantial</b><br>nave not been submitte                       |     |                |                       |
|--------------------|-------------------------------------------------------------------------------|-----|----------------|-----------------------|
| □ Yes ▷            | ☑ No                                                                          |     |                |                       |
|                    | all non-substantial mo<br>ourpose of the modific                              |     | nave not been  | submitted to TCEQ,    |
| N <u>/A</u>        |                                                                               |     |                |                       |
| C. Effluent paran  | neters above the MAL                                                          |     |                |                       |
| monitoring du      | , list all parameters me<br>ring the last three year<br>nmeters Above the MAL |     |                |                       |
| Pollutant          | Concentration                                                                 | MAL | Units          | Date                  |
| N/A                |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
| ). Industrial user | r interruptions                                                               |     |                |                       |
|                    | IU, or other IU caused or pass throughs) at yo                                |     |                |                       |
| □ Yes ▷            | ☑ No                                                                          |     |                |                       |
|                    | the industry, describe<br>as, and probable pollut                             |     | cluding dates, | duration, description |
| N <u>/A</u>        |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |
|                    |                                                                               |     |                |                       |

**B.** Non-substantial modifications

# Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

|    | Company Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | SIC Code: Click to enter text.                                                                                                                                                                                                                                                                                                                           |
|    | Contact name: Click to enter text.                                                                                                                                                                                                                                                                                                                       |
|    | Address: Click to enter text.                                                                                                                                                                                                                                                                                                                            |
|    | City, State, and Zip Code: <u>Click to enter text.</u>                                                                                                                                                                                                                                                                                                   |
|    | Telephone number: <u>Click to enter text.</u>                                                                                                                                                                                                                                                                                                            |
|    | Email address: <u>Click to enter text.</u>                                                                                                                                                                                                                                                                                                               |
| В. | Process information                                                                                                                                                                                                                                                                                                                                      |
|    | Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).                                                                                                                                                                                            |
|    | N <u>/A</u>                                                                                                                                                                                                                                                                                                                                              |
|    |                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                                                                                                                                                                          |
|    |                                                                                                                                                                                                                                                                                                                                                          |
| C. | Product and service information                                                                                                                                                                                                                                                                                                                          |
| C. |                                                                                                                                                                                                                                                                                                                                                          |
| C. | Product and service information  Provide a description of the principal product(s) or services performed.  N/A                                                                                                                                                                                                                                           |
| C. | Provide a description of the principal product(s) or services performed.                                                                                                                                                                                                                                                                                 |
| C. | Provide a description of the principal product(s) or services performed.                                                                                                                                                                                                                                                                                 |
| C. | Provide a description of the principal product(s) or services performed.                                                                                                                                                                                                                                                                                 |
| C. | Provide a description of the principal product(s) or services performed.                                                                                                                                                                                                                                                                                 |
| C. | Provide a description of the principal product(s) or services performed.                                                                                                                                                                                                                                                                                 |
|    | Provide a description of the principal product(s) or services performed.  N/A                                                                                                                                                                                                                                                                            |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information                                                                                                                                                                                                                                                     |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information  See the Instructions for definitions of "process" and "non-process wastewater."                                                                                                                                                                    |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information  See the Instructions for definitions of "process" and "non-process wastewater."  Process Wastewater:                                                                                                                                               |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information  See the Instructions for definitions of "process" and "non-process wastewater."  Process Wastewater:  Discharge, in gallons/day: N/A                                                                                                               |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information  See the Instructions for definitions of "process" and "non-process wastewater."  Process Wastewater:  Discharge, in gallons/day: N/A  Discharge Type:  Continuous  Batch  Intermittent                                                             |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information  See the Instructions for definitions of "process" and "non-process wastewater."  Process Wastewater:  Discharge, in gallons/day: N/A  Discharge Type:  Continuous  Batch  Intermittent  Non-Process Wastewater:                                    |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information  See the Instructions for definitions of "process" and "non-process wastewater."  Process Wastewater:  Discharge, in gallons/day: N/A  Discharge Type: □ Continuous □ Batch □ Intermittent  Non-Process Wastewater:  Discharge, in gallons/day: N/A |
|    | Provide a description of the principal product(s) or services performed.  N/A  Flow rate information  See the Instructions for definitions of "process" and "non-process wastewater."  Process Wastewater:  Discharge, in gallons/day: N/A  Discharge Type:  Continuous  Batch  Intermittent  Non-Process Wastewater:                                    |

| E. | Pretreatment standards                                                                                                                                          |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Is the SIU or CIU subject to technically based local limits as defined in the <i>i</i> nstructions?                                                             |
|    | □ Yes ⊠ No                                                                                                                                                      |
|    | Is the SIU or CIU subject to categorical pretreatment standards found in $40$ CFR Parts $405$ - $471$ ?                                                         |
|    | □ Yes ⊠ No                                                                                                                                                      |
|    | <b>If subject to categorical pretreatment standards</b> , indicate the applicable category and subcategory for each categorical process.                        |
|    | Category: Subcategories: <u>N/A</u>                                                                                                                             |
|    | Click or tap here to enter text. Click to enter text.                                                                                                           |
|    | Category: Click to enter text.                                                                                                                                  |
|    | Subcategories: Click to enter text.                                                                                                                             |
|    | Category: Click to enter text.                                                                                                                                  |
|    | Subcategories: Click to enter text.                                                                                                                             |
|    | Category: Click to enter text.                                                                                                                                  |
|    | Subcategories: Click to enter text.                                                                                                                             |
|    | Category: Click to enter text.                                                                                                                                  |
|    | Subcategories: <u>Click to enter text.</u>                                                                                                                      |
| F. | Industrial user interruptions                                                                                                                                   |
|    | Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years? |
|    | □ Yes ⊠ No                                                                                                                                                      |
|    | <b>If yes</b> , identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.                           |
|    | N <u>/A</u>                                                                                                                                                     |
|    |                                                                                                                                                                 |
|    |                                                                                                                                                                 |
|    |                                                                                                                                                                 |
|    |                                                                                                                                                                 |
|    |                                                                                                                                                                 |

### **Abesha Michael**

From: AnnMarie Burns (IDS) <ABurns@idseg.com>

**Sent:** Friday, April 11, 2025 11:48 AM

**To:** Abesha Michael

Cc: Vernon Webb (IDS); Daniel Ringold (Schwartz Page & Harding)

**Subject:** RE: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter **Attachments:** AffectedLandowner\_11X17 Revised 4-11-2025.pdf; Landowner List Labels Revised

4-11-2025.docx; Affected Landowner Cross-Reference List Revised 4-11-2025.pdf; TX

SOS Info 2025.04.11.pdf

### Good morning,

Thanks for your phone call yesterday. As discussed, please see attached updated Affected Landowners Map, Cross-Reference List, and labels.

Per our conversation, MRA Northeast, L.P. and MRA Northeast #2, L.P. are two separate legal entities. I've also attached documentation from the Texas Secretary of State website for the two organizations showing separate filing numbers, dates of filing, and tax IDs.

Please let me know if you have any further questions. Thanks,



### AnnMarie Burns, E.I.T.

Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040

Main: 713.462.3178 | Direct: 832.590.7153

ABurns@idseg.com

Mahata I Fashari I Listadia

Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

If the reader of this message is not the intended recipient, you are informed that any dissemination, copying or disclosure of the material contained herein, to include any attachments, in whole or in part, is strictly prohibited. If you have received this transmission in error, please notify the sender and purge this message. Please click here to view our full Email Confidentiality Disclaimer and specific limitations and acknowledgements for use of attached electronic files. If you cannot access the hyperlink, please contact sender.

From: Abesha Michael <Abesha.Michael@tceq.texas.gov>

Sent: Monday, April 7, 2025 11:47 AM

To: AnnMarie Burns (IDS) <ABurns@idseg.com>

Subject: RE: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

### [EXTERNAL EMAIL]

### Good morning,

I received your response. The letter mailed out before I received the response,

Thank you,



Abesha H. Michael Applications Review & Processing Team Water Quality Division Support Section Water Quality Division, MC 148 PO Box 13087

Austin, Texas 78711 Phone: 0: 512-239-4912

Email: abesha.michael@tceq.texas.gov

# How is our customer service? Fill out our online customer satisfaction survey at <a href="https://www.tceq.texas.gov/customersurvey">www.tceq.texas.gov/customersurvey</a>

From: AnnMarie Burns (IDS) <ABurns@idseg.com>

Sent: Monday, April 7, 2025 8:53 AM

To: Abesha Michael <Abesha.Michael@tceq.texas.gov>

Cc: Vernon Webb (IDS) < VWebb@idseg.com>

Subject: RE: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

### Good morning,

We received the attached notice stating that you had not received a complete response to the Notice of Deficiency email sent March 11, 2025.

Could you let us know what you are still missing? I believe I have responded to all of the emails I have received.

Thanks,



### AnnMarie Burns, E.I.T.

Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040

Main: 713.462.3178 | Direct: 832.590.7153

ABurns@idseg.com

Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

If the reader of this message is not the intended recipient, you are informed that any dissemination, copying or disclosure of the material contained herein, to include any attachments, in whole or in part, is strictly prohibited. If you have received this transmission in error, please notify the sender and purge this message. Please click here to view our full Email Confidentiality Disclaimer and specific limitations and acknowledgements for use of attached electronic files. If you cannot access the hyperlink, please contact sender.

From: Abesha Michael < Abesha. Michael @tceq.texas.gov >

**Sent:** Friday, April 4, 2025 1:47 PM

To: AnnMarie Burns (IDS) < ABurns@idseg.com >

Subject: RE: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

### [EXTERNAL EMAIL]

Thank you,



### Abesha H. Michael Applications Review & Processing Team Water Quality Division Support Section Water Quality Division, MC 148

Water Quality Division, PO Box 13087 Austin, Texas 78711

Phone: 0: 512-239-4912 Email: abesha.michael@tceq.texas.gov

# How is our customer service? Fill out our online customer satisfaction survey at <a href="https://www.tceq.texas.gov/customersurvey">www.tceq.texas.gov/customersurvey</a>

From: AnnMarie Burns (IDS) <ABurns@idseg.com>

Sent: Friday, April 4, 2025 12:05 PM

To: Abesha Michael < Abesha. Michael@tceq.texas.gov >

Cc: Vernon Webb (IDS) < Webb@idseg.com>; Daniel Ringold (Schwartz Page & Harding) < dringold@sphllp.com>

Subject: RE: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

### Good afternoon,

Please see attached updated Landowners Map, Cross-Reference List, and labels.

Let us know if anything further is needed to declare this application administratively complete. Thanks,



### AnnMarie Burns, E.I.T.

Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040

Main: 713.462.3178 | Direct: 832.590.7153

ABurns@idseg.com

Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

If the reader of this message is not the intended recipient, you are informed that any dissemination, copying or disclosure of the material contained herein, to include any attachments, in whole or in part, is strictly prohibited. If you have received this transmission in error, please notify the sender and purge this message. Please click here to view our full Email Confidentiality Disclaimer and specific limitations and acknowledgements for use of attached electronic files. If you cannot access the hyperlink, please contact sender.

From: Abesha Michael <Abesha.Michael@tceq.texas.gov>

Sent: Tuesday, April 1, 2025 4:05 PM

To: AnnMarie Burns (IDS) < ABurns@idseg.com >

Cc: Vernon Webb (IDS) < Webb@idseg.com>; Daniel Ringold (Schwartz Page & Harding) < dringold@sphllp.com>

Subject: RE: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

### [EXTERNAL EMAIL]

### Good afternoon,

Thank you for the affected landowners map, list, and labels. However, when the landowner is the coapplicant, we need to notify all the surrounding landowners of the co-applicant property. Please submit the complete cross-referenced mailing and mailing labels asap.

Thank you,



Abesha H. Michael Applications Review & Processing Team Water Quality Division Support Section Water Quality Division, MC 148 PO Box 13087

Austin, Texas 78711 Phone: o: 512-239-4912

Email: abesha.michael@tceq.texas.gov

# How is our customer service? Fill out our online customer satisfaction survey at <a href="https://www.tceq.texas.gov/customersurvey">www.tceq.texas.gov/customersurvey</a>

From: AnnMarie Burns (IDS) < ABurns@idseg.com>

Sent: Wednesday, March 26, 2025 1:58 PM

To: Abesha Michael < Abesha. Michael @tceq.texas.gov >

Cc: Vernon Webb (IDS) < <a href="https://www.ncbe.nipsub.nips.com">\text{VWebb@idseg.com</a>; Daniel Ringold (Schwartz Page & Harding) < <a href="https://dringold@sphilp.com">\text{dringold@sphilp.com</a>>

Subject: RE: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

### Good afternoon,

Please see attached response & related attachments to the Notice of Deficiency letter sent on March 11, 2025. A complete revised permit application was also uploaded to the TCEQ file transfer system.

Please let us know if there is any further information we can provide. Thank you,



### AnnMarie Burns, E.I.T.

Design Engineer

13430 Northwest Freeway, Suite 700, Houston, Texas 77040

Main: 713.462.3178 | Direct: 832.590.7153

ABurns@idseg.com

Website | Facebook | Linkedin

TxEng Firm 2726 | TxSurv Firm 10110700

If the reader of this message is not the intended recipient, you are informed that any dissemination, copying or disclosure of the material contained herein, to include any attachments, in whole or in part, is strictly prohibited. If you have received this transmission in error, please notify the sender and purge this message. Please click here to view our full Email Confidentiality Disclaimer and specific limitations and acknowledgements for use of attached electronic files. If you cannot access the hyperlink, please contact sender.

From: Abesha Michael <Abesha.Michael@tceq.texas.gov>

Sent: Tuesday, March 11, 2025 1:21 PM

To: Lindsey Whatley (IDS) < <a href="https://www.lwhatley@idseg.com">LWhatley@idseg.com</a>>

Subject: FW: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

### [EXTERNAL EMAIL]

### Forwarded

From: Abesha Michael

Sent: Tuesday, March 11, 2025 1:00 PM

**To:** <a href="mailto:vwebb@idseg.com">vwebb@idseg.com</a> **Cc:** <a href="mailto:driver-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-array-ar

Subject: Application for Proposed Permit No. WQ0016745001 - Notice of Deficiency Letter

Dear Mr. Webb II:

The attached Notice of Deficiency letter sent on March 11, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by March 25, 2025.

Thank you,



Abesha H. Michael Applications Review & Processing Team Water Quality Division Support Section Water Quality Division, MC 148 PO Box 13087 Austin, Texas 78711

Austin, Texas 78711 Phone: o: 512-239-4912

Email: abesha.michael@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at <a href="https://www.tceq.texas.gov/customersurvey">www.tceq.texas.gov/customersurvey</a>

### **Affected Landowner Cross-Reference List**

| ID | Owner                                           | Mailing Address                 | City        | State | Zip Code   |
|----|-------------------------------------------------|---------------------------------|-------------|-------|------------|
| 1  | GENERATION PARK MANAGEMENT DISTRICT (APPLICANT) | 1300 POST OAK BLVD STE 2400     | HOUSTON     | TX    | 77056-3044 |
| 2  | MRA NORTHEAST LP (CO-APPLICANT)                 | 250 ASSAY ST, STE 200           | HOUSTON     | TX    | 77044-3506 |
| 3  | MRA NORTHEAST #2 LP                             | 250 ASSAY ST, STE 200           | HOUSTON     | TX    | 77044-3506 |
| 4  | KINDER MORGAN TEJAS PIPELINE LP                 | 500 DALLAS ST, STE 1000         | HOUSTON     | TX    | 77002-4718 |
| 5  | COUNTY OF HARRIS                                | PO BOX 1525                     | HOUSTON     | TX    | 77251-1525 |
| 6  | HARRIS COUNTY MUD NO 427                        | 1300 POST OAK BLVD STE 2400     | HOUSTON     | TX    | 77056-3078 |
| 7  | TRAHAN LEONA M                                  | 12630 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5220 |
| 8  | RODRIGUEZ LUIS M                                | 12530 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5228 |
| 9  | WHEELER RAY L & IMELDA                          | 12310 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5214 |
| 10 | BEJAR HILDA                                     | 12222 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5212 |
| 11 | ALESSI ROBERTO                                  | 15010 SUMMER KNOLL LN           | HOUSTON     | TX    | 77044-2596 |
| 12 | ROMERO HUGO                                     | 11760 PADOK RD APT 37           | HOUSTON     | TX    | 77044-7203 |
| 13 | GARCIA CELINO C                                 | 12216 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5212 |
| 14 | RAMIREZ FRANCISCO                               | 12210 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5212 |
| 15 | CURRIE CASEY                                    | 7139 CRESTED QUAIL              | SAN ANTONIO | TX    | 78250-7212 |
| 16 | VAZQUEZ JOSE A                                  | 12120 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5210 |
| 17 | MILTON THEODORE J                               | 12712 W LAKE HOUSTON PKWY STE B | HOUSTON     | TX    | 77044-6469 |
| 18 | HURTADO RAMIRO & GUADALUPE                      | 12112 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5210 |
| 19 | OLIVAS HECTOR M & IRMA                          | 12102 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5210 |
| 20 | J & R GROUP LLC                                 | 12930 PECAN SHORES DR           | HOUSTON     | TX    | 77044-1873 |
| 21 | HURTADO ERNESTO                                 | 12112 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5210 |
| 22 | RODRIGUEZ JOSE N                                | 2218 4TH ST                     | GALENA PARK | TX    | 77547-2704 |
| 23 | CRUZ JOSE LUIS & FLOR ESTELA                    | 20010 DEERSLAYER                | CROSBY      | TX    | 77532      |
| 24 | FRYER LONNIE & JUDITH                           | 12206 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5212 |
| 25 | HURTADO ESTEVAN                                 | 12112 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5210 |
| 26 | GARZA DANIEL                                    | 11976 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5206 |
| 27 | DE LEON GUSTAVO                                 | 11964 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5206 |
| 28 | BENITEZ ELMER                                   | 15240 GARRETT RD                | HOUSTON     | TX    | 77044-5846 |
| 29 | GARZA HUMBERTO                                  | 11952 AQUEDUCT RD               | HOUSTON     | TX    | 77044-5206 |

| 30 | BENITEZ ELMER & DAMARY                  | 15240 GARRETT RD        | HOUSTON       | TX | 77044-5846 |
|----|-----------------------------------------|-------------------------|---------------|----|------------|
| 31 | CAVAZOS IRENE ZORAIDA                   | 7531 FALL CREEK BEND    | HUMBLE        | TX | 77396-3555 |
| 32 | CEJA CARLOS                             | 11940 AQUEDUCT RD       | HOUSTON       | TX | 77044-5206 |
| 33 | HERNANDEZ SOCORRO TAPIA                 | 11938 AQUEDUCT RD       | HOUSTON       | TX | 77044-5206 |
| 34 | SANTILLAN MARCO & LINDA                 | 11928 AQUEDUCT RD       | HOUSTON       | TX | 77044-5206 |
| 35 | VILLALPANDO KAREN R                     | PO BOX 55362            | HOUSTON       | TX | 77044-5111 |
| 36 | GUZMAN KATHRYN E & REYNALDO             | 11934 AQUEDUCT RD       | HOUSTON       | TX | 77044-5206 |
| 37 | HEIL EDWIN D & RHONDA V                 | 11924 AQUEDUCT RD       | HOUSTON       | TX | 77044-5206 |
| 38 | FOUR BROTHERS LLC                       | PO BOX 96494            | HOUSTON       | TX | 77213-6494 |
| 39 | FERNANDEZ JAIME                         | 11952 AQUEDUCT RD       | HOUSTON       | TX | 77044      |
| 40 | MACIAS CRISOFORO                        | 12626 GREEN RIVER DR    | HOUSTON       | TX | 77044-2308 |
| 41 | RICHISON SHARON D                       | 11900 AQUEDUCT RD       | HOUSTON       | TX | 77044-5206 |
| 42 | PENNINGTON ANGELA M                     | 9839 FM 1511            | BUFFALO       | TX | 75831-5846 |
| 43 | CONLON JOHN                             | 1481 WHITE WATER DR     | NEW BRAUNFE   | TX | 78132-3221 |
| 44 | STAUFFER REAL ESTATE LLC                | 14205 GARRETT RD        | HOUSTON       | TX | 77044-6430 |
| 45 | TEXAS REAL ESTATE CAPITAL FUND II LLC   | PO BOX 27022            | HOUSTON       | TX | 77227-7022 |
| 46 | JOHNSTON DONALD RAY JR C/O PEGGY DENISE | 13819 GARRETT RD        | HOUSTON       | TX | 77044-6421 |
|    | KEETON JOHNSTON ESTATE OF               |                         |               |    |            |
| 47 | PROJECT CHANNEL LAND LLC                | 11750 KATY FWY STE 420  | HOUSTON       | TX | 77079-3122 |
| 48 | UNITED THERAPEUTICS CORPORATION         | 55 T.W. ALEXANDER DRIVE | RESEARCH TRIA | NC | 27709      |
| 49 | TEXAS PARKS & WILDLIFE DEPARTMENT C/O   | PO BOX 1525             | HOUSTON       | TX | 77251-1525 |
|    | HARRIS COUNTY ROW DEPT                  |                         |               |    |            |
| 50 | TEXAS PARKS & WILDLIFE DEPARTMENT       | 4200 SMITH SCHOOL RD    | AUSTIN        | TX | 78744-3218 |
| 51 | HART RAMONA                             | 11739 LONG PLAY LN      | HOUSTON       | TX | 77044-5247 |
| 52 | TRAHAN MILDRED W                        | 11730 LONG PLAY LN      | HOUSTON       | TX | 77044-5248 |
| 53 | DEAJON SHANNON C                        | 11730 LONG PLAY LN      | HOUSTON       | TX | 77044-5248 |
| 54 | GARZA ERASMO                            | 14018 MEADOWLAKE CT     | HOUSTON       | TX | 77044-6174 |
| 55 | SPEER MARVIN                            | 13623 GAME COVE LN      | HOUSTON       | TX | 77044-5231 |
| 56 | SPEER MARGARET E                        | 11630 LONG PLAY LN      | HOUSTON       | TX | 77044-5246 |
| 57 | CERDA EDWIN B                           | 11622 LONG PLAY LN      | HOUSTON       | TX | 77044-5246 |
| 58 | GUY ANTHONY HARMAN                      | 11618 LONG PLAY LN      | HOUSTON       | TX | 77044-5246 |
| 59 | REYES LARRY                             | 6726 HAWTHORNE FALLS LN | HOUSTON       | TX | 77049-3876 |
| 60 | MOUTON MATTHEW K & DELIA F              | 11610 LONG PLAY LN #5   | HOUSTON       | TX | 77044-5246 |
|    |                                         |                         |               | _  |            |

| 61 | ALLEE PROPERTIES LLC     | 4511 UPPER OXBOW TRACE       | FULSHEAR  | TX | 77441-4512 |
|----|--------------------------|------------------------------|-----------|----|------------|
| 62 | UNITED STATES OF AMERICA | PO BOX 1229                  | GALVESTON | TX | 77553-1229 |
| 63 | CHILLES BRETT            | 220 CARUTHERS LN             | HOUSTON   | TX | 77024-6812 |
| 64 | SKLAR MICHAEL A          | 3414 OVERBROOK LN            | HOUSTON   | TX | 77027-4140 |
| 65 | FRM MRA HOLDINGS #1 LTD  | 250 ASSAY ST STE 200         | HOUSTON   | TX | 77044-3506 |
| 66 | DEBOBEN CRISTINA MARIA   | 11006 HUNTERS PARK DR        | HOUSTON   | TX | 77024      |
| 67 | TAAFFE DINA              | 2428 SWIFT BLVD              | HOUSTON   | TX | 77030-1806 |
| 68 | CHILDRESS WENDIE S       | 3470 OVERBROOK LN            | HOUSTON   | TX | 77027-4140 |
| 69 | WOODSON VICKI G          | 5110 SAN FELIPE ST UNIT 251W | HOUSTON   | TX | 77056-3643 |
| 70 | VAUGHN BARBARA H         | 2211 DUNRAVEN LN             | HOUSTON   | TX | 77019-6601 |
| 71 | DEBOBEN JOHN R III       | 11006 HUNTERS PARK DR        | HOUSTON   | TX | 77024-5410 |
| 72 | TAAFFE RYAN H            | 2428 SWIFT BLVD              | HOUSTON   | TX | 77030-1806 |

| MRA NORTHEAST #2 LP<br>C/O MCCORD DEVELOPMENT INC<br>250 ASSAY ST STE 200<br>HOUSTON TX 77044-3506 | KINDER MORGAN TEJAS PIPELINE LP<br>500 DALLAS ST STE 1000<br>HOUSTON TX 77002-4718 | COUNTY OF HARRIS<br>PO BOX 1525<br>HOUSTON TX 77251-1525                         |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HARRIS COUNTY MUD NO 427                                                                           | LEONA M TRAHAN                                                                     | LUIS M RODRIGUEZ                                                                 |
| 1300 POST OAK BLVD STE 2400                                                                        | 12630 AQUEDUCT RD                                                                  | 12530 AQUEDUCT RD                                                                |
| HOUSTON TX 77056-3078                                                                              | HOUSTON TX 77044-5220                                                              | HOUSTON TX 77044-5218                                                            |
| RAY L AND IMELDA WHEELER                                                                           | HILDA BEJAR                                                                        | ROBERTO ALESSI                                                                   |
| 12310 AQUEDUCT RD                                                                                  | 12222 AQUEDUCT RD                                                                  | 15010 SUMMER KNOLL LN                                                            |
| HOUSTON TX 77044-5214                                                                              | HOUSTON TX 77044-5212                                                              | HOUSTON TX 77044-2596                                                            |
| HUGO ROMERO                                                                                        | CELINO C GARCIA                                                                    | FRANCISCO RAMIREZ                                                                |
| 11760 PADOK RD APT 37                                                                              | 12216 AQUEDUCT RD                                                                  | 12210 AQUEDUCT RD                                                                |
| HOUSTON TX 77044-7203                                                                              | HOUSTON TX 77044-5212                                                              | HOUSTON TX 77044-5212                                                            |
| CASEY CURRIE<br>7139 CRESTED QUAIL<br>SAN ANTONIO TX 78250-7212                                    | JOSE A VAZQUEZ<br>12120 AQUEDUCT RD<br>HOUSTON TX 77044-5210                       | THEODORE J MILTON<br>12712 W LAKE HOUSTON PKWY STE<br>B<br>HOUSTON TX 77044-6469 |
| RAMIRO AND GUADALUPE<br>HURTADO<br>12112 AQUEDUCT RD<br>HOUSTON TX 77044-5210                      | HECTOR M AND IRMA OLIVAS<br>12102 AQUEDUCT RD<br>HOUSTON TX 77044-5210             | J & R GROUP LLC<br>12930 PECAN SHORES DR<br>HOUSTON TX 77044-1873                |
| ERNESTO HURTADO                                                                                    | JOSE N RODRIGUEZ                                                                   | JOSE LUIS AND FLOR ESTELA CRUZ                                                   |
| 12112 AQUEDUCT RD                                                                                  | 2218 4TH ST                                                                        | 20010 DEERSLAYER                                                                 |
| HOUSTON TX 77044-5210                                                                              | GALENA PARK TX 77547-2704                                                          | CROSBY TX 77532                                                                  |
| LONNIE AND JUDITH FRYER                                                                            | ESTEVAN HURTADO                                                                    | DANIEL GARZA                                                                     |
| 12206 AQUEDUCT RD                                                                                  | 12112 AQUEDUCT RD                                                                  | 11976 AQUEDUCT RD                                                                |
| HOUSTON TX 77044-5212                                                                              | HOUSTON TX 77044-5210                                                              | HOUSTON TX 77044-5206                                                            |
| GUSTAVO DE LEON                                                                                    | ELMER BENITEZ                                                                      | HUMBERTO GARZA                                                                   |
| 11964 AQUEDUCT RD                                                                                  | 15240 GARRETT RD                                                                   | 11952 AQUEDUCT RD                                                                |
| HOUSTON TX 77044-5206                                                                              | HOUSTON TX 77044-5846                                                              | HOUSTON TX 77044-5206                                                            |
| ELMER AND DAMARY BENITEZ                                                                           | IRENE ZORAIDA CAVAZOS                                                              | CARLOS CEJA                                                                      |
| 15240 GARRETT RD                                                                                   | 7531 FALL CREEK BEND                                                               | 11940 AQUEDUCT RD                                                                |
| HOUSTON TX 77044-5846                                                                              | HUMBLE TX 77396-3555                                                               | HOUSTON TX 77044-5206                                                            |

| SOCORRO TAPIA HERNANDEZ                                                                | MARCO AND LINDA SANTILLAN                                                                                            | KAREN R VILLALPANDO                                                                  |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 11938 AQUEDUCT RD                                                                      | 11928 AQUEDUCT RD                                                                                                    | PO BOX 55362                                                                         |
| HOUSTON TX 77044-5206                                                                  | HOUSTON TX 77044-5206                                                                                                | HOUSTON TX 77044-5111                                                                |
| KATHRYN E AND REYNALDO<br>GUZMAN<br>11934 AQUEDUCT RD<br>HOUSTON TX 77044-5206         | EDWIN D AND RHONDA V HEIL<br>11924 AQUEDUCT RD<br>HOUSTON TX 77044-5206                                              | FOUR BROTHERS LLC<br>PO BOX 96494<br>HOUSTON TX 77213-6494                           |
| JAIME FERNANDEZ                                                                        | CRISOFORO MACIAS                                                                                                     | SHARON D RICHISON                                                                    |
| 11952 AQUEDUCT RD                                                                      | 12626 GREEN RIVER DR                                                                                                 | 11900 AQUEDUCT RD                                                                    |
| HOUSTON TX 77044                                                                       | HOUSTON TX 77044-2308                                                                                                | HOUSTON TX 77044-5206                                                                |
| ANGELA M PENNINGTON                                                                    | JOHN CONLON                                                                                                          | STAUFFER REAL ESTATE LLC                                                             |
| 9839 FM 1511                                                                           | 1481 WHITE WATER DR                                                                                                  | 14205 GARRETT RD                                                                     |
| BUFFALO TX 75831-5846                                                                  | NEW BRAUNFELS TX 78132-3221                                                                                          | HOUSTON TX 77044-6430                                                                |
| TEXAS REAL ESTATE CAPITAL FUND II<br>LLC<br>PO BOX 27022<br>HOUSTON TX 77227-7022      | DONALD RAY JOHNSTON JR C/O ESTATE OF PEGGY DENISE KEETON JOHNSTON 13819 GARRETT RD                                   | PROJECT CHANNEL LAND LLC<br>11750 KATY FWY STE 420<br>HOUSTON TX 77079-3122          |
| UNITED THERAPEUTICS CORPORATION 55 T W ALEXANDER DRIVE RESEARCH TRIANGLE PARK NC 27709 | HOUSTON TX 77044-6421 TEXAS PARKS & WILDLIFE DEPARTMENT C/O HARRIS COUNTY ROW DEPT PO BOX 1525 HOUSTON TX 77251-1525 | TEXAS PARKS & WILDLIFE<br>DEPARTMENT<br>4200 SMITH SCHOOL RD<br>AUSTIN TX 78744-3218 |
| RAMONA HART<br>11739 LONG PLAY LN<br>HOUSTON TX 77044-5247                             | MILDRED W TRAHAN 11730 LONG PLAY LN HOUSTON TX 77044-5248                                                            | SHANNON C DEAJON<br>11730 LONG PLAY LN<br>HOUSTON TX 77044-5248                      |
| ERASMO GARZA                                                                           | MARVIN SPEER                                                                                                         | MARGARET E SPEER                                                                     |
| 14018 MEADOWLAKE CT                                                                    | 13623 GAME COVE LN                                                                                                   | 11630 LONG PLAY LN                                                                   |
| HOUSTON TX 77044-6174                                                                  | HOUSTON TX 77044-5231                                                                                                | HOUSTON TX 77044-5246                                                                |
| EDWIN B CERDA                                                                          | ANTHONY HARMAN GUY                                                                                                   | LARRY REYES                                                                          |
| 11622 LONG PLAY LN                                                                     | 11618 LONG PLAY LN                                                                                                   | 6726 HAWTHORNE FALLS LN                                                              |
| HOUSTON TX 77044-5246                                                                  | HOUSTON TX 77044-5246                                                                                                | HOUSTON TX 77049-3876                                                                |
| MATTHEW K AND DELIA F MOUTON                                                           | ALLEE PROPERTIES LLC                                                                                                 | UNITED STATES OF AMERICA                                                             |
| 11610 LONG PLAY LN #5                                                                  | 4511 UPPER OXBOW TRACE                                                                                               | PO BOX 1229                                                                          |
| HOUSTON TX 77044-5246                                                                  | FULSHEAR TX 77441-4512                                                                                               | GALVESTON TX 77553-1229                                                              |

BRETT CHILLES
220 CARUTHERS LN
HOUSTON TX 77024-6812

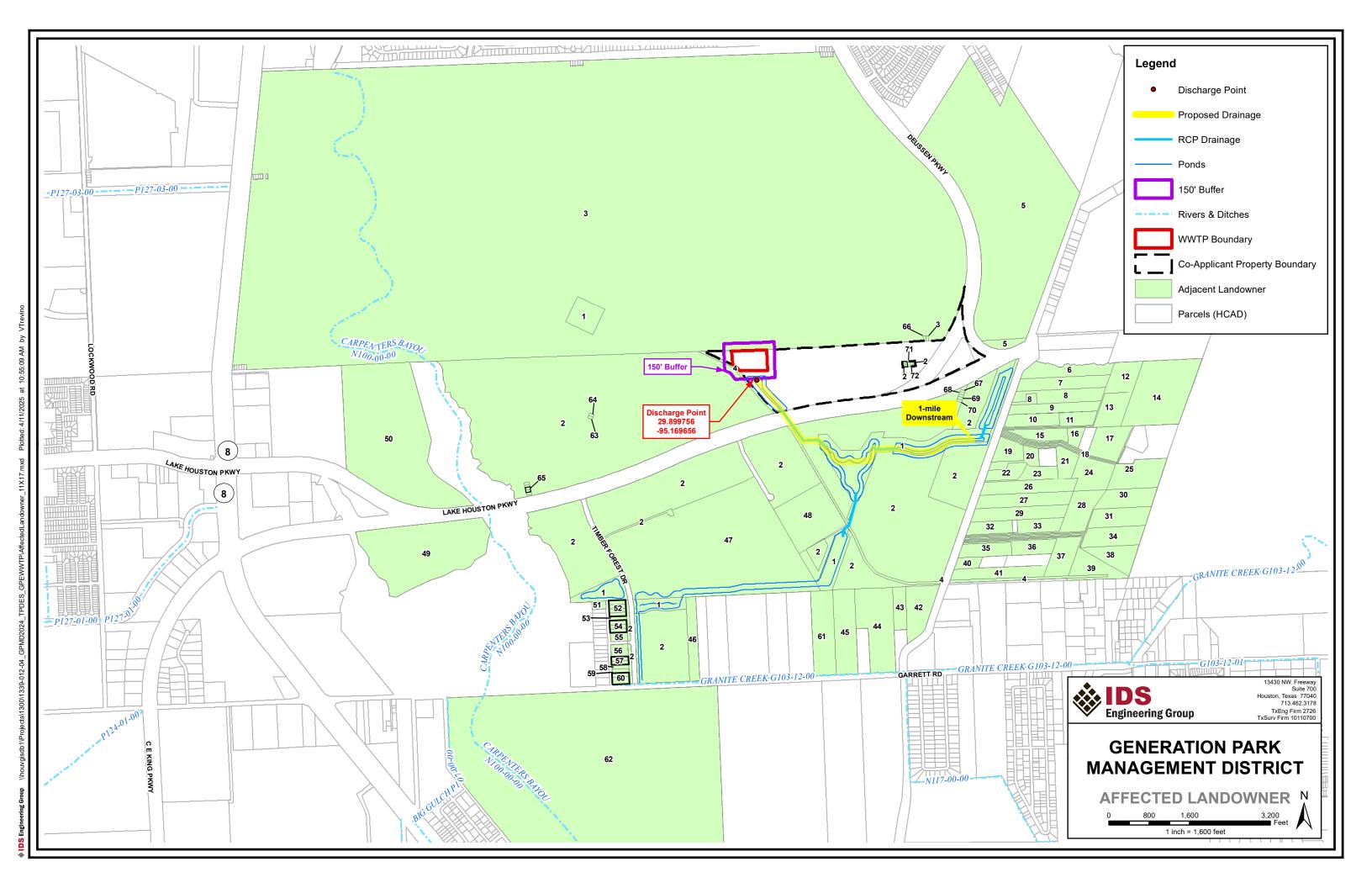
MICHAEL A SKLAR 3414 OVERBROOK LN HOUSTON TX 77027-4140 FRM MRA HOLDINGS #1 LTD 250 ASSAY ST STE 200 HOUSTON TX 77044-3506

CRISTINA MARIA DEBOBEN 11006 HUNTERS PARK DR HOUSTON TX 77024 DINA TAAFFE 2428 SWIFT BLVD HOUSTON TX 77030-1806 WENDIE S CHILDRESS 3470 OVERBROOK LN HOUSTON TX 77027-4140

VICKI G WOODSON 5110 SAN FELIPE ST UNIT 251W HOUSTON TX 77056-3643 BARBARA H VAUGHN 2211 DUNRAVEN LN HOUSTON TX 77019-6601

JOHN R DEBOBEN III 11006 HUNTERS PARK DR HOUSTON TX 77024-5410

RYAN H TAAFFE 2428 SWIFT BLVD HOUSTON TX 77030-1806





# DOMESTIC WASTEWATER PERMIT RENEWAL APPLICATION – ELECTRONIC COPY

Texas Commission on Environmental Quality

**Generation Park Management District** 

IDS Project No. 1339-012-04

February 2025



3/5/2025

### **TABLE OF CONTENTS**

### Checklist

### Administrative Report 1.0

Attachment No. 1 – Core Data Forms (Administrative Report 1.0, Section 3.C.)

Attachment No. 2 – Plain Language Summary (English & Spanish) (Administrative Report 1.0, Section 8.F.)

Attachment No. 3 – Public Involvement Plan Form (Administrative Report 1.0, Section 8.G.)

Attachment No. 4 – USGS Topographic Map (Administrative Report 1.0, Section 13)

Attachment No. 5 – Copy of Payment Voucher

### Administrative Report 1.1

Attachment No. 6 – Affected Landowners Map & List of Addresses (Administrative Report 1.1, Section 1.)

Attachment No. 7 – Original Photographs with map (Administrative Report 1.1, Section 2.)

Attachment No. 8 – Buffer Zone Map (Administrative Report 1.1, Section 3.)

Attachment No. 9 – Supplemental Permit Information Form (SPIF)

### **Checklist of Common Deficiencies**

### Technical Report 1.0

Attachment No. 10 – Treatment Process Description (Technical Report 1.0, Section 2.A.)

Attachment No. 11 – Treatment Units (Technical Report 1.0, Section 2.B.)

Attachment No. 12 – Process Flow Diagrams (Technical Report 1.0, Section 2.C.)

Attachment No. 13 – Site Map (Technical Report 1.0, Section 3)

### Technical Report 1.1

Attachment No. 14 – Justification of Permit Need (Technical Report 1.1, Section 1.A.)

Attachment No. 15 – Nearby WWTPs Map and Proof of Mailing Request for Service (Technical Report, Section 1.3.)

Attachment No. 16 – Design Calculations (Technical Report, Section 4)

Attachment No. 17 – FIRM Panel (Technical Report, Section 5.A.)

Attachment No. 18 – Wind Rose (Technical Report, Section 5.B.)

Attachment No. 19 – Sewage Sludge Solids Management Plan (Technical Report, Section 7)

Worksheet 2.0: Receiving Waters

Worksheet 2.1: Stream Physical Characteristics

Worksheet 6.0: Industrial Waste Contribution

# THE TOTAL COMMISSION OF THE PROPERTY OF THE PR

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

| APPLICANT NAME: | Generation Park Manag | gement District |
|-----------------|-----------------------|-----------------|
|                 |                       |                 |

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

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

|                              | 1           | 11          |                          | 1           | 11          |
|------------------------------|-------------|-------------|--------------------------|-------------|-------------|
| Administrative Report 1.0    | $\boxtimes$ |             | Original USGS Map        |             |             |
| Administrative Report 1.1    | $\boxtimes$ |             | Affected Landowners Map  | $\boxtimes$ |             |
| SPIF                         | $\boxtimes$ |             | Landowner Disk or Labels | $\boxtimes$ |             |
| Core Data Form               | $\boxtimes$ |             | Buffer Zone Map          | $\boxtimes$ |             |
| Public Involvement Plan Form | $\boxtimes$ |             | Flow Diagram             | $\boxtimes$ |             |
| Technical Report 1.0         | $\boxtimes$ |             | Site Drawing             | $\boxtimes$ |             |
| Technical Report 1.1         | $\boxtimes$ |             | Original Photographs     | $\boxtimes$ |             |
| Worksheet 2.0                | $\boxtimes$ |             | Design Calculations      | $\boxtimes$ |             |
| Worksheet 2.1                | $\boxtimes$ |             | Solids Management Plan   |             |             |
| Worksheet 3.0                |             | $\boxtimes$ | Water Balance            |             | $\boxtimes$ |
| Worksheet 3.1                |             | $\boxtimes$ |                          |             |             |
| Worksheet 3.2                |             | $\boxtimes$ |                          |             |             |
| Worksheet 3.3                |             |             |                          |             |             |
| Worksheet 4.0                |             | $\boxtimes$ |                          |             |             |
| Worksheet 5.0                |             |             |                          |             |             |
| Worksheet 6.0                | $\boxtimes$ |             |                          |             |             |
| Worksheet 7.0                |             | $\boxtimes$ |                          |             |             |
|                              |             |             |                          |             |             |

| For TCEQ Use Only |        |
|-------------------|--------|
| Segment Number    | County |
| Expiration Date   | Region |
| Permit Number     |        |

# THE THE PART OF TH

### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

| Flow                | New/Major Amendment | Renewal    |
|---------------------|---------------------|------------|
| <0.05 MGD           | \$350.00 □          | \$315.00 □ |
| ≥0.05 but <0.10 MGD | \$550.00 □          | \$515.00 □ |
| ≥0.10 but <0.25 MGD | \$850.00 □          | \$815.00 □ |
| ≥0.25 but <0.50 MGD | \$1,250.00 □        | \$1,215.00 |
| ≥0.50 but <1.0 MGD  | \$1,650.00 □        | \$1,615.00 |
| ≥1.0 MGD            | \$2,050.00 ⊠        | \$2,015.00 |

Minor Amendment (for any flow) \$150.00 □

| <b>Pavment</b> | Inform | ation  |
|----------------|--------|--------|
| ravinent       | шиони  | auvii. |

Mailed Check/Money Order Number: Click to enter text.
Check/Money Order Amount: Click to enter text.
Name Printed on Check: Click to enter text.

EPAY Voucher Number: 751697/751698

Copy of Payment Voucher enclosed? Yes  $\boxtimes$ 

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

| a. | Che         | ck the box next to the appropriate authorization type |
|----|-------------|-------------------------------------------------------|
|    | $\boxtimes$ | Publicly-Owned Domestic Wastewater                    |
|    |             | Privately-Owned Domestic Wastewater                   |
|    |             | Conventional Wastewater Treatment                     |
| b. | Che         | ck the box next to the appropriate facility status.   |
|    |             | Active 🗵 Inactive                                     |
|    |             |                                                       |

| c. | Check the box next to the appropriate permit type.                                                        |                                     |  |  |
|----|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|
|    |                                                                                                           |                                     |  |  |
|    |                                                                                                           |                                     |  |  |
|    | ☐ TPDES Permit with TLAP component                                                                        |                                     |  |  |
|    | ☐ Subsurface Area Drip Dispersal System (SADDS)                                                           |                                     |  |  |
| d. | <b>d.</b> Check the box next to the appropriate application type                                          |                                     |  |  |
|    | New                                                                                                       |                                     |  |  |
|    | $\square$ Major Amendment <u>with</u> Renewal $\square$ Mine                                              | or Amendment <u>with</u> Renewal    |  |  |
|    | $\square$ Major Amendment <u>without</u> Renewal $\square$ Mine                                           | or Amendment <u>without</u> Renewal |  |  |
|    | ☐ Renewal without changes ☐ Mine                                                                          | or Modification of permit           |  |  |
| e. | e. For amendments or modifications, describe the proposed of                                              | changes: Click to enter text.       |  |  |
| f. | f. For existing permits:                                                                                  |                                     |  |  |
|    | Permit Number: WQ00 Click to enter text.                                                                  |                                     |  |  |
|    | EPA I.D. (TPDES only): TX Click to enter text.                                                            |                                     |  |  |
|    | Expiration Date: Click to enter text.                                                                     |                                     |  |  |
| -  |                                                                                                           |                                     |  |  |
| Se | Section 3. Facility Owner (Applicant) and Co-A                                                            | Applicant Information               |  |  |
|    | (Instructions Page 26)                                                                                    |                                     |  |  |
| A. | A. The owner of the facility must apply for the permit.                                                   |                                     |  |  |
|    | What is the Legal Name of the entity (applicant) applying fo                                              | or this permit?                     |  |  |
|    | Generation Park Management District                                                                       |                                     |  |  |
|    | (The legal name must be spelled exactly as filed with the Tex<br>the legal documents forming the entity.) | xas Secretary of State, County, or  |  |  |
|    | If the applicant is currently a customer with the TCEQ, what                                              |                                     |  |  |

You may search for your CN on the TCEQ website at http://www15.tceq.texas.gov/crpub/

CN: 604386060

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.

Last Name, First Name: Neuhaus, Charles W. Prefix: Mr.

Title: **Board President** Credential: Click to enter text.

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

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

### MRA Northeast, L.P.

(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: <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a>

CN: Click to enter text.

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

Prefix: Mr. Last Name, First Name: McCord, Frederick R.

Title: <u>President</u> Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: <u>The co-applicant is the current owner</u> of the land where the treatment facility will be located.

### C. Core Data Form

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

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

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

A. Prefix: Mr. Last Name, First Name: Webb II, Vernon

Title: District Engineer Credential: P.E.

Organization Name: IDS Engineering Group

Mailing Address: 13430 Northwest Fwy, Suite 700 City, State, Zip Code: Houston, TX 77040

Phone No.: 832-590-7210 E-mail Address: wwebb@idseg.com

Check one or both: 

Administrative Contact

Technical Contact

**B.** Prefix: Mr. Last Name, First Name: Ringold, Daniel

Title: District Attorney Credential: Click to enter text.

Organization Name: Schwartz, Page & Harding, L.L.P.

Mailing Address: 1300 Post Oak Blvd, Suite 2400 City, State, Zip Code: Houston, TX 77056

Phone No.: 713-623-4531 E-mail Address: dringold@sphllp.com

Check one or both:  $\square$  Administrative Contact  $\square$  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: Neuhaus, Charles W.

Title: <u>Board President</u> Credential: Click to enter text.

Organization Name: c/o Schwartz, Page & Harding, L.L.P.

Mailing Address: 1300 Post Oak Blvd, Suite 2400 City, State, Zip Code: Houston, TX 77056

Phone No.: (713) 623-4531 E-mail Address: Click to enter text.

B. Prefix: Mr. Last Name, First Name: Deboben III, John R.

Title: Board Vice President Credential: Click to enter text.

Organization Name: c/o Schwartz, Page & Harding, L.L.P.

Mailing Address: 1300 Post Oak Blvd, Suite 2400 City, State, Zip Code: Houston, TX 77056

Phone No.: (713) 623-4531 E-mail Address: Click to enter text.

## 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: Ms. Last Name, First Name: Colondres, Cynthia

Title: <u>District Bookkeeper</u> Credential: Click to enter text.

Organization Name: Municipal Accounts & Consulting, L.P.

Mailing Address: <u>1281 Brittmoore Rd.</u> City, State, Zip Code: <u>Houston, TX 77043</u> Phone No.: <u>(713) 623-4539</u> E-mail Address: <u>ccolondres@municipalaccounts.com</u>

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

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

Prefix: Ms. Last Name, First Name: Chapa, Vanessa

Title: Compliance Manager Credential: Click to enter text.

Organization Name: <u>Inframark</u>

Mailing Address: 2002 W Grand Pkwy N., Suite 100 City, State, Zip Code: Katy, TX, 77449

Phone No.: (281) 877-2612 E-mail Address: vanessa.chapa@inframark.com

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Riley, Vonda

Title: <u>Administrative Assistant</u> Credential: Click to enter text.

Organization Name: **IDS Engineering Group** 

Mailing Address: 13430 Northwest Fwy, Suite 700 City, State, Zip Code: Houston, TX 77040

Phone No.: (713) 462-3178 E-mail Address: vriley@idseg.com

| Ь. |             | kage                                                                      | Receipt and intent to Obtain a water Quanty Permit                                                                         |
|----|-------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
|    | Ind         | icate by a check mark the pre                                             | ferred method for receiving the first notice and instructions:                                                             |
|    | $\boxtimes$ | E-mail Address                                                            |                                                                                                                            |
|    |             | Fax                                                                       |                                                                                                                            |
|    |             | Regular Mail                                                              |                                                                                                                            |
| C. | Coı         | ntact permit to be listed in th                                           | ne Notices                                                                                                                 |
|    | Pre         | fix: <u>Mr.</u>                                                           | Last Name, First Name: Webb II, Vernon                                                                                     |
|    | Titl        | e: <u>District Engineer</u>                                               | Credential: <u>P.E.</u>                                                                                                    |
|    | Org         | ganization Name: <u>IDS Engineer</u>                                      | ring Group                                                                                                                 |
|    | Mai         | lling Address: <u>13430 Northwest</u>                                     | t Fwy, Suite 700 City, State, Zip Code: Houston, TX 77040                                                                  |
|    | Pho         | one No.: <u>(832) 590-7210</u>                                            | E-mail Address: <a href="mailto:vwebb@idseg.com">vwebb@idseg.com</a>                                                       |
| D. | Pul         | olic Viewing Information                                                  |                                                                                                                            |
|    | •           | he facility or outfall is located inty must be provided.                  | in more than one county, a public viewing place for each                                                                   |
|    | Pub         | olic building name: <u>TCEQ Regi</u>                                      | on 12 Office                                                                                                               |
|    | Loc         | ation within the building: <u>Rec</u>                                     | eption Area                                                                                                                |
|    | Phy         | rsical Address of Building: <u>542</u>                                    | <u>≥5 Polk Street</u>                                                                                                      |
|    | City        | y: <u>Houston</u>                                                         | County: <u>Harris</u>                                                                                                      |
|    | Cor         | ntact (Last Name, First Name):                                            | <u>N/A</u>                                                                                                                 |
|    | Pho         | one No.: <u>(713) 767-3500</u> Ext.: Cl                                   | ick to enter text.                                                                                                         |
| Ε. | Bili        | ngual Notice Requirements                                                 |                                                                                                                            |
|    |             | s information <b>is required</b> for <b>dification, and renewal</b> appli | new, major amendment, minor amendment or minor ications.                                                                   |
|    | be 1        |                                                                           | s only used to determine if alternative language notices will as on publishing the alternative language notices will be in |
|    | obt         |                                                                           | rdinator at the nearest elementary and middle schools and to determine whether an alternative language notices are         |
|    |             |                                                                           | ram required by the Texas Education Code at the elementary he facility or proposed facility?                               |
|    |             | ⊠ Yes □ No                                                                |                                                                                                                            |
|    |             | If <b>no</b> , publication of an altern<br>below.                         | native language notice is not required; <b>skip to</b> Section 9                                                           |
|    |             | Are the students who attend a hilingual education program                 | either the elementary school or the middle school enrolled in at that school?                                              |

Yes □ No

|            | 3.        | Do the locatio  |                            | these       | e schools attend a bilingual education program at another                                                                             |
|------------|-----------|-----------------|----------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------|
|            |           |                 | Yes                        | $\boxtimes$ | No                                                                                                                                    |
|            | 4.        |                 |                            |             | quired to provide a bilingual education program but the school has rement under 19 TAC §89.1205(g)?                                   |
|            |           |                 | Yes                        |             | No                                                                                                                                    |
|            | 5.        |                 | -                          | _           | <b>question 1, 2, 3, or 4</b> , public notices in an alternative language are ge is required by the bilingual program? <u>Spanish</u> |
| F.         | Pla       | in Lang         | guage Sumn                 | nary T      | Геmplate                                                                                                                              |
|            | Co        | mplete          | the Plain La               | nguag       | ge Summary (TCEQ Form 20972) and include as an attachment.                                                                            |
|            | At        | tachme          | <b>nt:</b> <u>Attachme</u> | nt 2        |                                                                                                                                       |
| G.         | Pu        | blic Inv        | olvement P                 | lan F       | orm                                                                                                                                   |
|            | Co        | mplete          | the Public Ir              | nvolve      | ement Plan Form (TCEQ Form 20960) for each application for a                                                                          |
|            | ne        | w perm          | iit or major               | amen        | ndment to a permit and include as an attachment.                                                                                      |
|            | At        | tachme          | <b>nt:</b> <u>Attachme</u> | <u>nt 3</u> |                                                                                                                                       |
| C          |           | 0               | D 1 .                      |             |                                                                                                                                       |
| <b>5</b> e | CU        | on 9.           | Regula<br>Page 29          |             | Entity and Permitted Site Information (Instructions                                                                                   |
| A.         |           |                 |                            | regul       | ated by TCEQ, provide the Regulated Entity Number (RN) issued to                                                                      |
|            |           |                 |                            |             | Registry at <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a> to determine if ed by TCEQ.           |
| B.         | Na        | me of p         | roject or sit              | e (the      | name known by the community where located):                                                                                           |
|            | <u>Ge</u> | <u>neration</u> | Park Manage                | ement       | District East Wastewater Treatment Plant                                                                                              |
| C.         | Ov        | vner of         | treatment fa               | cility      | : Generation Park Management District                                                                                                 |
|            | Ov        | vnership        | of Facility:               | $\boxtimes$ | Public □ Private □ Both □ Federal                                                                                                     |
| D.         | Ov        | vner of l       | land where t               | treatn      | nent facility is or will be:                                                                                                          |
|            | Pre       | efix: Cli       | ck to enter t              | ext.        | Last Name, First Name: Click to enter text.                                                                                           |
|            | Tit       | le: Click       | k to enter te              | xt.         | Credential: Click to enter text.                                                                                                      |
|            | Or        | ganizat         | ion Name: <u>M</u>         | IRA N       | ortheast, L.P.                                                                                                                        |
|            | Ma        | iling Ac        | ddress: <u>250 /</u>       | Assay S     | Street, Suite 200 City, State, Zip Code: Houston, TX 77044                                                                            |
|            | Ph        | one No.         | : <u>(713) 860-3</u>       | 000         | E-mail Address: scloonan@mccord.com                                                                                                   |
|            |           |                 |                            |             | same person as the facility owner or co-applicant, attach a lease d easement. See instructions.                                       |
|            |           | Attach          | ment: <u>Lando</u>         | wner        | is co-applicant.                                                                                                                      |

F.

|    | Owner of effluent disposal site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Prefix: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Last Name, First Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Title: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Credential: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Organization Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | Mailing Address: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City, State, Zip Code: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Phone No.: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | E-mail Address: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | If the landowner is not the same agreement or deed recorded ease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | person as the facility owner or co-applicant, attach a lease ement. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | Attachment: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| F. | Owner sewage sludge disposal si<br>property owned or controlled by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ite (if authorization is requested for sludge disposal on the applicant)::                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | Prefix: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name, First Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Title: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Credential: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Organization Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | Mailing Address: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City, State, Zip Code: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | Phone No.: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | E-mail Address: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | person as the facility owner or co-applicant, attach a lease                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | agreement or deed recorded ease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ement. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | Attachment: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| So | ection 10 TDDES Dischar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ge Information (Instructions Page 31)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| /\ | Is the wastewater treatment facil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IIIV location in the existing permit accurate?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Л. | D Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | not in the character accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| л. | ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Α. | If no, or a new permit application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, please give an accurate description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Α. | If no, or a new permit application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | If <b>no</b> , <b>or</b> a <b>new permit application</b> Approximately 1,400 ft north of the Drive in Harris County, Texas 7704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on, please give an accurate description:<br>e intersection of Lake Houston Parkway and Common Dock<br>14.                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | If <b>no</b> , <b>or</b> a <b>new permit application</b> Approximately 1,400 ft north of the Drive in Harris County, Texas 7702  Are the point(s) of discharge and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | If <b>no</b> , <b>or</b> a <b>new permit application</b> Approximately 1,400 ft north of the Drive in Harris County, Texas 7702  Are the point(s) of discharge and Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14.  I the discharge route(s) in the existing permit correct?                                                                                                                                                                                                                                                                                                                                                         |
|    | If <b>no</b> , <b>or</b> a <b>new permit application</b> Approximately 1,400 ft north of the Drive in Harris County, Texas 7704  Are the point(s) of discharge and Yes  No  If <b>no</b> , <b>or</b> a <b>new or amendment p</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on, please give an accurate description:<br>e intersection of Lake Houston Parkway and Common Dock<br>14.                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702  Are the point(s) of discharge and Texas | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14.  I the discharge route(s) in the existing permit correct?  ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30  ence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in                                                                                                          |
|    | If <b>no</b> , <b>or</b> a <b>new permit application</b> Approximately 1,400 ft north of the Drive in Harris County, Texas 7702  Are the point(s) of discharge and Implication  Yes No  If <b>no</b> , <b>or</b> a <b>new or</b> amendment <b>p</b> point of discharge and the discharge and the discharge and the discharge and unnamed detention basin, the basins and channels, thence to an in Segment No. 1001 of the San Jacin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 44.  I the discharge route(s) in the existing permit correct?  ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 thence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin.                                                                                         |
|    | If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702  Are the point(s) of discharge and Implication  Yes No  If no, or a new or amendment proposed point of discharge and the discharge and the discharge and the discharge and channels are to an unnamed detention basin, the basins and channels, thence to an unsegment No. 1001 of the San Jacin City nearest the outfall(s): Houston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14.  I the discharge route(s) in the existing permit correct?  ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 tence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin.                                                                                          |
| В. | If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702  Are the point(s) of discharge and Texas Tex | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 14.  I the discharge route(s) in the existing permit correct?  ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 tence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin.  on s/are located: Harris                                                                |
| В. | If no, or a new permit application Approximately 1,400 ft north of the Drive in Harris County, Texas 7702  Are the point(s) of discharge and Texas Tex | on, please give an accurate description: e intersection of Lake Houston Parkway and Common Dock 44.  I the discharge route(s) in the existing permit correct?  ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 tence to storm sewer, thence to a series of unnamed detention unnamed tributary, thence to San Jacinto River Tidal in to River Basin.  on s/are located: Harris discharge to a city, county, or state highway right-of-way, or |

|    | If <b>yes</b> , indicate by a check mark if:                                                                                                                                                              |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | $\square$ Authorization granted $\square$ Authorization pending                                                                                                                                           |
|    | For <b>new and amendment</b> applications, provide copies of letters that show proof of contact and the approval letter upon receipt.                                                                     |
|    | Attachment: <u>N/A</u>                                                                                                                                                                                    |
| 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: $\underline{N/A}$ |
| C  | ation 11 TI AD Discussible formation (Leature time Bare 22)                                                                                                                                               |
| 56 | ection 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 <b>no, or a new or amendment permit application</b> , provide an accurate description of the disposal site location:                                                                                   |
|    | N/A                                                                                                                                                                                                       |
| В. | City nearest the disposal site: <u>N/A</u>                                                                                                                                                                |
| C. | County in which the disposal site is located: <u>N/A</u>                                                                                                                                                  |
| D. | For <b>TLAPs</b> , describe the routing of effluent from the treatment facility to the disposal site:                                                                                                     |
|    | N/A                                                                                                                                                                                                       |
| Е. | For <b>TLAPs</b> , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: $N/A$                                                               |
| Se | ection 12. Miscellaneous Information (Instructions Page 32)                                                                                                                                               |
| A. | Is the facility located on or does the treated effluent cross American Indian Land?                                                                                                                       |
|    | □ Yes ⊠ No                                                                                                                                                                                                |
| В. | If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?                                              |
|    | □ Yes □ No ⊠ Not Applicable                                                                                                                                                                               |
|    | If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.                       |
|    | N/A                                                                                                                                                                                                       |

| C.          | Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | □ Yes ⊠ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|             | If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: $\underline{N/A}$                                                                                                                                                                                                                                                                                                                                                                       |
| D.          | Do you owe any fees to the TCEQ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|             | □ Yes ⊠ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|             | If <b>yes</b> , provide the following information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|             | Account number: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|             | Amount past due: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| E.          | Do you owe any penalties to the TCEQ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|             | □ Yes ⊠ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|             | If <b>yes</b> , please provide the following information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|             | Enforcement order number: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|             | Amount past due: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Se          | ection 13. Attachments (Instructions Page 33)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Inc         | dicate 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.                                                                                                                                                                                                                                                                                                                                                    |
| $\boxtimes$ | Original full-size USGS Topographic Map with the following information:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|             | <ul> <li>Applicant's property boundary</li> <li>Treatment facility boundary</li> <li>Labeled point of discharge for each discharge point (TPDES only)</li> <li>Highlighted discharge route for each discharge point (TPDES only)</li> <li>Onsite sewage sludge disposal site (if applicable)</li> <li>Effluent disposal site boundaries (TLAP only)</li> <li>New and future construction (if applicable)</li> <li>1 mile radius information</li> <li>3 miles downstream information (TPDES only)</li> <li>All ponds.</li> </ul> |
|             | Attachment 1 for Individuals as co-applicants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|             | nguage Summary (English and Spanish); Attachment 3 – Public Involvement Plan Form; Attachment 4                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <u> </u>    | <u> USGS Topographic Map, Attachment 5 – Copy of Payment Voucher</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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

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

Permit Number: Click to enter text.

Applicant: Generation Park Management District

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): Mr. Charles W. Neuhan | <u>18</u>                                               |
|----------------------------------------------------------|---------------------------------------------------------|
| Signatory title: <u>Board President</u>                  |                                                         |
| Signature:                                               | Date: M/8/14                                            |
| (Use blue ink)                                           |                                                         |
| on this 18th day of December                             | arles W. Nenhaus<br>r, 2024.                            |
| Notary Public                                            | LINDA L. KNOX MOTARY JD #448502-4 My Commission Expires |

County, Texas

January 28, 2025

annammannamman y

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

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

Permit Number: Click to enter text.

Applicant: MRA Northeast, L.P.

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): Mr. Frederick R. McCord             |
|------------------------------------------------------------------------|
| Signatory title: President                                             |
| Signature:                                                             |
| (Use blue ink)                                                         |
| Subscribed and Sworn to before me by the said Frederick R. McCord, Jr. |
| on this 14th day of Februs, 20 <u>25</u> .                             |
| My commission expires on the 12th day of October, 2025.                |
|                                                                        |

Notary Public

County, Texas

SHAWN WESLEY CLOONAN
Notary Public, State of Texas
Comm. Expires 10-12-2028
Notary ID 126589235

**ATTACHMENT NO. 1** 

**CORE DATA FORMS** 





### **TCEQ Core Data Form**

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

#### **SECTION I: General Information**

| 1. Reason for  | Submissi      | on (If other is checked   | l please describe | e in space pr        | rovided.)                     |           |           |                    |                 |                 |                 |
|----------------|---------------|---------------------------|-------------------|----------------------|-------------------------------|-----------|-----------|--------------------|-----------------|-----------------|-----------------|
| New Perr       | nit, Registra | ation or Authorization    | (Core Data Forn   | n should be s        | submitted                     | d with t  | he prog   | ram applicatio     | n.)             |                 |                 |
| Renewal        | (Core Data    | Form should be submi      | tted with the re  | newal form)          | )                             |           |           | ther               |                 |                 |                 |
| 2. Customer    | Reference     | Number (if issued)        |                   | Follow this li       | link to sea                   | arch      | 3. Re     | gulated Entit      | y Reference     | Number (if i    | issued)         |
|                |               |                           |                   | for CN or RN         | <u>N number</u><br>Registry** |           |           |                    |                 |                 |                 |
| CN 6043860     | 160           |                           |                   | Central N            | registiy                      | -         | RN        |                    |                 |                 |                 |
| SECTIO         | N II:         | Customer                  | Inform            | ation                | 1                             | •         |           |                    |                 |                 |                 |
|                |               |                           |                   |                      |                               |           |           |                    |                 |                 |                 |
| 4. General Cu  | ıstomer Ir    | nformation                | 5. Effective      | Date for Cu          | ustomer                       | Inforn    | nation    | <b>Updates</b> (mn | n/dd/yyyy)      |                 |                 |
| New Custon     | mer           |                           | pdate to Custor   | ner Informa          | ntion                         | [         | Char      | nge in Regulate    | d Entity Own    | ership          |                 |
| ☐Change in L   | egal Name     | (Verifiable with the Te   | xas Secretary of  | State or Tex         | kas Compt                     | troller c | of Public | : Accounts)        |                 |                 |                 |
| The Custome    | r Name sı     | ıbmitted here may         | be updated au     | ıtomaticalı          | lly based                     | on wh     | hat is c  | urrent and a       | ctive with ti   | he Texas Seci   | retary of State |
| (SOS) or Texa  | s Comptro     | oller of Public Accou     | ınts (CPA).       |                      |                               |           |           |                    |                 |                 |                 |
| 6. Customer    | Legal Nam     | ne (If an individual, pri | nt last name firs | st: eg: Doe, J       | John)                         |           |           | If new Custo       | mer, enter pr   | evious Custom   | ner below:      |
| Generation Par | k Managen     | nent District             |                   |                      |                               |           |           |                    |                 |                 |                 |
| 7. TV 505/60   | A F!!! N      |                           | 0 TV (1-1-        | F ID (44. I          | ı \                           |           |           | 0.511              | T ID            | 40 DUNG         | November 196    |
| 7. TX SOS/CP   | A Filing N    | umber                     | 8. TX State       | 1 <b>ax ID</b> (11 d | ligits)                       |           |           | 9. Federal         | iax iD          | applicable)     | Number (if      |
|                |               |                           |                   |                      |                               |           |           | (9 digits)         |                 |                 |                 |
|                |               |                           |                   |                      |                               |           |           |                    |                 |                 |                 |
|                |               | _                         |                   |                      |                               |           |           |                    |                 |                 |                 |
| 11. Type of C  |               | Corpora                   |                   |                      |                               |           | Individ   | lual               | Partn           | ership:         | neral Limited   |
|                |               | County  Federal           | Local State       | Other                |                               |           | ] Sole P  | roprietorship      | ☐ Ot            |                 |                 |
| 12. Number     | of Employ     | ees                       |                   |                      |                               |           |           | 13. Indepe         | ndently Ow      | ned and Ope     | erated?         |
| □ 0-20    □ 3  | 21-100        | 101-250 251-              | 500 🗌 501 a       | and higher           |                               |           |           | ⊠ Yes              | ☐ No            |                 |                 |
| 14. Customer   | r Role (Pro   | posed or Actual) – as i   | t relates to the  | Regulated Er         | ntity listed                  | d on thi  | is form.  | Please check o     | ne of the follo | owing           |                 |
| Owner          |               | Operator                  | Ow                | ner & Opera          | ator                          |           |           |                    | thor:           |                 |                 |
| Occupation     | al Licensee   | Responsible Pa            | rty 🔲 V           | /CP/BSA App          | plicant                       |           |           |                    | uiei.           |                 |                 |
| 45 84-11:      | Schwartz      | , Page & Harding, L.L.F   | ).                |                      |                               |           |           |                    |                 |                 |                 |
| 15. Mailing    | 1300 Pos      | t Oak Blvd, Suite 2400    |                   |                      |                               |           |           |                    |                 |                 |                 |
| Address:       | City          | Houston                   |                   | State                | TX                            |           | ZIP       | 77056              |                 | ZIP + 4         |                 |
| 46.0           |               |                           |                   |                      |                               |           |           |                    |                 |                 |                 |
| 16. Country I  | Viailing In   | formation (if outside     | USA)              |                      |                               | 17. E-    | Mail A    | ddress (if app     | licable)        |                 |                 |
|                |               |                           |                   |                      |                               | dringol   | ld@sph    | llp.com            |                 |                 |                 |
| 18. Telephon   | e Number      | r                         | 1                 | 9. Extensio          | on or Co                      | de        |           | 20. F              | ax Number       | (if applicable) |                 |

TCEQ-10400 (11/22) Page 1 of 3

(713)623-4531 (713)623-6143

#### **SECTION III: Regulated Entity Information**

| 21. General Regulated En                                                                                                                                                                                            | tity Informa                                                     | <b>ition</b> (If 'New Reg                                                     | ulated Entity" is sel                                 | lected, a new p                        | ermit applica                    | tion is also requi            | red.)                             |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------|-------------------------------|-----------------------------------|------------------------|
| New Regulated Entity                                                                                                                                                                                                | Update to                                                        | Regulated Entity                                                              | Name 🔲 Update                                         | e to Regulated                         | Entity Inform                    | ation                         |                                   |                        |
| The Regulated Entity Namas Inc, LP, or LLC).                                                                                                                                                                        | ne submitte                                                      | d may be upda                                                                 | ted, in order to m                                    | neet TCEQ Cor                          | e Data Star                      | ndards (removo                | al of organizatio                 | nal endings such       |
| 22. Regulated Entity Nam                                                                                                                                                                                            | ne (Enter nam                                                    | e of the site wher                                                            | e the regulated acti                                  | ion is taking pla                      | ce.)                             |                               |                                   |                        |
| Generation Park Managemer                                                                                                                                                                                           | nt District East                                                 | t Wastewater Trea                                                             | atment Plant                                          |                                        |                                  |                               |                                   |                        |
| 23. Street Address of the Regulated Entity:                                                                                                                                                                         |                                                                  |                                                                               |                                                       |                                        |                                  |                               |                                   |                        |
| (No PO Boxes)                                                                                                                                                                                                       | City                                                             |                                                                               | State                                                 |                                        | ZIP                              |                               | ZIP + 4                           |                        |
| 24. County                                                                                                                                                                                                          | Harris                                                           | 1                                                                             |                                                       |                                        | l                                | 1                             |                                   |                        |
|                                                                                                                                                                                                                     |                                                                  | If no Stree                                                                   | et Address is prov                                    | vided, fields 2                        | 5-28 are re                      | quired.                       |                                   |                        |
| 25. Description to Physical Location:                                                                                                                                                                               | Approximate                                                      | ely 1,400 ft north                                                            | of the intersection                                   | of Lake Housto                         | n Parkway an                     | d Common Dock                 | : Drive.                          |                        |
| 26. Nearest City                                                                                                                                                                                                    |                                                                  |                                                                               |                                                       |                                        |                                  | State                         | Ne                                | arest ZIP Code         |
|                                                                                                                                                                                                                     |                                                                  |                                                                               |                                                       |                                        |                                  | TX                            | 770                               | 744                    |
| Houston                                                                                                                                                                                                             |                                                                  |                                                                               |                                                       |                                        |                                  |                               | //                                | J-1-1                  |
| Latitude/Longitude are re used to supply coordinate                                                                                                                                                                 | -                                                                | -                                                                             | -                                                     |                                        | ata Standa                       |                               |                                   |                        |
| Latitude/Longitude are re                                                                                                                                                                                           | es where no                                                      | -                                                                             | -                                                     | n accuracy).                           |                                  |                               |                                   |                        |
| Latitude/Longitude are re<br>used to supply coordinate                                                                                                                                                              | es where no                                                      | -                                                                             | -                                                     | n accuracy).                           | ongitude (V                      | rds. (Geocodin                | g of the Physica                  |                        |
| Latitude/Longitude are re<br>used to supply coordinate<br>27. Latitude (N) In Decima                                                                                                                                | al:  Minutes                                                     | -                                                                             | rovided or to gai                                     | n accuracy).                           | ongitude (V                      | rds. (Geocodin                | g of the Physica                  | Il Address may be      |
| Latitude/Longitude are re used to supply coordinate  27. Latitude (N) In Decima                                                                                                                                     | al:  Minutes                                                     | ne have been p                                                                | Seconds 3.32                                          | 28. Lo Degre                           | es<br>-95                        | V) In Decimal:                | g of the Physica                  | Seconds  13.44         |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees                                                                                                                             | Minutes 30.                                                      | ne have been p                                                                | Seconds 3.32                                          | 28. Lo                                 | es<br>-95                        | V) In Decimal:  Minute  de 32 | s 10                              | Seconds  13.44         |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code                                                                                                   | Minutes 30.                                                      | 54 Secondary SIC                                                              | Seconds 3.32                                          | 28. Lo Degre                           | es<br>-95                        | V) In Decimal:  Minute  de 32 | s 10                              | Seconds  13.44         |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code  (4 digits)                                                                                       | Minutes  30. (4 d                                                | 54 Secondary SIC (igits)                                                      | Seconds 3.32  Code                                    | 28. Lo Degre  31. Primai (5 or 6 digi  | es -95 ry NAICS Co               | V) In Decimal:  Minute  de 32 | s 10                              | Seconds  13.44         |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code  (4 digits)  4952                                                                                 | Minutes  30. (4 d                                                | 54 Secondary SIC (igits)                                                      | Seconds 3.32  Code                                    | 28. Lo Degre  31. Primai (5 or 6 digi  | es -95 ry NAICS Co               | V) In Decimal:  Minute  de 32 | s 10                              | Seconds  13.44         |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code (4 digits)  4952  33. What is the Primary B Wastewater Treatment Facility                         | Minutes  30. (4 d                                                | 54 Secondary SIC (igits)                                                      | Seconds 3.32  Code                                    | 28. Lo Degre  31. Primai (5 or 6 digi  | es -95 ry NAICS Co               | V) In Decimal:  Minute  de 32 | s 10                              | Seconds  13.44         |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code (4 digits)  4952  33. What is the Primary E Wastewater Treatment Facility  34. Mailing            | Minutes  30. (4 d  Business of t                                 | 54 Secondary SIC (igits)                                                      | Seconds 3.32  Code                                    | 28. Lo Degre  31. Primai (5 or 6 digi  | es -95 ry NAICS Co               | V) In Decimal:  Minute  de 32 | s 10                              | Seconds  13.44         |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code (4 digits)  4952  33. What is the Primary B Wastewater Treatment Facility                         | Minutes  30. (4 d  Business of t                                 | 54 Secondary SIC (igits) This entity? (Do                                     | Seconds 3.32  Code                                    | 28. Lo Degre  31. Primai (5 or 6 digi  | es -95 ry NAICS Co               | V) In Decimal:  Minute  de 32 | s 10                              | Seconds 13.44 ICS Code |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code (4 digits)  4952  33. What is the Primary E Wastewater Treatment Facility  34. Mailing            | Minutes  30. (4 d  Susiness of t  ty  Schwartz,  1300 Post  City | 54 Secondary SIC ( igits) his entity? (Do Page & Harding, I Oak Blvd, Suite 2 | Seconds 3.32  Code  o not repeat the SIC  L.L.P.  400 | 28. Lo Degree 31. Primai (5 or 6 digit | es -95  Ty NAICS Co ts)          | Minute  de 32                 | s 10 2. Secondary NA or 6 digits) | Seconds 13.44 ICS Code |
| Latitude/Longitude are reused to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code  (4 digits)  4952  33. What is the Primary E  Wastewater Treatment Facilit  34. Mailing  Address: | Minutes  30. (4 d  Susiness of t  ty  Schwartz,  1300 Post  City | 54 Secondary SIC ( igits) his entity? (Do Page & Harding, I Oak Blvd, Suite 2 | Seconds 3.32  Code  o not repeat the SIC  L.L.P.  400 | 28. Lo Degree 31. Primal (5 or 6 digi  | es -95 TY NAICS Co ts)  iption.) | Minute  de 32                 | s 10 2. Secondary NA or 6 digits) | Seconds 13.44 ICS Code |

**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.

TCEQ-10400 (11/22) Page 2 of 3

| ☐ Dam Safety          |                | Districts               | Edwards Aquifer     |            | Em      | nissions Inventory Air | Industrial Hazardous Waste                               |
|-----------------------|----------------|-------------------------|---------------------|------------|---------|------------------------|----------------------------------------------------------|
|                       |                |                         |                     |            |         |                        |                                                          |
| Municipal Solid       | Waste          | New Source Review Air   | OSSF                |            | ☐ Pe    | troleum Storage Tank   | □ PWS                                                    |
|                       |                |                         |                     |            |         |                        |                                                          |
| Sludge                |                | Storm Water             | ☐ Title V Air       |            | ☐ Tir   | es                     | Used Oil                                                 |
|                       |                |                         |                     |            |         |                        |                                                          |
| ☐ Voluntary Clean     | up             |                         | ☐ Wastewater Agricu | lture      | ☐ Wa    | ater Rights            | Other:                                                   |
|                       |                |                         |                     |            |         |                        |                                                          |
| SECTION I             | V: Pr          | eparer Inf              | <u>ormation</u>     | '          |         |                        |                                                          |
| 40. Name: Ann         | nMarie Burn    | 5                       |                     | 41. Title: | D       | esign Engineer         |                                                          |
| 42. Telephone Nun     | nber           | 43. Ext./Code           | 44. Fax Number      | 45. E-M    | ail Add | dress                  |                                                          |
| (832)590-7153         |                |                         | ( ) -               | aburns@    | idseg.c | om                     |                                                          |
| SECTION \             | /: Au          | thorized S              | ignature            |            |         |                        |                                                          |
| 6. By my signature be | low, I certify | , to the best of my kno |                     |            |         |                        | and that I have signature authority ntified in field 39. |
| Company:              | Generatio      | n Park Management D     | istrict             | Job Title  |         | Board President        |                                                          |
| Name (In Print):      | Charles W      | . Neuhaus               |                     |            |         | Phone:                 | 213-5024515                                              |
| Signature:            |                | 1///                    |                     |            |         | Date:                  | 4/18/14                                                  |



### **TCEQ Core Data Form**

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

#### **SECTION I: General Information**

1. Reason for Submission (If other is checked please describe in space provided.)

| New Pern         | nit, Registra    | ation or Authorization                     | (Core Data F     | orm should be s                              | submitte    | d with | n the progi | гат арр                                              | lication.)         |           |                      |                   |
|------------------|------------------|--------------------------------------------|------------------|----------------------------------------------|-------------|--------|-------------|------------------------------------------------------|--------------------|-----------|----------------------|-------------------|
| Renewal          | (Core Data       | Form should be submi                       | tted with the    | renewal form)                                |             |        | O           | ther                                                 |                    |           |                      |                   |
| 2. Customer      | Reference        | Number (if issued)                         |                  | Follow this li<br>for CN or RN<br>Central Ro | l numbe     | rs in  | 3. Reg      | 3. Regulated Entity Reference Number (if issued)  RN |                    |           |                      |                   |
| SECTIOI          | N II:            | Customer                                   | Infor            | <u>mation</u>                                | <u>.</u>    |        |             |                                                      |                    |           |                      |                   |
| 4. General Cu    | istomer In       | formation                                  | 5. Effective     | ve Date for Cu                               | ıstomeı     | r Info | rmation     | Update                                               | s (mm/dd/          | уууу)     |                      |                   |
| New Custon       |                  | Uverifiable with the Te                    | =                | tomer Informat                               |             | trolle | _           | _                                                    | gulated Ent<br>ts) | ity Owne  | ership               |                   |
|                  |                  | abmitted here may<br>oller of Public Accou | -                | automaticall <sub>,</sub>                    | y based     | d on v | what is c   | urrent                                               | and active         | with th   | e Texas Secr         | etary of State    |
| 6. Customer      | Legal Nam        | ne (If an individual, pr                   | int last name    | first: eg: Doe, Jo                           | ohn)        |        |             | <u>If new</u>                                        | Customer,          | enter pre | evious Custom        | <u>er below:</u>  |
| MRA Northeas     | t, L.P.          |                                            |                  |                                              |             |        |             |                                                      |                    |           |                      |                   |
| 7. TX SOS/CP     | A Filing N       | umber                                      | 8. TX Stat       | te Tax ID (11 di                             | igits)      |        |             | <b>9. Fe</b> (9 dig                                  | deral Tax II       | D         | 10. DUNS applicable) | Number (if        |
| 0000303222       |                  |                                            | 32033041.        | 103                                          |             |        |             |                                                      | 59742              |           | N/A                  |                   |
| 11. Type of C    | ustomer:         | ☐ Corpora                                  | tion             |                                              |             |        | Individ     | lual                                                 |                    | Partne    | ership: 🔲 Gen        | neral 🔀 Limited   |
| Government: [    | City 🔲 0         | County 🗌 Federal 📗                         | Local 🗌 Sta      | ate 🗌 Other                                  |             |        | Sole Pi     | roprieto                                             | rship              | Otl       | her:                 |                   |
| 12. Number o     | of Employ        | ees                                        |                  |                                              |             |        |             | 13. lr                                               | depender           | tly Ow    | ned and Ope          | erated?           |
| ☑ 0-20 □ 2       | 21-100           | 101-250 251                                | -500 🗌 50        | 01 and higher                                |             |        |             | ⊠ Ye                                                 | s [                | ☐ No      |                      |                   |
| 14. Customer     | <b>Role</b> (Pro | posed or Actual) – as                      | it relates to ti | he Regulated En                              | ntity liste | d on t | this form.  | Please o                                             | heck one of        | the follo | owing                |                   |
| Owner Occupation | al Licensee      | Operator Responsible Pa                    |                  | Owner & Opera                                |             |        |             |                                                      | Other:             |           |                      | d where treatment |
| 15. Mailing      | MRA No           | rtheast, L.P.                              |                  |                                              |             |        |             |                                                      |                    |           |                      |                   |
|                  | 250 Assa         | y St., Suite 200                           |                  |                                              |             |        |             |                                                      |                    |           |                      |                   |
| Address:         | City             | Houston                                    |                  | State                                        | TX          |        | ZIP         | 77044                                                | ļ                  |           | ZIP + 4              | 3506              |
| 16. Country I    | Mailing Inf      | formation (if outside                      | USA)             | <u> </u>                                     |             | 17. I  | E-Mail Ac   | ddress                                               | if applicable      | e)        |                      |                   |
|                  |                  |                                            |                  |                                              |             | scloc  | onan@mc     | cord.co                                              | n                  |           |                      |                   |
| 18. Telephon     | e Number         |                                            |                  | 19. Extensio                                 | n or Co     | de     |             |                                                      | 20. Fax N          | umber     | (if applicable)      |                   |

TCEQ-10400 (11/22) Page 1 of 3

#### **SECTION III: Regulated Entity Information**

| 21. General Regulated En                                                                                                                                                         | tity Informa                                                     | ation (If 'New Re                                                                   | gulated Entity" is                                           | selected, a nev          | v permit app                              | olication is | also required.)                    |                 |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------|-------------------------------------------|--------------|------------------------------------|-----------------|------------------------|
| New Regulated Entity [                                                                                                                                                           | Update to                                                        | Regulated Entity                                                                    | Name Upo                                                     | ate to Regulat           | ed Entity Inf                             | formation    |                                    |                 |                        |
| The Regulated Entity Nan<br>as Inc, LP, or LLC).                                                                                                                                 | ne submitte                                                      | d may be upda                                                                       | ited, in order to                                            | meet TCEQ                | Core Data :                               | Standard     | s (removal of or                   | ganization      | al endings such        |
| 22. Regulated Entity Nam                                                                                                                                                         | ne (Enter nam                                                    | ne of the site whe                                                                  | re the regulated a                                           | ction is taking          | place.)                                   |              |                                    |                 |                        |
| Generation Park Managemer                                                                                                                                                        | nt District Eas                                                  | t Wastewater Tre                                                                    | atment Plant                                                 |                          |                                           |              |                                    |                 |                        |
| 23. Street Address of the Regulated Entity:                                                                                                                                      |                                                                  |                                                                                     |                                                              |                          |                                           |              |                                    |                 |                        |
| (No PO Boxes)                                                                                                                                                                    | City                                                             |                                                                                     | State                                                        |                          | ZIP                                       |              |                                    | ZIP + 4         |                        |
| 24. County                                                                                                                                                                       | Harris                                                           |                                                                                     |                                                              |                          | L                                         | I            | l                                  |                 |                        |
|                                                                                                                                                                                  |                                                                  | If no Stre                                                                          | et Address is p                                              | ovided, field            | s <b>25-28</b> ar                         | e require    | d.                                 |                 |                        |
| 25. Description to                                                                                                                                                               |                                                                  |                                                                                     |                                                              |                          |                                           |              |                                    |                 |                        |
| Physical Location:                                                                                                                                                               | Approximat                                                       | ely 1,400 ft north                                                                  | of the intersection                                          | on of Lake Hou           | ston Parkwa                               | y and Com    | ımon Dock Drive.                   |                 |                        |
| 26. Nearest City                                                                                                                                                                 |                                                                  |                                                                                     |                                                              |                          |                                           | State        | е                                  | Nea             | rest ZIP Code          |
| Houston                                                                                                                                                                          |                                                                  |                                                                                     |                                                              |                          |                                           | TX           |                                    | 7704            | 14                     |
|                                                                                                                                                                                  |                                                                  |                                                                                     |                                                              |                          |                                           |              |                                    |                 |                        |
| Latitude/Longitude are re<br>used to supply coordinate                                                                                                                           | -                                                                | -                                                                                   | -                                                            |                          |                                           | ndards. (    | Geocoding of th                    | e Physical      | Address may be         |
| _                                                                                                                                                                                | es where no                                                      | -                                                                                   | -                                                            | ain accuracy             |                                           |              |                                    | e Physical      | Address may be         |
| used to supply coordinate                                                                                                                                                        | es where no                                                      | -                                                                                   | -                                                            | ain accuracy             | ).                                        |              |                                    | e Physical      | Address may be Seconds |
| used to supply coordinate  27. Latitude (N) In Decima                                                                                                                            | al: Minutes                                                      | -                                                                                   | provided or to g                                             | ain accuracy             | ).<br>. Longitud                          |              | Decimal:                           | e Physical      |                        |
| 27. Latitude (N) In Decima  Degrees                                                                                                                                              | es where no al: Minutes                                          | ne have been p                                                                      | Seconds 3.32                                                 | 28                       | . Longitud                                | e (W) In [   | Decimal:  Minutes  10              | e Physical      | Seconds<br>13.44       |
| 27. Latitude (N) In Decima  Degrees  29                                                                                                                                          | Minutes 30.                                                      | ne have been p                                                                      | Seconds 3.32                                                 | 28                       | . Longitud<br>grees<br>-95                | e (W) In [   | Decimal:  Minutes  10              | ndary NAIG      | Seconds<br>13.44       |
| 27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code                                                                                                                    | Minutes 30.                                                      | 54 Secondary SIC                                                                    | Seconds 3.32                                                 | 28 De                    | . Longitud<br>grees<br>-95                | e (W) In [   | Decimal:  Minutes  10  32. Secon   | ndary NAIG      | Seconds<br>13.44       |
| Degrees  29  29. Primary SIC Code (4 digits)                                                                                                                                     | Minutes  30.                                                     | 54 Secondary SIC                                                                    | Seconds 3.32 Code                                            | 28 De 31. Prir (5 or 6 o | c. Longitud<br>grees<br>-95<br>mary NAICS | e (W) In [   | Decimal:  Minutes  10  32. Secon   | ndary NAIG      | Seconds<br>13.44       |
| 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits)                                                                                                            | Minutes  30. (4 d                                                | 54 Secondary SIC                                                                    | Seconds 3.32 Code                                            | 28 De 31. Prir (5 or 6 o | c. Longitud<br>grees<br>-95<br>mary NAICS | e (W) In [   | Decimal:  Minutes  10  32. Secon   | ndary NAIG      | Seconds<br>13.44       |
| used to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code  (4 digits)  4952  33. What is the Primary B  Wastewater Treatment Facility             | Minutes  30. (4 d                                                | 54 Secondary SIC                                                                    | Seconds 3.32  Code                                           | 28 De 31. Prir (5 or 6 o | c. Longitud<br>grees<br>-95<br>mary NAICS | e (W) In [   | Decimal:  Minutes  10  32. Secon   | ndary NAIG      | Seconds<br>13.44       |
| used to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code  (4 digits)  4952  33. What is the Primary B  Wastewater Treatment Facilit  34. Mailing | Minutes  30. (4 d                                                | 54 Secondary SIC ligits)                                                            | Seconds 3.32  Code                                           | 28 De 31. Prir (5 or 6 o | c. Longitud<br>grees<br>-95<br>mary NAICS | e (W) In [   | Decimal:  Minutes  10  32. Secon   | ndary NAIG      | Seconds<br>13.44       |
| used to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code  (4 digits)  4952  33. What is the Primary B  Wastewater Treatment Facility             | Minutes  30. (4 d                                                | 54 Secondary SIC ligits) this entity? (D                                            | Seconds 3.32  Code                                           | 28 De 31. Prir (5 or 6 o | c. Longitud<br>grees<br>-95<br>mary NAICS | e (W) In I   | Minutes  10  32. Secor (5 or 6 dig | ndary NAIG      | Seconds<br>13.44       |
| used to supply coordinate  27. Latitude (N) In Decima  Degrees  29  29. Primary SIC Code  (4 digits)  4952  33. What is the Primary B  Wastewater Treatment Facilit  34. Mailing | Minutes  30. (4 d  Susiness of t  ty  Schwartz,  1300 Post  City | 54 Secondary SIC ligits)  this entity? (D Page & Harding, Oak Blvd, Suite 2         | Seconds 3.32  Code  Do not repeat the S  L.L.P.  2400  State | 28 De 31. Prir (5 or 6 o | J. Longitud grees -95 nary NAICS digits)  | e (W) In I   | Minutes  10  32. Secor (5 or 6 dig | ndary NAIC      | Seconds 13.44 CS Code  |
| 27. Latitude (N) In Decima Degrees 29 29. Primary SIC Code (4 digits) 4952 33. What is the Primary B Wastewater Treatment Facilit 34. Mailing Address:                           | Minutes  30. (4 d  Susiness of t  ty  Schwartz,  1300 Post  City | 54 Secondary SIC ligits)  this entity? (D Page & Harding, Oak Blvd, Suite 2 Houston | Seconds 3.32  Code  Do not repeat the S  L.L.P.  2400  State | 31. Prir (5 or 6 o       | c. Longitud grees -95 mary NAICS digits)  | e (W) In E   | Minutes  10  32. Secor (5 or 6 dig | ndary NAIO its) | Seconds 13.44 CS Code  |

**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.

TCEQ-10400 (11/22) Page 2 of 3

| ☐ Dam Safety                  | Districts           | Edwards Aquifer             |              | Emissions Inventory Air | ☐ Industrial Hazardous Waste                                    |
|-------------------------------|---------------------|-----------------------------|--------------|-------------------------|-----------------------------------------------------------------|
|                               |                     |                             |              |                         |                                                                 |
| ☐ Municipal Solid             | Waste Review Air    | OSSF                        |              | Petroleum Storage Tank  | □ PWS                                                           |
|                               |                     |                             |              |                         |                                                                 |
| Sludge                        | Storm Water         | ☐ Title V Air               |              | Tires                   | Used Oil                                                        |
| ☐ Voluntary Clean             | up 🛭 Wastewater     | ☐ Wastewater Agricu         | ılture 🔲     | Water Rights            | Other:                                                          |
|                               |                     |                             |              |                         |                                                                 |
| SECTION 1                     | :V: Preparer In     | <u>formation</u>            |              |                         |                                                                 |
| 40. Name: Ann                 | nMarie Burns        |                             | 41. Title:   | Design Engineer         |                                                                 |
| 42. Telephone Nun             | nber 43. Ext./Code  | 44. Fax Number              | 45. E-Mail / | Address                 |                                                                 |
| (832)590-7153                 |                     | ( ) -                       | aburns@idse  | eg.com                  |                                                                 |
| SECTION \                     | /: Authorized       | Signature                   |              |                         |                                                                 |
| <b>46.</b> By my signature be |                     | nowledge, that the informat |              |                         | e, and that I have signature authority<br>entified in field 39. |
| Company:                      | MRA Northeast, L.P. |                             | Job Title:   | President               |                                                                 |
| Name (In Print):              | Frederick R. McCord |                             |              | Phone:                  | ( ) -                                                           |
| Signature:                    |                     |                             |              | Date:                   | 2/14/2025                                                       |

TCEQ-10400 (11/22) Page 3 of 3

PLAIN LANGUAGE SUMMARY (ENGLISH AND SPANISH)



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

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.

Generation Park Management District (CN604386060) proposes to operate Generation Park Management District East Wastewater Treatment Plant (RN\_\_\_\_\_), a domestic wastewater treatment facility. The facility will be located approximately 1,400 ft north of the intersection of Lake Houston Parkway and Common Dock Drive, in Houston, Harris County, Texas 77044.

This application is for a new permit to discharge at an ultimate average flow of 2,800,000 gallons per day of treated domestic wastewater via an outfall into a series of detention basins and ultimately to the San Jacinto River Basin.

Discharges from the facility are expected to contain Carbonaceous Biochemical Oxygen Demand (5-day)(CBOD<sub>5</sub>), total suspended solids (TSS), and ammonia nitrogen (NH<sub>3</sub>-N). Additional potential pollutants are unknown as this is a new wastewater treatment plant. Domestic wastewater will be treated by activated sludge process with single stage nitrification.

## RESUMEN DE LA SOLICITUD EN LENGUAJE SENCILLO PARA LAS SOLICITUDES DE PERMISOS TPDES O TLAP

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.

El Distrito de Gestión de Generation Park (CN604386060) propone operar Planta de Tratamiento de Aguas Residuales del Este del Distrito de Gestión de Generation Park (RN\_\_\_\_\_\_), una instalación de tratamiento de aguas residuales domésticas. La instalación está ubicada en aproximadamente 1,400 pies al norte de la intersección de Lake Houston Parkway y Common Dock Drive, en Houston, Condado de Harris, Texas 77044. Esta solicitud es para un nuevo permiso para descargar un caudal promedio final de 2.800.000 galones por día de aguas residuales domésticas tratadas a través de un desagüe en una serie de cuencas de detención y, en última instancia, en la cuenca del río San Jacinto.

Se espera que las descargas de la instalación contengan Demanda bioquímica de oxígeno carbonoso (5-días)(CBOD₅), sólidos suspendidos totales (TSS) y nitrógeno amoniaco (NH₃-N). Se desconocen otros posibles contaminantes ya que se trata de una nueva planta de tratamiento de aguas residuales.. Aguas residuales domésticas. estará tratado por roceso de lodos activados con nitrificación en una sola etapa.

PUBLIC INVOLVEMENT PLAN FORM



#### 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.

TCEQ-20960 (02-09-2023)

#### **Section 3. Application Information**

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

Air Initial Federal Amendment Standard Permit Title V

Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire

Radioactive Material Licensing Underground Injection Control

Water Quality

Texas Pollutant Discharge Elimination System (TPDES)

Texas Land Application Permit (TLAP)

State Only Concentrated Animal Feeding Operation (CAFO)

Water Treatment Plant Residuals Disposal Permit

Class B Biosolids Land Application Permit

Domestic Septage Land Application Registration

Water Rights New Permit

New Appropriation of Water

New or existing reservoir

Amendment to an Existing Water Right

Add a New Appropriation of Water

Add a New or Existing Reservoir

Major Amendment that could affect other water rights or the environment

#### Section 4. Plain Language Summary

| D ' 1       | 1 1     |            | C 1 1      |             |
|-------------|---------|------------|------------|-------------|
| Provide 3   | hrigt d | accrintion | of planned | activation  |
| I I OVIUE a | титет и | CSCLIDUOL  | от планиси | activities. |

#### Section 5. Community and Demographic Information

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

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

| language notice is n                            | ecessary. Please pro            | ovide the following info                  | ormation.                  |          |
|-------------------------------------------------|---------------------------------|-------------------------------------------|----------------------------|----------|
| (City)                                          |                                 |                                           |                            |          |
| (County)                                        |                                 |                                           |                            |          |
| (Census Tract)<br>Please indicate which<br>City | of these three is the<br>County | e level used for gatherin<br>Census Tract | ng the following informat  | tion.    |
| (a) Percent of people                           | over 25 years of age            | e who at least graduated                  | from high school           |          |
| -<br>-                                          |                                 | the specified location                    | race within the specified  | location |
| (d) Percent of Linguis                          | stically Isolated Hous          | seholds by language wit                   | hin the specified locatior | 1        |
| (e) Languages commo                             | only spoken in area l           | by percentage                             |                            |          |
| (f) Community and/o                             | or Stakeholder Group            | os                                        |                            |          |
| (g) Historic public int                         | terest or involvemen            | t                                         |                            |          |
|                                                 |                                 |                                           |                            |          |

#### Section 6. Planned Public Outreach Activities

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

Yes No

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

Yes No

If Yes, please describe.

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

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

Yes No

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

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

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

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

Yes No

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

Yes No

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

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

#### Section 7. Voluntary Submittal

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

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

Yes No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

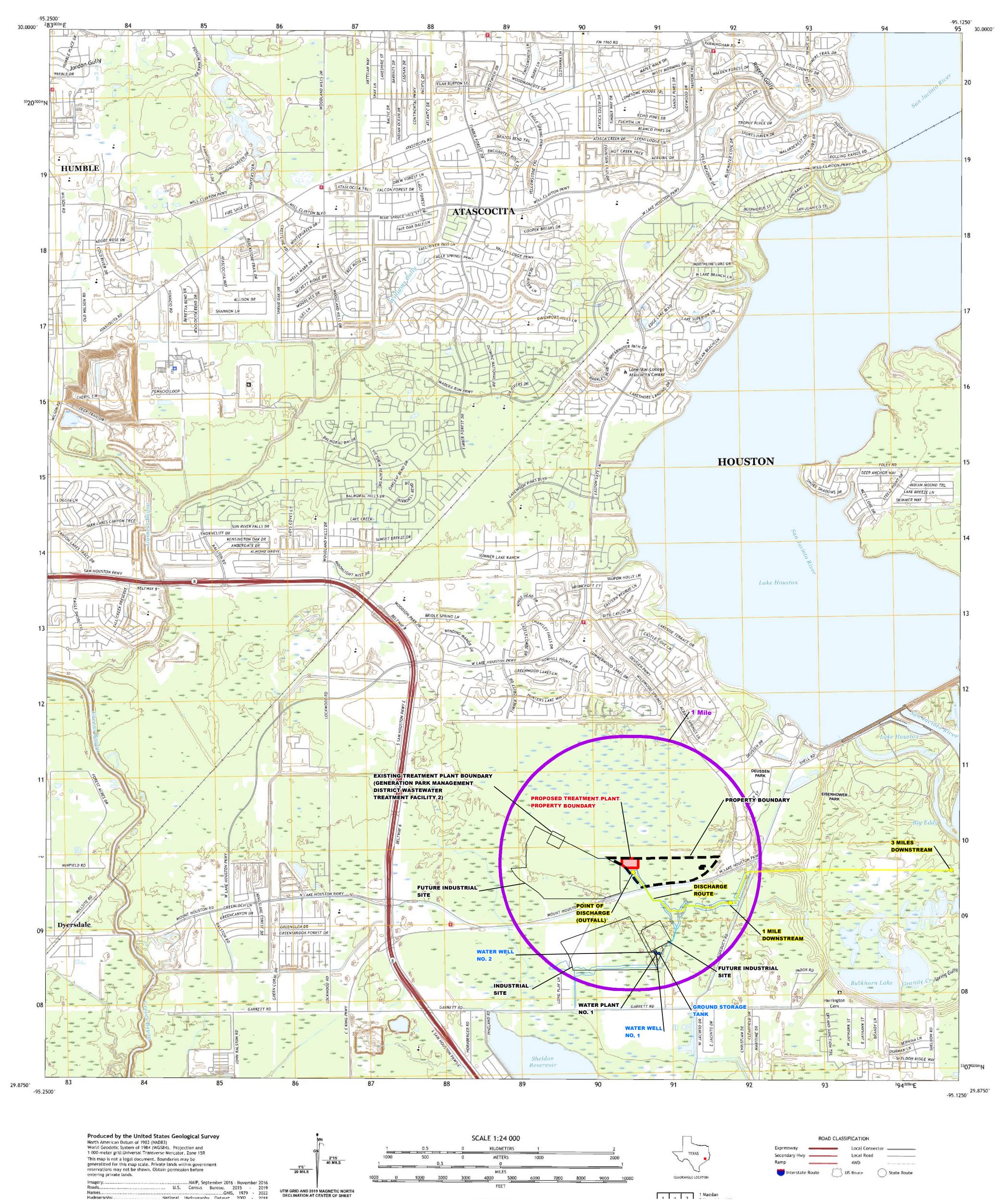
Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

**USGS TOPOGRAPHIC MAP** 

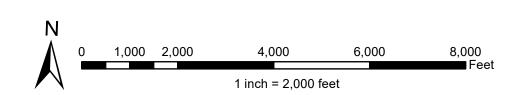








13430 NW. Freeway Suite 700 Houston, Texas 77040 713.462.3178 TxEng Firm 2726 Tx Surv Firm 10110700



GENERATION PARK MANAGEMENT DISTRICT USGS 7.5' QUADRANGLE MAP

**COPY OF PAYMENT VOUCHER** 



Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

#### Transaction Information-

Trace Number: 582EA000653750

Date: 02/21/2025 10:21 AM

Payment Method: CC - Authorization 0000021420

ePay Actor: ANNMARIE BURNS Actor Email: dgillamac@idseg.com

IP: 216.201.136.178

TCEQ Amount: \$2,050.00 Texas.gov Price: \$2,096.38\*

\* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

#### Payment Contact Information

Name: ANNMARIE BURNS

Company: IDS ENGINEERING GROUP

Address: 13430 NORTHWEST FREEWAY, HOUSTON, TX 77040

Phone: 713-462-3178

#### Cart Items

Click on the voucher number to see the voucher details.

| Voucher | Fee Description                                                             | AR<br>Number | Amount                |
|---------|-----------------------------------------------------------------------------|--------------|-----------------------|
| 751697  | WW PERMIT - FACILITY WITH FLOW $>=1.0~{\rm MGD}$ - NEW AND MAJOR AMENDMENTS |              | \$2,000.00            |
| 751698  | 30 TAC 305.53B WQ NOTIFICATION FEE                                          | TCEQ Amount: | \$50.00<br>\$2,050.00 |

ePay Again Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

## 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)

| Α. |                       | cate by a check mark that the landowners map or drawing, with scale, includes the owing information, as applicable:                                                                                                                                              |
|----|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | $\boxtimes$           | The applicant's property boundaries                                                                                                                                                                                                                              |
|    | $\boxtimes$           | The facility site boundaries within the applicant's property boundaries                                                                                                                                                                                          |
|    | $\boxtimes$           | 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                            |
| В. | ⊠<br>addı             | Indicate by a check mark that a separate list with the landowners' names and mailing resses cross-referenced to the landowner's map has been provided.                                                                                                           |
| C. | Indi                  | cate by a check mark in which format the landowners list is submitted:                                                                                                                                                                                           |
|    |                       | ☐ USB Drive                                                                                                                                                                                                                                                      |
| D. | Prov<br><u>Dist</u> ı | ride the source of the landowners' names and mailing addresses: <u>Harris County Appraisal</u> rict                                                                                                                                                              |
| Е. |                       | equired by <i>Texas Water Code § 5.115</i> , is any permanent school fund land affected by application?                                                                                                                                                          |
|    |                       | □ Yes ⊠ No                                                                                                                                                                                                                                                       |

|    | If <b>ye</b> land( | s, provide the location and foreseeable impacts and effects this application has on the (s):                                                                                                                                                                                                                                                                                                               |
|----|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Clic               | k to enter text.                                                                                                                                                                                                                                                                                                                                                                                           |
|    |                    |                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |                    |                                                                                                                                                                                                                                                                                                                                                                                                            |
| Se | ctio               | n 2. Original Photographs (Instructions Page 38)                                                                                                                                                                                                                                                                                                                                                           |
|    |                    | original ground level photographs. Indicate with checkmarks that the following<br>tion 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                                                                                                                                                                                                                                                                                                                                   |
| 0  |                    |                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |                    | n 3. Buffer Zone Map (Instructions Page 38)                                                                                                                                                                                                                                                                                                                                                                |
| Α. |                    | er zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following                                                                                                                                                                                                                                                                                                                    |
|    |                    | mation. The applicant's property line and the buffer zone line may be distinguished by g dashes or symbols and appropriate labels.                                                                                                                                                                                                                                                                         |
|    |                    |                                                                                                                                                                                                                                                                                                                                                                                                            |
| В. | using    Buffe     | The applicant's property boundary; The required buffer zone; and Each treatment unit; and                                                                                                                                                                                                                                                                                                                  |
| В. | using    Buffe     | The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries.  er zone compliance method. Indicate how the buffer zone requirements will be met. k all that apply.                                                                                                                                           |
| В. | using  Buffe       | The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries.  er zone compliance method. Indicate how the buffer zone requirements will be met. k all that apply.  Ownership                                                                                                                                |
| В. | using  Buffer Chec | The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries.  er zone compliance method. Indicate how the buffer zone requirements will be met. k all that apply.  Ownership                                                                                                                                |
| В. | using  Buffer Chec | The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries.  Per zone compliance method. Indicate how the buffer zone requirements will be met. It is all that apply.  Ownership Restrictive easement                                                                                                      |
|    | using  Buffe Chec  | The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries.  Per zone compliance method. Indicate how the buffer zone requirements will be met. It is all that apply.  Ownership Restrictive easement Nuisance odor control                                                                                |

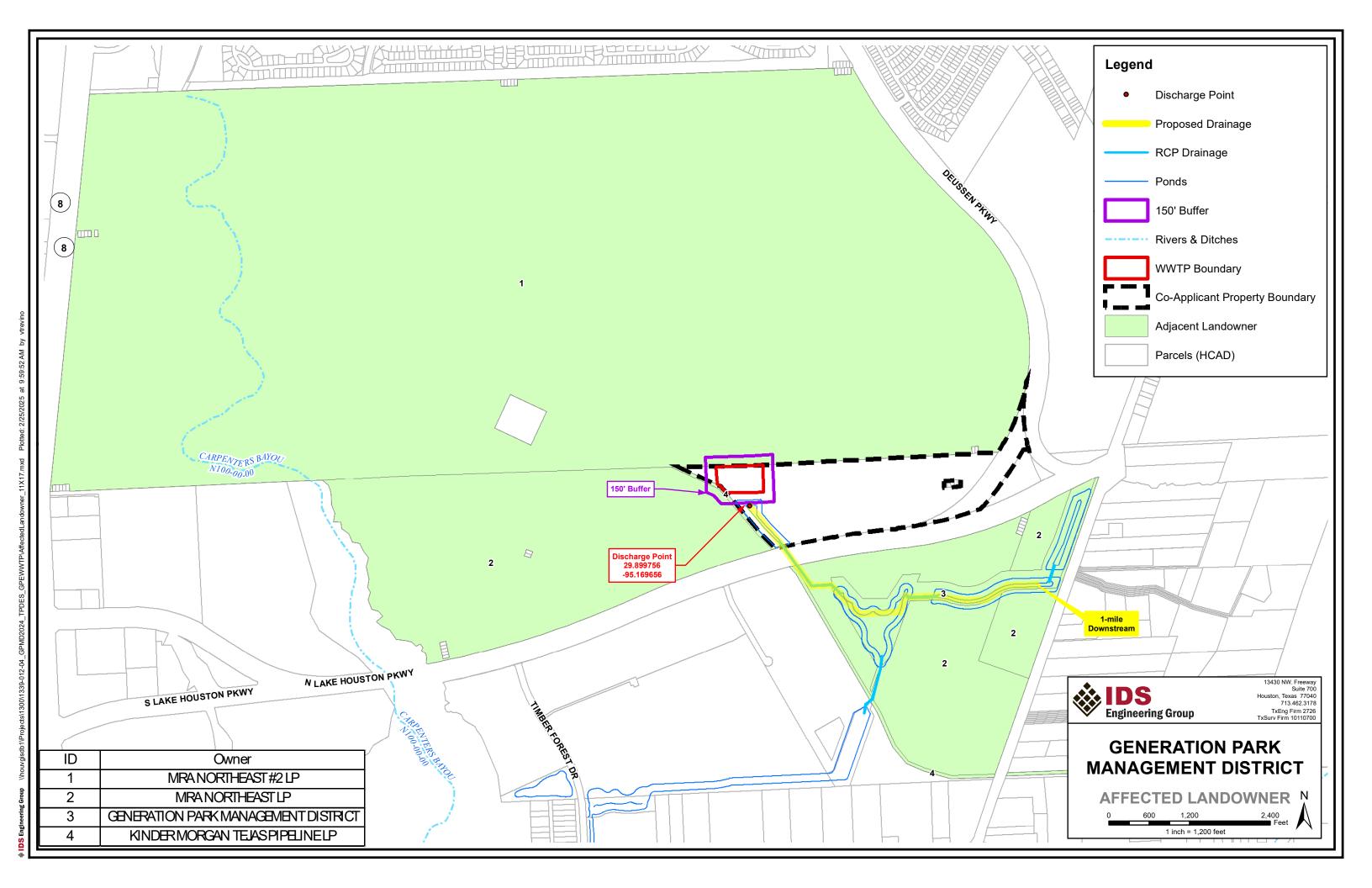
# DOMESTIC WASTEWATER PERMIT APPLICATION SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: See Attachment No. 9

## ATTACHMENT NO. 6 AFFECTED LANDOWNERS MAP & LIST OF ADDRESSES





#### **Affected Landowner Cross-Reference List**

| ID | Owner                               | Mailing Address              | City    | State | Zip Code   |
|----|-------------------------------------|------------------------------|---------|-------|------------|
| 1  | MRA NORTHEAST #2 LP                 | 250 ASSAY ST, STE 200        | HOUSTON | TX    | 77044-3506 |
| 2  | MRA NORTHEAST LP                    | 250 ASSAY ST, STE 200        | HOUSTON | TX    | 77044-3506 |
| 3  | GENERATION PARK MANAGEMENT DISTRICT | 1300 POST OAK BLVD, STE 2400 | HOUSTON | TX    | 77056-3044 |
| 4  | KINDER MORGAN TEJAS PIPELINE LP     | 500 DALLAS ST, STE 1000      | HOUSTON | TX    | 77002-4718 |

**ORIGINAL PHOTOGRAPHS WITH MAP** 



## Generation Park Management District East Wastewater Treatment Plant Domestic Administrative Report 1.1 – Section 2 Original Photographs

Photograph of new treatment unit location:
 Area is currently wooded and is not yet cleared.

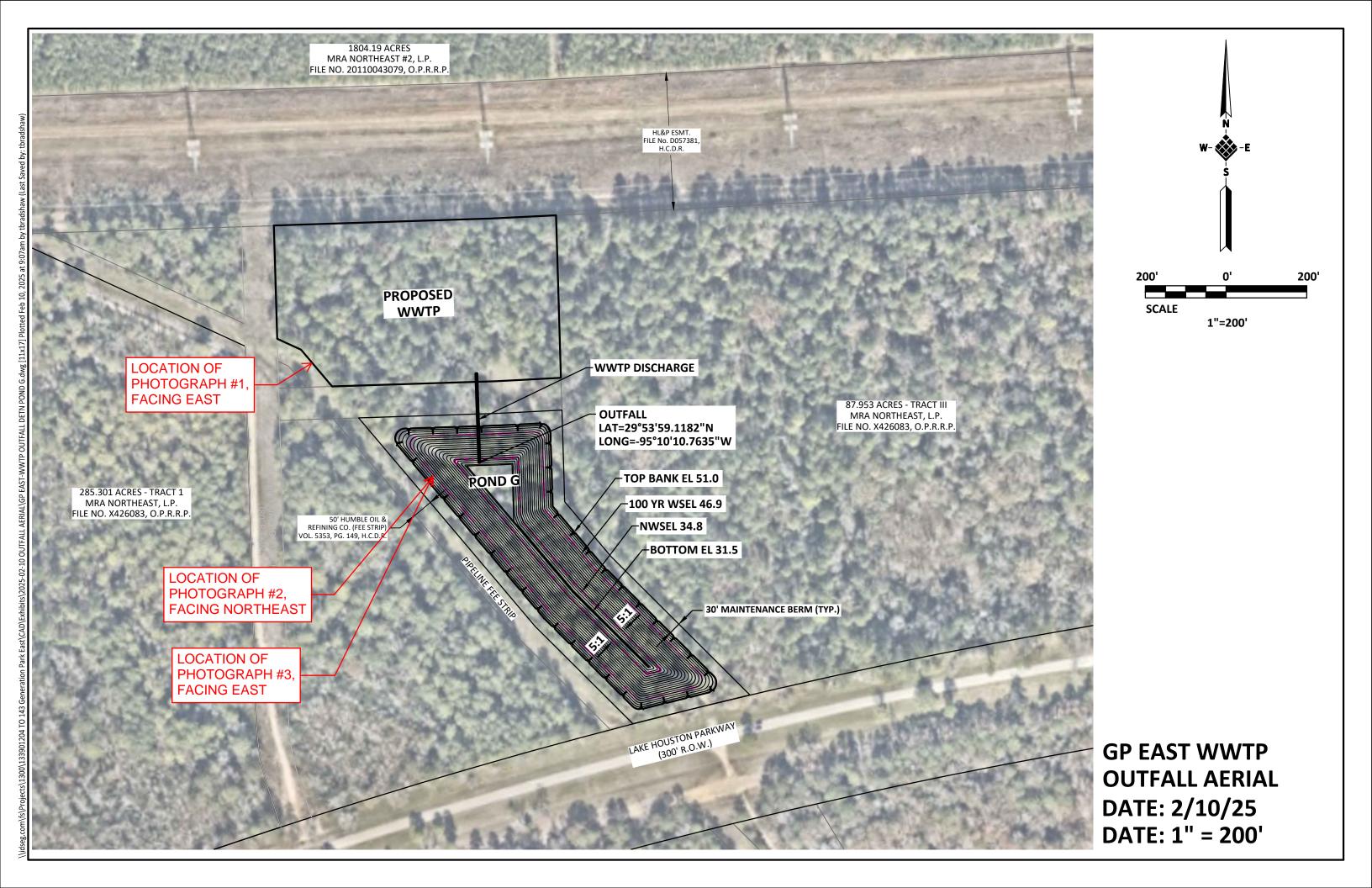


#### • Photographs of proposed discharge point:

Area is currently wooded and is not yet cleared. Effluent will discharge into detention pond, which has not yet been excavated.

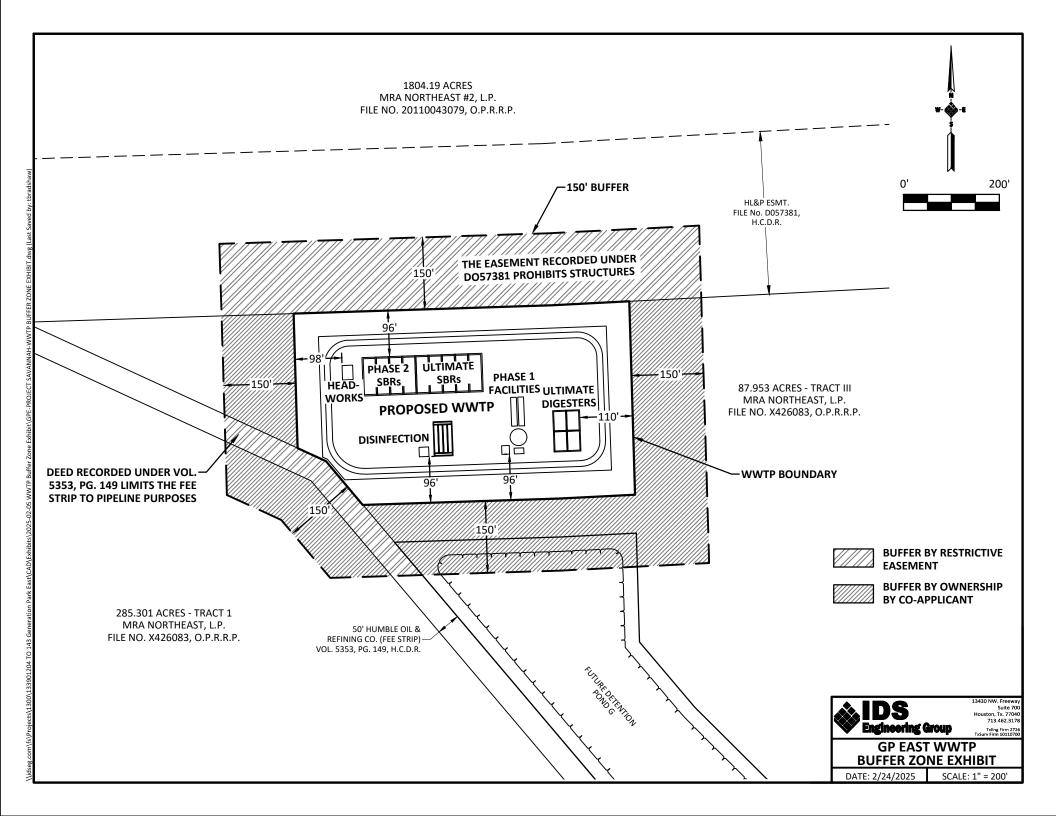






**BUFFER ZONE MAP** 





**SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)** 



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

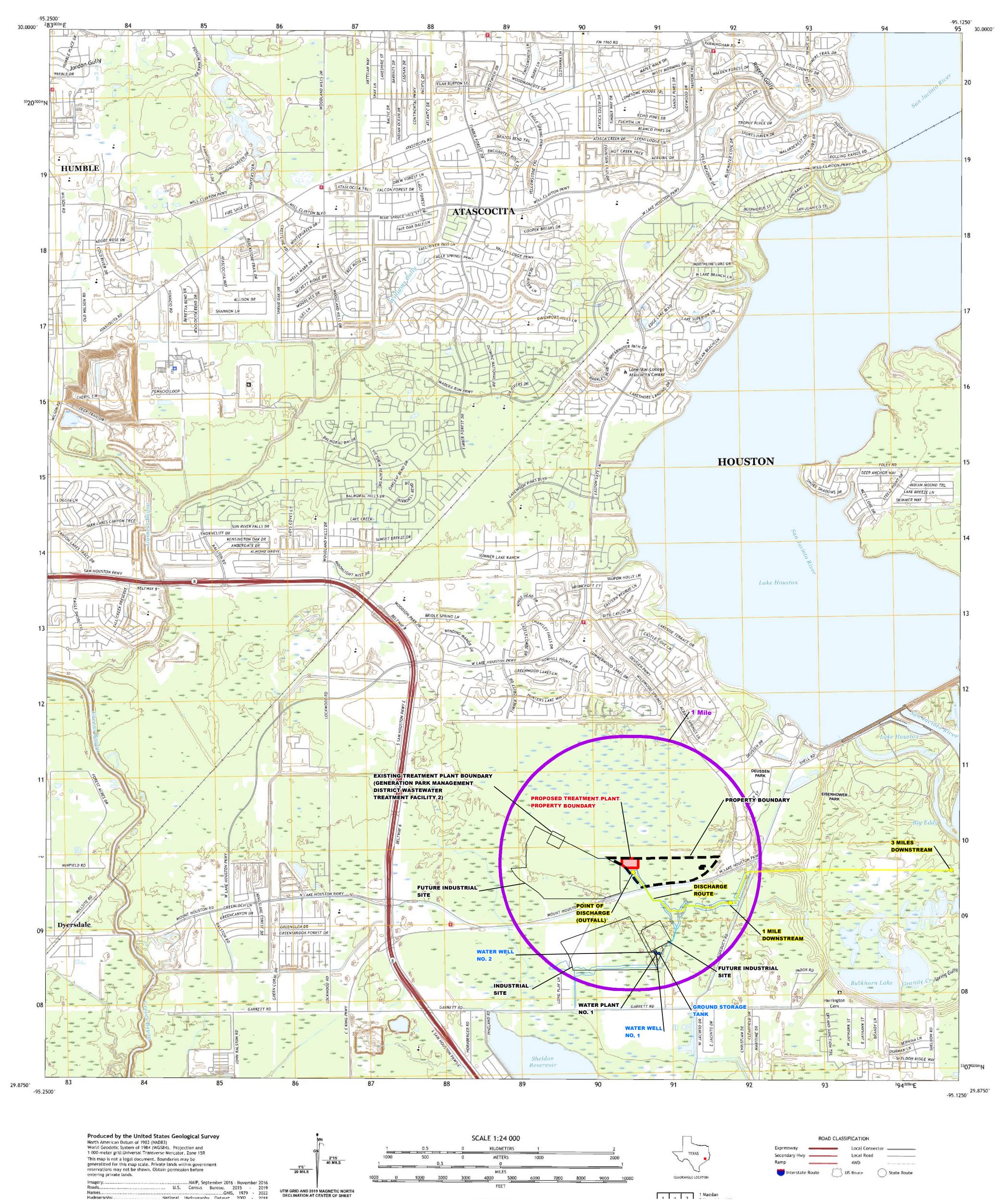
### FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

|                                                                                                                                                                                                                                                                                                                   | ACDO MAD CANAN                                                                                                                                                                                                                                                                                  |                                                     |                                                                                                                       |                  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------|--|--|
|                                                                                                                                                                                                                                                                                                                   | CEQ USE ONLY:                                                                                                                                                                                                                                                                                   | J                                                   | Min on American descript                                                                                              |                  |  |  |
| -                                                                                                                                                                                                                                                                                                                 | application type:RenewalMajor Amen                                                                                                                                                                                                                                                              |                                                     |                                                                                                                       | 3W               |  |  |
|                                                                                                                                                                                                                                                                                                                   | ounty:Se                                                                                                                                                                                                                                                                                        | egment N                                            | umber:                                                                                                                |                  |  |  |
|                                                                                                                                                                                                                                                                                                                   | dmin Complete Date:                                                                                                                                                                                                                                                                             |                                                     |                                                                                                                       |                  |  |  |
| `                                                                                                                                                                                                                                                                                                                 | gency Receiving SPIF:                                                                                                                                                                                                                                                                           |                                                     |                                                                                                                       |                  |  |  |
|                                                                                                                                                                                                                                                                                                                   | Texas Historical Commission                                                                                                                                                                                                                                                                     |                                                     |                                                                                                                       |                  |  |  |
| _                                                                                                                                                                                                                                                                                                                 | 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. |                                                                                                                                                                                                                                                                                                 |                                                     |                                                                                                                       |                  |  |  |
| atta<br>app<br>con<br>may                                                                                                                                                                                                                                                                                         | not refer to your response to any item in the pachment for this form separately from the Admiplication will not be declared administratively completed in its entirety including all attachments by be directed to the Water Quality Division's Appail at WO-ARPTeam@tceq.texas.gov or by phone | inistrative<br>omplete v<br>. Question<br>plication | e Report of the application. To without this SPIF form being and or comments concerning to Review and Processing Team | The<br>this form |  |  |
| The                                                                                                                                                                                                                                                                                                               | e following applies to all applications:                                                                                                                                                                                                                                                        |                                                     |                                                                                                                       |                  |  |  |
| 1. ]                                                                                                                                                                                                                                                                                                              | Permittee: <u>Generation Park Management District</u>                                                                                                                                                                                                                                           | <u>t</u>                                            |                                                                                                                       |                  |  |  |
| ]                                                                                                                                                                                                                                                                                                                 | Permit No. WQ00                                                                                                                                                                                                                                                                                 | EPA ID                                              | No. TX                                                                                                                | xt.              |  |  |
|                                                                                                                                                                                                                                                                                                                   | Address of the project (or a location description that includes street/highway, city/vicinity, and county):                                                                                                                                                                                     |                                                     |                                                                                                                       |                  |  |  |
|                                                                                                                                                                                                                                                                                                                   | Approximately 1,400 ft north of the intersection Dock Drive in Harris County, TX 77044.                                                                                                                                                                                                         | on of Lak                                           | e Houston Parkway and Com                                                                                             | <u>mon</u>       |  |  |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                     |                                                                                                                       |                  |  |  |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                     |                                                                                                                       |                  |  |  |
|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                     |                                                                                                                       |                  |  |  |

|                                                                                                                                                                               | Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property. |                                                                                                                                                                                  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                               | Prefix (Mr., Ms., Miss): <u>Mr.</u>                                                                                                     |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               | First aı                                                                                                                                | nd Last Name: <u>Vernon H. Webb, II</u>                                                                                                                                          |  |  |
|                                                                                                                                                                               | Credential (P.E, P.G., Ph.D., etc.): <u>P.E.</u>                                                                                        |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               | Title: <u>I</u>                                                                                                                         | District Engineer                                                                                                                                                                |  |  |
|                                                                                                                                                                               | Mailing Address: 13430 Northwest Freeway, Suite 700                                                                                     |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               | City, St                                                                                                                                | ate, Zip Code: <u>Houston, TX 77040</u>                                                                                                                                          |  |  |
|                                                                                                                                                                               | Phone No.: (713) 462-3178 Ext.: Fax No.:                                                                                                |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               | E-mail                                                                                                                                  | Address: <u>vwebb@idseg.com</u>                                                                                                                                                  |  |  |
| 2.                                                                                                                                                                            | List the                                                                                                                                | e county in which the facility is located: <u>Harris</u>                                                                                                                         |  |  |
| 3.                                                                                                                                                                            | 3. If the property is publicly owned and the owner is different than the permittee/please list the owner of the property.               |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               | N/A                                                                                                                                     |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               |                                                                                                                                         |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               | Duovid                                                                                                                                  | a a description of the offluent discharge route. The discharge route must follow the flow                                                                                        |  |  |
| 4.                                                                                                                                                                            | of efflu                                                                                                                                | e a description of the effluent discharge route. The discharge route must follow the flow<br>ent 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 the classified segment number.                                                          |                                                                                                                                         |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               |                                                                                                                                         |                                                                                                                                                                                  |  |  |
| Effluent will discharge to an unnamed detention basin, thence to storm sewer, thence to series of unnamed detention basins and channels, thence to an unnamed tributary, then |                                                                                                                                         |                                                                                                                                                                                  |  |  |
|                                                                                                                                                                               | to Sar                                                                                                                                  | 1 Jacinto River Tidal in Segment No. 1001 of the San Jacinto River Basin.                                                                                                        |  |  |
|                                                                                                                                                                               |                                                                                                                                         |                                                                                                                                                                                  |  |  |
| 5.                                                                                                                                                                            | plotted                                                                                                                                 | provide a separate 7.5-minute USGS quadrangle map with the project boundaries l 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.                                                                                             |                                                                                                                                         | e 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                                                                                                           |  |  |
|                                                                                                                                                                               | $\boxtimes$                                                                                                                             | Additional phases of development that are planned for the future                                                                                                                 |  |  |
|                                                                                                                                                                               |                                                                                                                                         | Sealing caves, fractures, sinkholes, other karst features                                                                                                                        |  |  |

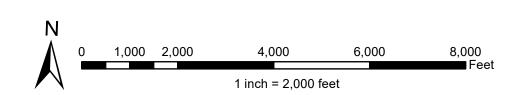
|    | ☑ Disturbance of vegetation or wetlands                                                                                                                                                                                                                                                  |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. | List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):                                                                                                                                                        | _  |
|    | Construction of the wastewater treatment plant will include grading of the site, installation of utilities, site paving, equipment, and treatment basins. Excavation depth will not exceed approximately 20 feet. Construction, including clearing, will impact approximately 5.5 acres. |    |
|    |                                                                                                                                                                                                                                                                                          |    |
| 2. | Describe existing disturbances, vegetation, and land use:                                                                                                                                                                                                                                |    |
|    | The site is currently wooded. There is one cleared area which was previously used for oil and gas exploration.                                                                                                                                                                           |    |
|    |                                                                                                                                                                                                                                                                                          |    |
|    |                                                                                                                                                                                                                                                                                          |    |
|    | E FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR<br>IENDMENTS TO TPDES PERMITS                                                                                                                                                                               | l. |
| 3. | List construction dates of all buildings and structures on the property:                                                                                                                                                                                                                 |    |
|    | There are no existing buildings or structures.                                                                                                                                                                                                                                           |    |
|    |                                                                                                                                                                                                                                                                                          |    |
|    |                                                                                                                                                                                                                                                                                          |    |
| 4. | Provide a brief history of the property, and name of the architect/builder, if known.                                                                                                                                                                                                    |    |
| т. | The site was previously owned by the King Cattle & Timber Company, and was also used                                                                                                                                                                                                     |    |
|    | for oil and gas activities.                                                                                                                                                                                                                                                              |    |
|    |                                                                                                                                                                                                                                                                                          |    |







13430 NW. Freeway Suite 700 Houston, Texas 77040 713.462.3178 TxEng Firm 2726 Tx Surv Firm 10110700



GENERATION PARK MANAGEMENT DISTRICT USGS 7.5' QUADRANGLE MAP

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

| Core Data Form (TCEQ Form No. 10400) (Required for all application types. Must be completed in its entirety of Note: Form may be signed by applicant representative.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ınd s       | igned.      |             | Yes |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-----|--|
| Domestic<br>Correct and Current <del>Industrial</del> Wastewater Permit Application Forms<br>(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |             | Yes |  |
| Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for TCEQ ePay Voucher Receipt is included 7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |             |             |     |  |
| Current/Non-Expired, Executed Lease Agreement or Easement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | $\boxtimes$ | N/A         |             | Yes |  |
| Landowners Map  (See instructions for landowner requirements)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | $\boxtimes$ | Yes         |     |  |
| <ul> <li>Things to Know:</li> <li>All the items shown on the map must be labeled.</li> <li>The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.</li> <li>The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.</li> <li>If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.</li> </ul> |             |             |             |     |  |
| Landowners Cross Reference List<br>(See instructions for landowner requirements)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | N/A         | $\boxtimes$ | Yes |  |
| Landowners Labels or USB Drive attached (See instructions for landowner requirements)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |             | Yes |  |
| Original signature per 30 TAC § 305.44 - Blue Ink Preferred (If signature page is not signed by an elected official or principle exec a copy of signature authority/delegation letter must be attached)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | utive       | e officei   | $\boxtimes$ | Yes |  |

Plain Language Summary

Yes

# THE TONMENTAL OURS

#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.12

2-Hr Peak Flow (MGD): o.48

Estimated construction start date: February 2026

Estimated waste disposal start date: September 2026

#### **B.** Interim II Phase

Design Flow (MGD): 1.05

2-Hr Peak Flow (MGD): 4.2

Estimated construction start date: <u>February 2027</u> Estimated waste disposal start date: August 2029

#### C. Final Phase

Design Flow (MGD): 2.8

2-Hr Peak Flow (MGD): 11.2

Estimated construction start date: <u>January 2030</u>

Estimated waste disposal start date: June 2032

#### D. Current Operating Phase

Provide the startup date of the facility: N/A

#### Section 2. Treatment Process (Instructions Page 42)

#### A. Current Operating Phase

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

than one phase exists or is proposed, a description of *each phase* must be provided.

See Attachment No. 10

finish with the point of discharge. Include all sludge processing and drying units. If more

#### **B.** Treatment Units

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

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

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

#### C. Process Flow Diagram

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

Attachment: See Attachment No. 12

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

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

• Latitude: 29° 53' 59.12" N

• Longitude: <u>-95° 10' 10.76" W</u>

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

• Latitude: <u>N/A</u>

Longitude: <u>N/A</u>

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

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

Attachment: See Attachment No. 13

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

This wastewater treatment plant will serve the east side of Generation Park Management District. The area is generally bounded by Beltway 8 and Sheldon Reservoir to the West, Summerwood to the North, Deussen Parkway and Aqueduct Road to the east, and Garrett Road to the South.

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 |
|-------------------------------------------|-------------------------------------------|-----------------|-------------------|
| Generation Park East<br>Collection System | Generation Park<br>Management<br>District | Publicly Owned  | 1675              |
|                                           |                                           | Choose an item. |                   |
|                                           |                                           | Choose an item. |                   |
|                                           |                                           | Choose an item. |                   |

#### Section 4. Unbuilt Phases (Instructions Page 44)

| Is the application for a renewal of a permit that contains an unbuilt phase or phases?                                                                                                                                         |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| □ Yes ⊠ No                                                                                                                                                                                                                     |  |  |  |  |  |  |
| <b>If yes</b> , does the existing permit contain a phase that has not been constructed <b>within five years</b> 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. |  |  |  |  |  |  |
| Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.                                                                                           |  |  |  |  |  |  |
| <u>,</u>                                                                                                                                                                                                                       |  |  |  |  |  |  |
| recommending denial of the unbuilt phase or phases.                                                                                                                                                                            |  |  |  |  |  |  |
| recommending denial of the unbuilt phase or phases.                                                                                                                                                                            |  |  |  |  |  |  |
| recommending denial of the unbuilt phase or phases.                                                                                                                                                                            |  |  |  |  |  |  |
| recommending denial of the unbuilt phase or phases.                                                                                                                                                                            |  |  |  |  |  |  |
| recommending denial of the unbuilt phase or phases.                                                                                                                                                                            |  |  |  |  |  |  |

#### Section 5. Closure Plans (Instructions Page 44)

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

|      | □ Yes ⊠ No                                                                                                                                                                                                                                   |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If y | y <b>es</b> , was a closure plan submitted to the TCEQ?                                                                                                                                                                                      |
|      | □ Yes □ No                                                                                                                                                                                                                                   |
| If y | yes, provide a brief description of the closure and the date of plan approval.                                                                                                                                                               |
| N    | <u>/A</u>                                                                                                                                                                                                                                    |
| Se   | ction 6. Permit Specific Requirements (Instructions Page 44)                                                                                                                                                                                 |
|      | r applicants with an existing permit, check the Other Requirements or Special ovisions 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: N/A                                                                                                                                                                                  |
|      | Provide information, including dates, on any actions taken to meet a <i>requirement or provision</i> pertaining to the submission of a summary transmittal letter. <b>Provide a copy of</b> an approval letter from the TCEQ, if applicable. |
|      | N/A                                                                                                                                                                                                                                          |
|      |                                                                                                                                                                                                                                              |
| B.   | Buffer zones                                                                                                                                                                                                                                 |
|      | Have the buffer zone requirements been met?                                                                                                                                                                                                  |
|      | □ Yes □ No                                                                                                                                                                                                                                   |
|      | Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.                                            |
|      | N/A                                                                                                                                                                                                                                          |
|      |                                                                                                                                                                                                                                              |

| C. Other actions required by the current permit |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|-------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                 | su | bes the <i>Other Requirements</i> or <i>Special Provisions</i> section in the existing permit require bmission of any other information or other required actions? Examples include otification of Completion, progress reports, soil monitoring data, etc.                                              |  |  |  |
|                                                 |    | □ Yes □ No                                                                                                                                                                                                                                                                                               |  |  |  |
|                                                 |    | yes, provide information below on the status of any actions taken to meet the nditions of an <i>Other Requirement</i> or <i>Special Provision</i> .                                                                                                                                                      |  |  |  |
|                                                 | N  | /A                                                                                                                                                                                                                                                                                                       |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
| D.                                              | Gr | it 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.      |  |  |  |
|                                                 |    | N/A                                                                                                                                                                                                                                                                                                      |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 |    |                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                 | 3. | Grit disposal                                                                                                                                                                                                                                                                                            |  |  |  |
|                                                 |    | Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?                                                                                                                                                                                                           |  |  |  |
|                                                 |    | □ Yes □ No                                                                                                                                                                                                                                                                                               |  |  |  |
|                                                 |    | <b>If No</b> , 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.                                                                                                                                                                         |
|----|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |           | N/A                                                                                                                                                                                                           |
|    |           |                                                                                                                                                                                                               |
|    | 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.                                                                                                                         |
|    |           | N/A                                                                                                                                                                                                           |
|    |           |                                                                                                                                                                                                               |
|    |           |                                                                                                                                                                                                               |
|    |           |                                                                                                                                                                                                               |
|    |           |                                                                                                                                                                                                               |
| E. | Sto       | ormwater 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.                                                                                                                                 |
|    | <i>2.</i> | 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                                                                                                                                                                                                    |
|    |           | <b>If yes</b> , please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:                                                                                                     |
|    |           | TXR05 <u>Click to enter text.</u> or TXRNE <u>Click to enter text.</u>                                                                                                                                        |
|    |           | If no, do you intend to seek coverage under TXR050000?                                                                                                                                                        |
|    |           | □ Yes □ No                                                                                                                                                                                                    |
|    | 3.        | Conditional exclusion                                                                                                                                                                                         |
|    |           | Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)? |
|    |           | □ Yes □ No                                                                                                                                                                                                    |

| If yes, please explain below then proceed to Subsection F, Other Wastes Received: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|                                                                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| 4.                                                                                | Existing coverage in individual permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|                                                                                   | Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|                                                                                   | □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|                                                                                   | <b>If yes</b> , 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|                                                                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
|                                                                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|                                                                                   | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|                                                                                   | <b>If yes</b> , 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |           | 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. | Dis       | scharges to the Lake Houston Watershed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Do        | es the facility discharge in the Lake Houston watershed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    |           | □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |           | ves, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. ck to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| G. | Ot        | her 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.                                                                                                                                                                                                                                                                                                                                            |
|    |           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    |           | Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | <i>2.</i> | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|        | N/A                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|        |                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
|        | Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.                                                                                                                                                                                                                                          |  |  |  |  |  |
| 3.     | Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)                                                                                                                                                                                                                                                         |  |  |  |  |  |
|        | Is or will the facility accept wastes that are not domestic in nature excluding the categories listed above?                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|        | □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
|        | If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action. |  |  |  |  |  |
|        | N/A                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Sect   | ion 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| Is the | facility in operation?                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
|        | Yes ⊠ No                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| If no, | this section is not applicable. Proceed to Section 8.                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|        | , provide effluent analysis data for the listed pollutants. <i>Wastewater treatment</i> ties complete Table 1.0(2). Water treatment facilities discharging filter backwash water,                                                                                                                                                                                                      |  |  |  |  |  |

**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

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

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.

Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities

| Pollutant                               | Average<br>Conc. | Max<br>Conc. | No. of<br>Samples | Sample<br>Type | Sample<br>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                 |                  |              |                   |                |                     |
| E.coli (CFU/100ml) freshwater           |                  |              |                   |                |                     |
| Entercocci (CFU/100ml)<br>saltwater     |                  |              |                   |                |                     |
| Total Dissolved Solids, mg/l            |                  |              |                   |                |                     |
| Electrical Conductivity,<br>µmohs/cm, † |                  |              |                   |                |                     |
| Oil & Grease, mg/l                      |                  |              |                   |                |                     |
| Alkalinity (CaCO <sub>3</sub> )*, mg/l  |                  |              |                   |                |                     |

<sup>\*</sup>TPDES permits only

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

| Pollutant                             | Average<br>Conc. | Max<br>Conc. | No. of<br>Samples | Sample<br>Type | Sample<br>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 49)

Facility Operator Name: Inframark, LLC

Facility Operator's License Classification and Level: (Wastewater Operations Company)

Facility Operator's License Number: OCoooo232

<sup>†</sup>TLAP permits only

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

#### A. WWTP's Sewage Sludge or Biosolids Management Facility Type Check all that apply. See instructions for guidance Design flow>= 1 MGD Serves $\geq 10,000$ people Class I Sludge Management Facility (per 40 CFR § 503.9) $\boxtimes$ Biosolids generator Biosolids end user - land application (onsite) Biosolids end user - surface disposal (onsite) Biosolids end user - incinerator (onsite) B. WWTP's Sewage Sludge or Biosolids Treatment Process Check all that apply. See instructions for guidance. $\boxtimes$ Aerobic Digestion Air Drying (or sludge drying beds) **Lower Temperature Composting** Lime Stabilization **Higher Temperature Composting Heat Drying** Thermophilic Aerobic Digestion **Beta Ray Irradiation** Gamma Ray Irradiation **Pasteurization** Preliminary Operation (e.g. grinding, de-gritting, blending) Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter) Sludge Lagoon Temporary Storage (< 2 years) Long Term Storage (>= 2 years) Methane or Biogas Recovery Other Treatment Process: Click to enter text.

#### C. Sewage Sludge or Biosolids Management

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

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### **Biosolids Management**

| Management<br>Practice  | Handler or<br>Preparer<br>Type                    | Bulk or Bag<br>Container | Amount (dry metric tons) | Pathogen<br>Reduction<br>Options      | Vector<br>Attraction<br>Reduction<br>Option                                     |
|-------------------------|---------------------------------------------------|--------------------------|--------------------------|---------------------------------------|---------------------------------------------------------------------------------|
| Disposal in<br>Landfill | Off-site<br>Third-Party<br>Handler or<br>Preparer | Bulk                     | ` 1                      | Class B: PSRP<br>Aerobic<br>Digestion | Option 4:<br>SOUR <=1.5<br>mg 02/hr/g<br>total solids at<br>20C (<2%<br>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): <u>Click to enter text.</u>

#### D. Disposal site

Disposal site name: Mt Houston Road WWTP Sludge Processing Site

TCEQ permit or registration number: <u>0011154001</u>

County where disposal site is located: Harris

#### E. Transportation method

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

Name of the hauler: Magna Flow Environmental

Hauler registration number: 21484

Sludge is transported as a:

| Liquid   Sciii iiquid   Sciiii Soiid   Sciiii Sciiii Sciii   Sciii | Liquid □ | semi-liquid ⊠ | semi-solid □ | solid □ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|--------------|---------|
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|--------------|---------|

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

#### A. Beneficial use authorization

| Does the e | xisting pe | rmit incl | ude aut | horization | for l | land | appl | ication | of | biosol | ids 1 | for |
|------------|------------|-----------|---------|------------|-------|------|------|---------|----|--------|-------|-----|
| beneficial | use?       |           |         |            |       |      |      |         |    |        |       |     |

□ Yes □ No

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

□ Yes □ No

|    |               | is the completed <b>Application for Permit f Form No. 10451)</b> attached to this permit s)?                                          |         |                      |                  |                          |
|----|---------------|---------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------|------------------|--------------------------|
|    |               | Yes □ No                                                                                                                              |         |                      |                  |                          |
| B. | Sludge        | e processing authorization                                                                                                            |         |                      |                  |                          |
|    |               | the existing permit include authorization for<br>se or disposal options?                                                              | or an   | y of the             | follov           | wing sludge processing,  |
|    | Slu           | idge Composting                                                                                                                       |         | Yes                  |                  | No                       |
|    | Ma            | rketing and Distribution of Biosolids                                                                                                 |         | Yes                  |                  | No                       |
|    | Slu           | ldge Surface Disposal or Sludge Monofill                                                                                              |         | Yes                  |                  | No                       |
|    | Tei           | mporary storage in sludge lagoons                                                                                                     |         | Yes                  |                  | No                       |
|    | author        | to any of the above sludge options and the rization, is the completed <b>Domestic Waste</b> iical Report (TCEQ Form No. 10056) attack | wate    | r Permi              | t App            | lication: Sewage Sludge  |
|    |               | Yes □ No                                                                                                                              |         |                      |                  |                          |
| Se | ection        | 11. Sewage Sludge Lagoons (Ins                                                                                                        | strn    | ctions               | Pag              | e 53)                    |
|    |               | facility include sewage sludge lagoons?                                                                                               | ) CI GI | ctionio              | - <sup>4</sup> 8 | C 55)                    |
| D  | _             | es 🗵 No                                                                                                                               |         |                      |                  |                          |
| If |               | nplete the remainder of this section. If no,                                                                                          | proc    | eed to S             | Section          | n 12.                    |
| A. | Locati        | on information                                                                                                                        |         |                      |                  |                          |
|    |               | ollowing maps are required to be submitted le the Attachment Number.                                                                  | l as p  | art of t             | he apı           | plication. For each map, |
|    | •             | Original General Highway (County) Map:                                                                                                |         |                      |                  |                          |
|    |               | Attachment: Click to enter text.                                                                                                      |         |                      |                  |                          |
|    | •             | USDA Natural Resources Conservation Ser                                                                                               | vice    | Soil Ma <sub>l</sub> | o:               |                          |
|    |               | Attachment: Click to enter text.                                                                                                      |         |                      |                  |                          |
|    | •             | Federal Emergency Management Map:                                                                                                     |         |                      |                  |                          |
|    |               | Attachment: Click to enter text.                                                                                                      |         |                      |                  |                          |
|    | •             | Site map:                                                                                                                             |         |                      |                  |                          |
|    | <b>.</b> .    | Attachment: Click to enter text.                                                                                                      |         |                      |                  |                          |
|    | Discus apply. | ss in a description if any of the following e                                                                                         | xist v  | vithin th            | ie lago          | oon area. Check all that |
|    |               | Overlap a designated 100-year frequency                                                                                               | floo    | d plain              |                  |                          |
|    |               | Soils with flooding classification                                                                                                    |         |                      |                  |                          |
|    |               | Overlap an unstable area                                                                                                              |         |                      |                  |                          |
|    |               | Wetlands                                                                                                                              |         |                      |                  |                          |

|   |                                                                                                                                                                                      | Located less than 60 meters from a fault |  |  |  |  |  |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|--|--|--|--|--|
|   |                                                                                                                                                                                      | None of the above                        |  |  |  |  |  |  |
|   | Att                                                                                                                                                                                  | achment: 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: |                                          |  |  |  |  |  |  |
| C | lick                                                                                                                                                                                 | 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: <u>Click to enter text.</u>

Potassium, mg/kg: <u>Click to enter text.</u> 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: <u>Click to enter text.</u> 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  $1x10^{-7}$  cm/sec?

|    |        | Yes □ No                                                                                                                                                                                     |
|----|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | If yes | , describe the liner below. Please note that a liner is required.                                                                                                                            |
|    | Click  | to enter text.                                                                                                                                                                               |
|    |        |                                                                                                                                                                                              |
|    |        |                                                                                                                                                                                              |
|    |        |                                                                                                                                                                                              |
|    |        |                                                                                                                                                                                              |
| D. | Site d | evelopment plan                                                                                                                                                                              |
|    | Provid | le a detailed description of the methods used to deposit sludge in the lagoon(s):                                                                                                            |
|    | Click  | to enter text.                                                                                                                                                                               |
|    |        |                                                                                                                                                                                              |
|    |        |                                                                                                                                                                                              |
|    |        |                                                                                                                                                                                              |
|    |        |                                                                                                                                                                                              |
|    | Attac  | n 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. | Groui  | ndwater monitoring                                                                                                                                                                           |
|    | groun  | undwater monitoring currently conducted at this site, or are any wells available for dwater monitoring, or are groundwater monitoring data otherwise available for the e lagoon(s)?          |
|    |        | Yes □ No                                                                                                                                                                                     |
|    | types  | undwater monitoring data are available, provide a copy. Provide a profile of soil encountered down to the groundwater table and the depth to the shallowest dwater as a separate attachment. |

Attachment: Click to enter text.

# Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

| Α. | 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:                                                |    |
| C. | lick to enter text.                                                                                                                |    |
| B. | Permittee enforcement status                                                                                                       |    |
|    | Is the permittee currently under enforcement for this facility?                                                                    |    |
|    | □ Yes ⊠ No                                                                                                                         |    |
|    | Is the permittee required to meet an implementation schedule for compliance or enforcement?                                        |    |
|    | □ Yes ⊠ No                                                                                                                         |    |
|    | <b>If yes</b> to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status: | on |
| C. | lick to enter text.                                                                                                                |    |
|    |                                                                                                                                    |    |
|    |                                                                                                                                    |    |
|    |                                                                                                                                    |    |
|    |                                                                                                                                    |    |
|    |                                                                                                                                    |    |
|    |                                                                                                                                    |    |
| Se | ection 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?             | e  |
|    | □ 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 55)

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

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

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

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

#### **CERTIFICATION:**

Printed Name: N/A

Title: N/A

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

| Signature: |  |
|------------|--|
| Date:      |  |

#### ATTACHMENT NO. 10

TREATMENT PROCESS DESCRIPTION



#### **Generation Park Management District**

#### **East Wastewater Treatment Plant**

#### Domestic Technical Report 1.0 – Section 2. Treatment Process Description

#### **Current Operating Phase**

All phases are proposed; plant is not currently operating.

#### Proposed Interim Phase I (0.12 MGD)

The proposed Interim Phase I plant is a steel plant, designed to treat 0.12 MGD average daily flow with a 0.48 MGD peak flow (4Q). The treatment process is activated sludge process with complete mix single stage nitrification.

Wastewater will be pumped through an influent force main to the headworks, which will have a manual bar screen. The effluent from the screens will proceed to two (2) aeration basins for biological treatment. From the aeration basins, the mixed liquor will flow to a single clarifier for settling.

The settled sludge from the clarifier will either be returned to the aeration basins as Recycled Activated Sludge (RAS) or wasted into two (2) digesters as Waste Activated Sludge (WAS). Each digester has aerators and airlift decanters to further thicken the sludge and return the supernatant back to the aeration basins, while the sludge is periodically removed and wet hauled to another facility for further dewatering and disposal.

The settled final clarifier effluent will flow to a chlorine contact basin for disinfection. Finally, the disinfected effluent will be discharged into a man-made detention pond and ultimately into the San Jacinto River.

#### **Proposed Interim Phase II (1.05 MGD)**

The proposed Interim Stage II plant will include four (4) of the nine (9) ultimate sequencing batch reactors (SBRs) and repurpose the basins from the steel plant as digesters. It will be designed to treat 1.05 MGD average daily flow and 4.2 MGD peak flow, with one SBR out of service. Each SBR treats 350,000 gallons per day.

The wastewater influent will flow into a headworks structure and then to the SBRs for biological treatment and settling using an activated sludge process with single stage nitrification. Fine bubble diffusers and/or jet aerators will be used for aeration and decanters will be used for removing the clarified supernatant effluent. Positive displacement blowers will supply air to the SBR basins.

The proposed Interim Phase II will also include two (2) chlorine contact basins, for final disinfection of the effluent. The disinfected effluent will then be de-chlorinated and discharged into a man-made detention pond and ultimately into the San Jacinto River.

Excess sludge from the SBRs will continue to digesters, which will contain a decant mechanism for thickening the sludge. The steel aeration basins and digesters from the Proposed Stage I package plant will be converted as necessary and repurposed as digesters in this phase. The decanted digester supernatant will be returned to the SBR treatment basins, and thickened sludge will be periodically removed and wet hauled to another facility for further dewatering and disposal.

#### **Proposed Ultimate Phase (2.8 MGD)**

In the proposed ultimate phase, five (5) additional concrete sequencing batch reactors (SBRs) will be added to the four (4) SBRs proposed in the 1.05 MGD Interim II phase, for a total of nine (9) SBRs. The ultimate plant will be designed to treat 2.8 MGD average daily flow and 11.2 MGD peak flow, with one SBR out of service. Each SBR treats 350,000 gallons per day.

The wastewater influent will flow into a headworks structure and then to the SBRs for biological treatment and settling using an activated sludge process with single stage nitrification. Fine bubble diffusers and/or jet aerators will be used for aeration and decanters will be used for removing the clarified supernatant effluent. Positive displacement blowers will supply air to the SBR basins.

The proposed ultimate phase will include four (4) chlorine contact basins, for final disinfection of the effluent. The disinfected effluent will then be de-chlorinated and discharged into a man-made detention pond and ultimately into the San Jacinto River.

Excess sludge from the SBRs will continue to digesters, which will contain a decant mechanism for thickening the sludge. The proposed ultimate phase will include four (4) digesters. The decanted digester supernatant will be returned to the SBR treatment basins, and thickened sludge will be periodically removed and wet hauled to another facility for further dewatering and disposal.

**ATTACHMENT NO. 11** 

**TREATMENT UNITS** 



#### **Generation Park Management District**

#### **East Wastewater Treatment Plant**

#### Domestic Technical Report 1.0 – Table 1.0(1) Treatment Units

| <u>Treatment Unit Type</u>  | Number of<br><u>Units</u> | Dimensions (L X W X D)           |
|-----------------------------|---------------------------|----------------------------------|
| Interim I Phase – 0.12 MGD  |                           |                                  |
| Aeration Basins             | 2                         | 40 ft L X 12 ft W X 10.45 ft SWD |
| Clarifier                   | 1                         | 35 ft Diameter X 10 ft SWD       |
| Chlorine Contact Basin      | 1                         | 20 ft L X 12 ft W X 8.58 ft SWD  |
| Aerobic Digesters           | 2                         | 20 ft L X 12 ft W X 10.5 ft SWD  |
| Interim II Phase – 1.05 MGD |                           |                                  |
| SBR Basins                  | 4                         | 75 ft L X 25 ft W X 24 SWD       |
| Chlorine Basins             | 2                         | 58 ft L X 8 ft W X 11.5 SWD      |
| Aerobic Digesters           | 2                         | 60 ft L X 12 ft W X 10.5 SWD     |
| Ultimate Phase – 2.8 MGD    |                           |                                  |
| SBR Basins                  | 9                         | 75 ft L X 25 ft W X 24 SWD       |
| Chlorine Basins             | 4                         | 58 ft L X 8 ft W X 11.5 SWD      |
| Aerobic Digesters           | 4                         | 25 ft L X 40 ft W X 12.5 SWD     |
|                             |                           |                                  |
|                             |                           |                                  |
|                             |                           |                                  |
|                             |                           |                                  |
|                             |                           |                                  |
|                             |                           |                                  |
|                             |                           |                                  |

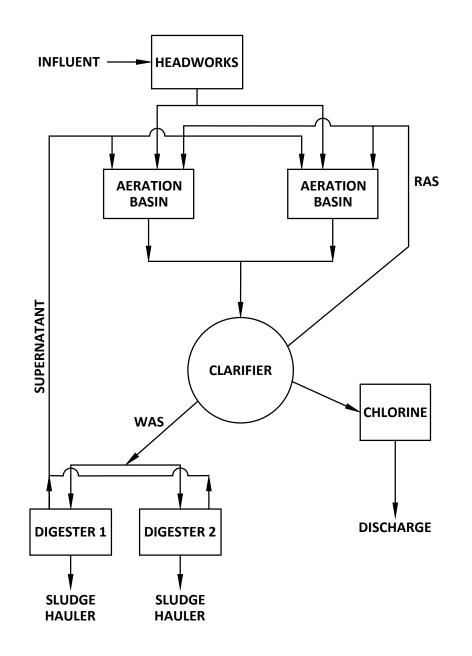
SWD-Side Wall Depth L-Length D-Depth W-Width

#### **ATTACHMENT NO. 12**

**PROCESS FLOW DIAGRAMS** 



0.12 MGD PROPOSED INTERIM I PHASE GENERATION PARK MANAGEMENT DISTRICT







13430 NW. Freeway
Suite 700
Houston, Tx. 77040
713.462.3178
TxEng Firm 2726
TxSurv Firm 10110700

PROCESS FLOW DIAGRAM 1

DATE: 1/6/2025 SCALE: N.T.S.

1.05 MGD **PROPOSED INTERIM II PHASE GENERATION PARK MANAGEMENT DISTRICT** 





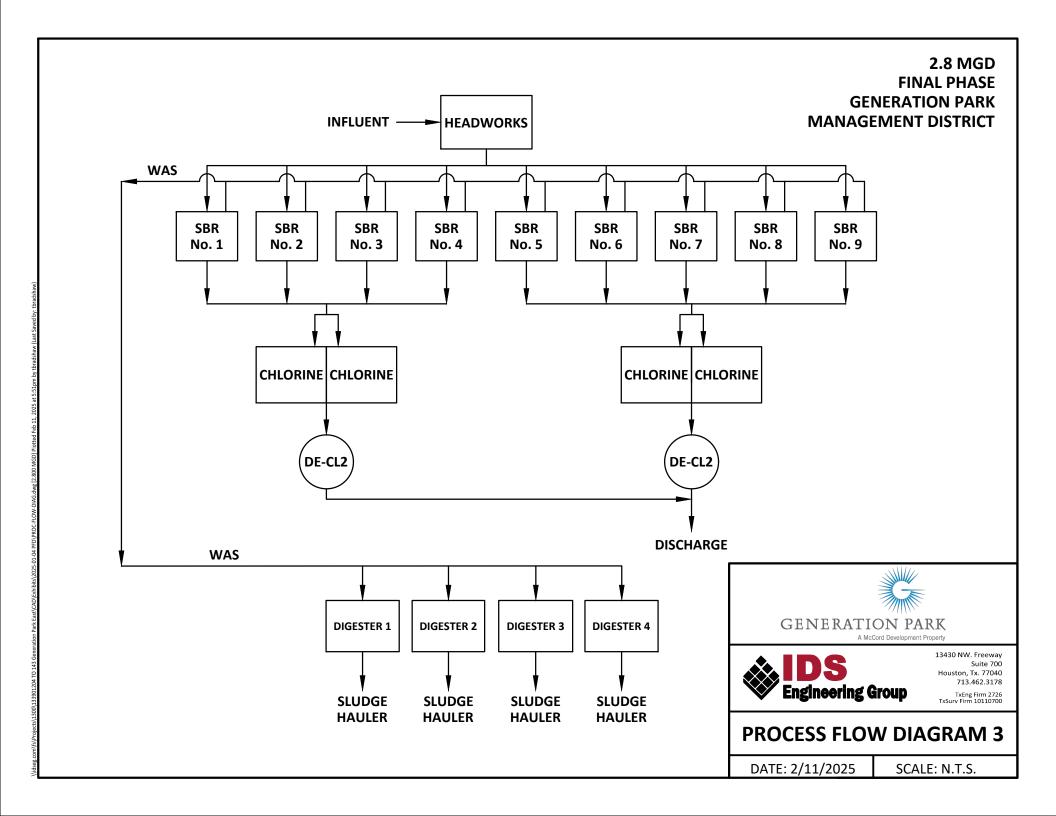
13430 NW. Freeway Suite 700 Houston, Tx. 77040 713.462.3178

TxEng Firm 2726 TxSurv Firm 10110700

**PROCESS FLOW DIAGRAM 2** 

DATE: 1/6/2025

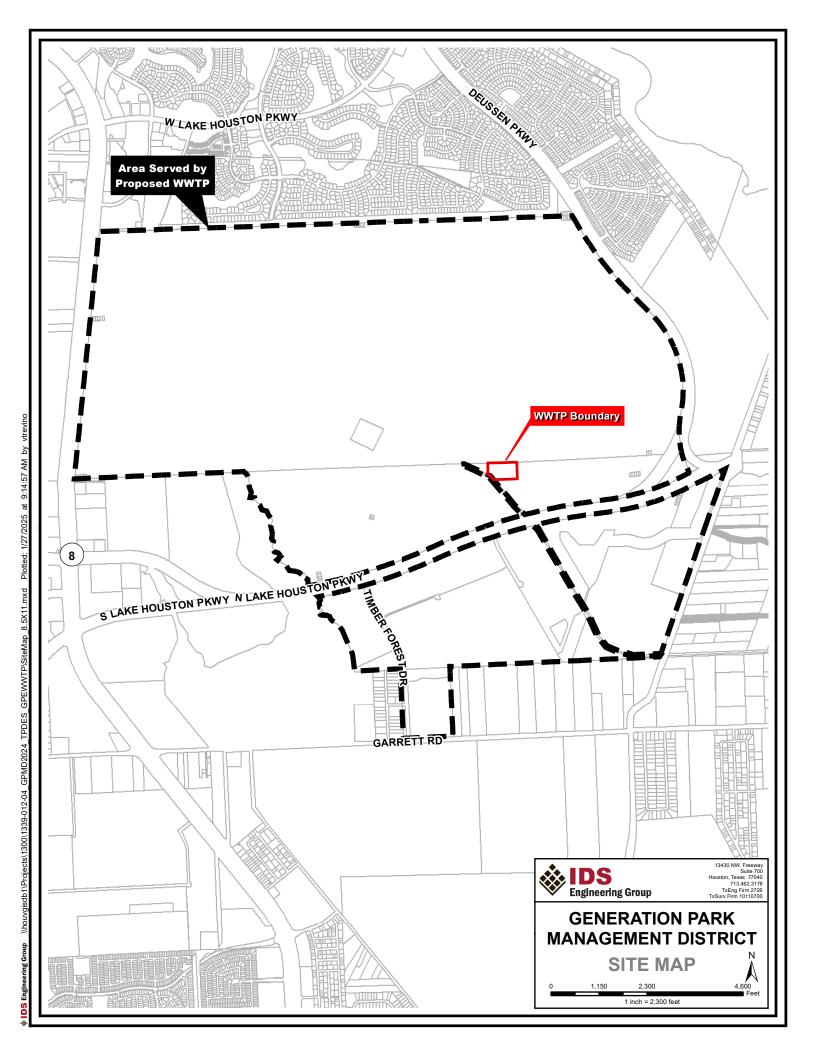
SCALE: N.T.S.



**ATTACHMENT NO. 13** 

**SITE MAP** 





# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

#### **Section 1. Justification for Permit (Instructions Page 56)**

| A  | Instification        | of. | noumit | maad |
|----|----------------------|-----|--------|------|
| A. | <b>Justification</b> | ΟI  | регини | neeu |

| 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.                                   |

|    | See Attachment No. 14                                                                                                                                                                                                                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| В. | Regionalization of facilities                                                                                                                                                                                                                                   |
|    | For additional guidance, please review <u>TCEO's Regionalization Policy for Wastewater Treatment</u> <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: <u>Click to enter text.</u>                                                                                                                                                                                                  |
|    | If yes, attach correspondence from the city.                                                                                                                                                                                                                    |
|    | Attachment: Click to enter text.                                                                                                                                                                                                                                |
|    | If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached. |
|    | Attachment: Click to enter text.                                                                                                                                                                                                                                |
|    | 2. Utility CCN areas                                                                                                                                                                                                                                            |
|    | Is any portion of the proposed service area located inside another utility's CCN area?                                                                                                                                                                          |
|    | □ Yes ⊠ No                                                                                                                                                                                                                                                      |

<sup>&</sup>lt;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?  $\boxtimes$ Yes No If ves. attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems. Attachment: See Attachment No. 15 If ves. attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system. Attachment: See Attachment No. 15 If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion. Attachment: N/A Section 2. Proposed Organic Loading (Instructions Page 58) Is this facility in operation? Yes 🖂 No **If no**, proceed to Item B, Proposed Organic Loading.

If ves, 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 BOD5 concentration.

| Click to enter text. |  |  |  |
|----------------------|--|--|--|
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |

#### B. Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

| Source                            | Total Average Flow (MGD) | Influent BOD5<br>Concentration (mg/l) |  |
|-----------------------------------|--------------------------|---------------------------------------|--|
| Municipality                      |                          |                                       |  |
| Subdivision                       |                          |                                       |  |
| Trailer park - transient          |                          |                                       |  |
| Mobile home park                  |                          |                                       |  |
| School with cafeteria and showers |                          |                                       |  |
| School with cafeteria, no showers |                          |                                       |  |
| Recreational park, overnight use  |                          |                                       |  |
| Recreational park, day use        |                          |                                       |  |
| Office building or factory        | 1.2 MGD                  | 300 mg/L                              |  |
| Motel                             |                          |                                       |  |
| Restaurant                        |                          |                                       |  |
| Hospital                          |                          |                                       |  |
| Nursing home                      |                          |                                       |  |
| Other                             | 1.6 MGD                  | 300-350 mg/L                          |  |
| TOTAL FLOW from all sources       | 2.8 MGD                  |                                       |  |
| AVERAGE BOD₅ from all sources     |                          | approx. 315 mg/L                      |  |

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

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

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

Total Suspended Solids, mg/l: 15 mg/L

Ammonia Nitrogen, mg/l: <u>3 mg/L</u>

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4.0 mg/L

Other: Click to enter text.

| B. | Interim II Phase Design Effluent Quality                                                                                                                 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Biochemical Oxygen Demand (5-day), mg/l: <u>10 mg/L</u>                                                                                                  |
|    | Total Suspended Solids, mg/l: 15 mg/L                                                                                                                    |
|    | Ammonia Nitrogen, mg/l: <u>3 mg/L</u>                                                                                                                    |
|    | Total Phosphorus, mg/l: <u>N/A</u>                                                                                                                       |
|    | Dissolved Oxygen, mg/l: <u>4.0 mg/L</u>                                                                                                                  |
|    | Other: Click to enter text.                                                                                                                              |
| C. | Final Phase Design Effluent Quality                                                                                                                      |
|    | Biochemical Oxygen Demand (5-day), mg/l: <u>10 mg/L</u>                                                                                                  |
|    | Total Suspended Solids, mg/l: 15 mg/L                                                                                                                    |
|    | Ammonia Nitrogen, mg/l: <u>3 mg/L</u>                                                                                                                    |
|    | Total Phosphorus, mg/l: <u>N/A</u>                                                                                                                       |
|    | Dissolved Oxygen, mg/l: <u>4.0 mg/L</u>                                                                                                                  |
|    | Other: Click to enter text.                                                                                                                              |
| D. | Disinfection Method                                                                                                                                      |
|    | Identify the proposed method of disinfection.                                                                                                            |
|    | $oxed{\boxtimes}$ Chlorine: 1.0 to 4.0 mg/l after 20 minutes detention time at peak flow                                                                 |
|    | Dechlorination process: Click to enter text.                                                                                                             |
|    | ☐ Ultraviolet Light: <u>Click to enter text.</u> seconds contact time at peak flow                                                                       |
|    | ☑ Other: <u>Sodium Bisulfite</u>                                                                                                                         |
| Se | ection 4. Design Calculations (Instructions Page 58)                                                                                                     |
| At | tach design calculations and plant features for each proposed phase. Example 4 of the structions includes sample design calculations and plant features. |
|    | Attachment: See Attachment No. 16                                                                                                                        |
| Se | ection 5. Facility Site (Instructions Page 59)                                                                                                           |
|    |                                                                                                                                                          |

#### A. 100-year floodplain

| Will the proposed | facilities be | located above t | 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.

| FIRM Panel No. 48201C0520L. See Attachment No. 17.                                                                       |
|--------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                          |
| For a new or expansion of a facility, will a wetland or part of a wetland be filled?                                     |
| □ Yes ⊠ No                                                                                                               |
| If yes, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?                                |
| □ Yes □ No                                                                                                               |
| If yes, provide the permit number: <u>Click to enter text.</u>                                                           |
| <b>If no,</b> provide the approximate date you anticipate submitting your application to the Corps: Click to enter text. |
| Wind rose                                                                                                                |
| Attach a wind rose: <u>See Attachment No. 18</u>                                                                         |
| ection 6. Permit Authorization for Sewage Sludge Disposal                                                                |

#### A. Beneficial use authorization

B.

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

(Instructions Page 59)

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 60)

Attach a solids management plan to the application.

Attachment: See Attachment No. 19

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

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow

- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

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

#### **ATTACHMENT NO. 14**

**JUSTIFICATION OF PERMIT NEED** 



### **Generation Park Management District**

### **East Wastewater Treatment Plant**

### Domestic Technical Report 1.1 – Section 1.A. Justification of permit need

Generation Park Management District currently has two permitted wastewater treatment facilities with permit numbers WQ0014625001 and WQ0015015001. The Generation Park Management District Wastewater Treatment Facility 2 (GPMD WWTF2) (WQ0015015001) has not been placed into operation. It is proposed that the new facility proposed in this permit application will take the place of GPMD WWTF2 and all flow that would have been treated at GPMD WWTF2 will be treated at this new site.

The ultimate service area for this facility will consist of approximately 2,900 acres of mixed-use development and currently contains a 1.4 million square foot warehouse facility. This facility is currently not occupied but will require 55,000 GPD of wastewater capacity after its estimated occupancy date of Summer 2027. The developer is in the process of selling two additional industrial sites, one of which requires 7,000 GPD of wastewater capacity, expected in late 2026. The proposed Interim Phase I WWTP (0.12 MGD) would be required to treat these flows.

The other industrial site is expected to require 800,000 GPD of wastewater capacity by Q2 of 2029. The proposed Interim Phase II WWTP (1.05 MGD) will treat these flows in addition to the flows described in Phase I.

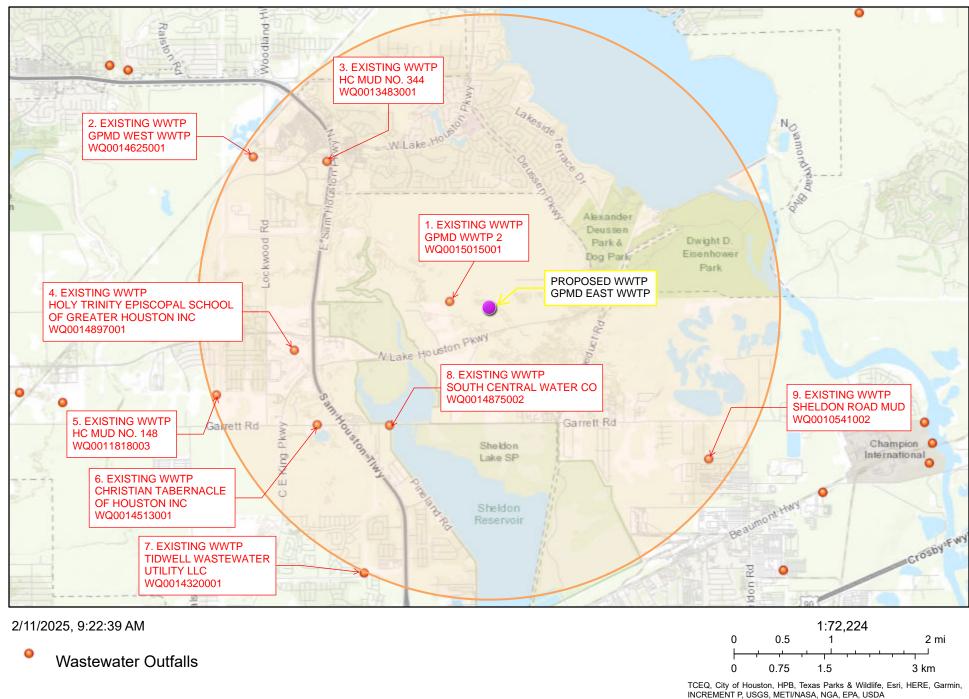
The second industrial site will require an additional 350,000 GPD by Summer 2032 pushing total flows to 1.2 MGD. Additional land within the District is also being offered for sale which we estimate will increase the required WWTP capacity to 2.8 MGD.

### **ATTACHMENT NO. 15**

**NEARBY WWTPS MAP & PROOF OF MAILING REQUEST FOR SERVICE** 



# Nearby Wastewater Treatment Facilities (3 miles)



/NASA, NGA, EPA, USDA

Web AppBuilder for ArcGIS

| Permittee Name – Generation Park Management District (Wastewater Treatment Facility 2)                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Permit No. – WQ0015015001                                                                                                                                                     |
| Same permittee as proposed Wastewater Treatment Plant. This WWTP & Permit will be abandoned if proposed permit is approved and new WWTP is built.                             |
| Permittee Name – Generation Park Management District (West Wastewater Treatment Plant)                                                                                        |
| Permit No. – WQ0014625001                                                                                                                                                     |
| Same permittee as proposed Wastewater Treatment Plant. This plant was designed to serve the current and future needs of the west side of Generation Park Management District. |
|                                                                                                                                                                               |

# 3. Permittee Name – Harris County Municipal Utility District No. 344

Permit No. - WQ0013483001

Proof of Mailing Request via Certified Mail:









13430 Northwest Freeway, Suite 700 Houston, Texas 77040 IMPEF-2726 | TRPLS 50150700 & 30150704

Harris County Municipal Utility District No. 344 c/o Brown and Gay Engineers, Inc. Attn: Ms. Cindy Fields 10777 Westheimer Rd, Suite 400 Houston, Texas 77042-3475

Copy of Request & Correspondence Received: See next page



December 3, 2024

Harris County Municipal Utility District No. 344 c/o Brown and Gay Engineers, Inc. Attn: Ms. Cindy Fields 10777 Westheimer Rd, Suite 400 Houston, TX 77042-3475

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <a href="mailto:aburns@idseg.com">aburns@idseg.com</a>. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

annMaries murro

AnnMarie Burns, E.I.T Design Engineer

| Reply                                                               |                                                        |  |  |
|---------------------------------------------------------------------|--------------------------------------------------------|--|--|
| Date: 12/10/24 Name of Permitee: <b>HCMuD344</b>                    | Terms (if capacity available):                         |  |  |
| Address:                                                            |                                                        |  |  |
|                                                                     | Name of Person Responding: CHDY FIELDS Title: ENGINEER |  |  |
| Capacity Available Now (Yes No?<br>Willing to Expand Plant (Yes No? | Title: ENGINEER                                        |  |  |
| Willing to Expand Plant (Yes No ?                                   | Telephone: 713-488-8343                                |  |  |
| Date Available:                                                     | Fax:                                                   |  |  |

\\indeed.com\fs\projects\1300\133901204 TO 145 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (HC MUD 344), DOCX

# 4. Permittee Name – Holy Trinity Episcopal School of Greater Houston Inc

Permit No. – WQ0014897001

Proof of Mailing Request via Certified Mail:









13430 Northwest Freeway, Suite 700 Houston, Texas 77040 IMPEF-2726 | IMPES 20110700 & 20110704

Holy Trinity Episcopal School 11810 Lockwood Road Houston, Texas 77044

Copy of Request & Correspondence Received: See next page



December 3, 2024

Holy Trinity Episcopal School 11810 Lockwood Road Houston, Texas 77044

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <a href="mailto:aburns@idseg.com">aburns@idseg.com</a>. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

|                                   | Reply                          |
|-----------------------------------|--------------------------------|
| Date: Name of Permitee:           | Terms (if capacity available): |
| Address:                          |                                |
| , radic33                         | Name of Person Responding:     |
| Capacity Available Now (Yes/No)?  | Title:                         |
| Willing to Expand Plant (Yes/No)? | Telephone:                     |
| Date Available:                   | Fax:                           |

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (HOLY TRINITY EPISCOPAL SCHOOL).DOCX

No response received.

School no longer exists. See screenshot from website below (https://hteshouston.org/):



As of June 2023 Holy Trinity Episcopal School closed it's door to students. We are in the process of selling the property.

Student and Employment records requests can be placed by email or voicemail.

Email: info@hteshouston.org

Phone: 281-608-8252

Other requests will be forwarded to the responsible parties.

# 5. Permittee Name – Harris County Municipal Utility District No. 148

Permit No. - WQ0011818003

Proof of Mailing Request via Certified Mail:









13430 Northwest Freeway, Suite 700 Houston, Texas 77040

Harris County Municipal Utility District No. 148 c/o Langford Engineering, Inc. Attn: Mr. Craig Hajovsky 1080 W Sam Houston Pkwy N, Suite 200 Houston, Texas 77043-5014

Copy of Request & Correspondence Received: See next page



December 3, 2024

Harris County Municipal Utility District No. 148 c/o Langford Engineering, Inc.
Attn: Mr. Craig Hajovsky
1080 W Sam Houston Pkwy N, Suite 200
Houston, Texas 77043-5014

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <a href="mailto:aburns@idseg.com">aburns@idseg.com</a>. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

|                                             | Reply                                              |
|---------------------------------------------|----------------------------------------------------|
| Date: 1/15/2025                             | Terms (if capacity available): N/A                 |
| Name of Permitee: Harris County MUD No. 148 |                                                    |
| Address: 2929 ALLEN PARKWAY, SUITE 3150     |                                                    |
| HOUSTON, TEXAS 77019                        | Name of Person Responding: Craig A. Hajovsky, P.E. |
| Capacity Available Now (Yes/No)? No         | Title: Engineer for the District                   |
| Willing to Expand Plant (Yes/No)? No        | Telephone: 713-461-3530                            |
| Date Available:N/A                          | Fax:                                               |
|                                             |                                                    |

\\iDSEG.COM\FS\PROJECTS\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (HC MUD 148).DOCX

### 6. Permittee Name – Christian Tabernacle of Houston Inc

Permit No. – WQ0014513001

Proof of Mailing Request via Certified Mail:







Inspire Church (Christian Tabernacle of Houston) 11727 E. Sam Houston Pkwy N. Houston, Texas 77044

Copy of Request & Correspondence Received: See next page for copy of request. No response received.



December 3, 2024

Inspire Church (Christian Tabernacle of Houston) 11727 E. Sam Houston Pkwy N. Houston, Texas 77044

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <a href="mailto:aburns@idseg.com">aburns@idseg.com</a>. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

|                                   | Reply                          |
|-----------------------------------|--------------------------------|
|                                   |                                |
| Date:                             | Terms (if capacity available): |
| Name of Permitee:                 |                                |
| Address:                          |                                |
|                                   | Name of Person Responding:     |
| Capacity Available Now (Yes/No)?  | Title:                         |
| Willing to Expand Plant (Yes/No)? | Telephone:                     |
| Date Available:                   | Fax:                           |

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (CHRISTIAN TABERNACLE).DOCX

# 7. Permittee Name – Tidwell Wastewater Utility LLC

Permit No. – WQ0014320001

Proof of Mailing Request via Certified Mail:







13430 Northwest Freeway, Suite 700 Houston, Texas 77040 IBPEF-2726 ( IBPLS 10110700 & 10110704

Tidwell Wastewater Utility, LLC Attn: Mr. Ron Sasson 6776 Southwest Freeway, Suite 350 Houston, Texas 77074

Copy of Request & Correspondence Received: See next page for copy of request. No response received.



December 3, 2024

Tidwell Wastewater Utility, LLC Attn: Mr. Ron Sasson 6776 Southwest Freeway, Suite 350 Houston, Texas 77074

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <a href="mailto:aburns@idseg.com">aburns@idseg.com</a>. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

|                                   | Reply                          |
|-----------------------------------|--------------------------------|
| Date: Name of Permitee: Address:  | Terms (if capacity available): |
|                                   | Name of Person Responding:     |
| Capacity Available Now (Yes/No)?  | Title:                         |
| Willing to Expand Plant (Yes/No)? | Telephone:                     |
| Date Available:                   | Fax:                           |

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (TIDWELL WASTEWATER UTILITY LLC).DOCX

### 8. Permittee Name – South Central Water Co

Permit No. – WQ0014875002

# Permit has been sold to: Undine Development

Proof of Mailing Request via Certified Mail: correspondence with Undine Development via email & phone call

Copy of Request & Correspondence Received: See next page



December 5, 2024

Undine Group, LLC Attn: Mr. Jeff Goebel 17681 Telge Road Cypress, Texas 77429

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <a href="mailto:aburns@idseg.com">aburns@idseg.com</a>. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & murio

AnnMarie Burns, E.I.T Design Engineer

| Reply                               |                                      |  |
|-------------------------------------|--------------------------------------|--|
| Date: 12/0/20                       | Terms (if capacity available):       |  |
| Name of Permittee: Undivid          |                                      |  |
| Address: 17681 Telai Ko             |                                      |  |
| Cypless TK 17459                    | Name of Person Responding: John Cook |  |
| Capacity Available Now (Yes/No)? NO | Title: Business Da                   |  |
| Willing to Expand Plant (Yes/No)?   | Telephone: 113-724-9321              |  |
| Date Available:                     | Fax:                                 |  |
|                                     |                                      |  |

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (SOUTH CENTRAL WATER CO UNDINE). DOCX

# 9. Permittee Name – Sheldon Road Municipal Utility District

Permit No. – WQ0010541002

Proof of Mailing Request via Certified Mail:



Copy of Request & Correspondence Received: See next page



December 3, 2024

Sheldon Road Municipal Utility District c/o HDR Engineering, Inc. Attn: Mr. Ryan Nokelby 4828 Loop Central Dr., Suite 800 Houston, Texas 77081-2220

To Whom it May Concern:

We are writing to you on behalf of Generation Park Management District which is seeking a Texas Pollutant Discharge Elimination System (TPDES) discharge permit for a proposed Wastewater Treatment Plant. We are in the process of preparing the permit application for this operation. The projected ultimate flow is 2.8 MGD and the district's developer, McCord Development, Inc., currently owns a site sufficient in size for the facility.

As part of the TPDES discharge permit application process, the TCEQ requires that we contact each wastewater discharge permit holder within a three-mile radius of the proposed facility to solicit information about available treatment capacity. Your permitted wastewater treatment plant is within the three-mile radius and we are therefore inquiring about the availability of capacity.

Please complete the short questionnaire below and return within 5 days to our office. You may also email your response to <a href="mailto:aburns@idseg.com">aburns@idseg.com</a>. Please call me at (832) 590-7153 if you have any questions or need additional information. Thank you for your timely response to this matter.

Respectfully,

ann Marie & Burns

AnnMarie Burns, E.I.T Design Engineer

|                                                   | Reply                                                                                             |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Date: 12/20/24 Name of Permitee: Sheldon Road MUD | Terms (if capacity available):                                                                    |
| Address: 9419 Lankin Road                         |                                                                                                   |
| Houston, Tx 77049                                 | Name of Person Responding: Kyan No Kelby, P.E.                                                    |
| Capacity Available Now (Yes/No?                   | Name of Person Responding: Ryan No Kelby, P.E.  Title: District Engineer  Telephone: 713-622-9264 |
| Willing to Expand Plant (Yes/10)?                 | Telephone: 713-622-9264                                                                           |
| Date Available:                                   | Fax: 713-622-9265                                                                                 |

X:\1300\133901204 TO 143 GENERATION PARK EAST\ENG-PM\CORRES\ATTACHMENT CAPACITY INQUIRY LETTERS (SHELDON RD MUD).DOCX

**ATTACHMENT NO. 16** 

**DESIGN CALCULATIONS** 



Project: Generation Park East WWTP

Job Number: 1339-012-04 Design By: VHW Checked By: KP 2/25/2025 Date:

Description: Phase I - 0.120 MGD

350 mg / I

250 mg/l

75 mg/L

350 lbs / day

Influent BOD<sub>5</sub>

Influent BOD5

Influent NH3-N

Influent TSS

### Final Process Calculations

### **Design Parameters**

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

Average Design Flow 0.12 MGD 83 gpm Peaking Factor 4 0.48 MGD Peak Flow 333 gpm

**Effluent Characteristics** 10 mg/L BOD<sub>5</sub> S<sub>e</sub> TSS 15 mg/L TSS

Values shown are the minimum that will be provided.

NH<sub>3</sub>-N N<sub>e</sub> 3 mg/L The calculations below are based on minimum TCEQ sizing parameters but may not reflect actual treatment unit dimensions.

Aeration

Criteria Value Regulation Section Maximum Organic Loading Rate (lbs BOD5/day/1000 cu ft) 35 217.154(b)(Table F.1)

Reactor MLSSS Level at normal operating level (mg/l) 3000-5000

10,008 cu. ft. Aeration Volume Required

Volume Provided:

Length 40 ft Width 12 ft SWD 10.45 ft

2 # Tanks

Volume Provided 10,032 cu. ft.

Criteria

Effective Organic Loading 34.92 lbs BOD<sub>5</sub>/day/1000 cu. ft.

Clarifier

Regulation Section 217.154(c)(Table F.2) TCEQ Maximum Surface Loading (Qpk) 1200 gal/day/s.f. at peak flow TCEQ Minimum Detention Time (Qpk) 1.8 hours at peak flow 217.154(c)(Table F.2) TCEQ Maximum Weir Loading (Qpk) 30000 gal/day/ft 217.152(c)(4) TCEQ Minimum Side Water Depth (SWD) 10 ft 217.152(g)(2)(A)/(B) TCEQ Maximum Stilling Well Velocity 0.15 ft/sec 217.152(a)(4)

Value

Surface Area Required Required 400 sq. ft. 4813 cu. ft. Volume Required Length of weir required 16 ft.

Volume Provided:

35 ft Diameter SWD 10.00 ft # Tanks 1 Weir Diameter 33 ft

Surface Area Provided 962 sq. ft. Volume Provided 9,621 cu. ft. Weir length provided 104 ft.

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Phase I - 0.120 MGD Description:

Final Process Calculations

**CHEMICAL (CHLORINE) DISINFECTION** 

Chlorination

Regulation Section Minimum Cl<sub>2</sub> Contact Time 20 minutes 217.281(b)(1)

6,667 gallons Chlorine basin volume required

Phase I

Length 20 ft 12 ft Width Depth @ design Number of Basins Volume Provided 8.58 ft

15,403 gallons

Volume provided greater than or equal to required volume YES

TCEQ min. design Cl<sub>2</sub> dose 8 mg / I 217.272(b)

Cylinder size 150 lbs

1 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders) 217.273(a)(1) Withdrawal factor

217.273(a)(1) Threshold Temperatures (Low Ambient Temperature?) 65 Use 65 for indoor storage

Capacity of chlorine disinfection system @ max. flow 32 lbs per day 217.272(a) K.1

Avg. daily chlorine usage @ average flow 8 lbs per day

217.273(a)(1) K.2 Max. withdrawal rate per cylinder 65 lbs per day (Formula for vacuum systems only)

No. of Cylinders required per bank

19 days at average flow and typical chlorine usage One bank of cylinders will last

Project: Job Number: Design By:

Generation Park East WWTP

1339-012-04 VHW KP

Checked By: Date: 2/25/2025

Final Process Calculations

Digesters

TCEQ Minimum Sludge Retention Time TCEQ Min. Volatile Solids Loading Rate TCEQ Max. Volatile Solids Loading Rate

40 days 100 lb / day / 1,000 cu. ft. 200 lb / day / 1,000 cu. ft.

Description:

217.249(t)(4)(B)(Table J.2) 217.249(t)(7)(D) 217.249(t)(7)(D)

Phase I - 0.120 MGD

Influent BOD<sub>5</sub> 350 lb/ day Effluent BOD<sub>5</sub> 10 lb/ day BOD<sub>5</sub> to Digester 340 lb/ day

Volume Required from Metcalf and Eddy, "Wastewater Engineering," 4th Edition

Hydraulic Detention Time of the Aeration Basins

$$\theta \left( Gal \right) \! = \! \left( \frac{Volume \ of \ Aeration \ Basins \ in \ Gallons}{Average \ Influent \ Flow \ in \ Gallons \ / \ Day} \right) \! * 24 \, \frac{hrs}{day}$$

$$BOD_{5}utilized \left( \frac{lbs BOD_{5}}{day} \right) = Q * (S_{i} - S_{e})$$

$$\frac{\text{NH}_{3}\text{-N Utilized}}{\text{NH }_{3}\text{utilized}} \left( \text{lbs NH }_{3} \right) = \text{Q * (N }_{i} - \text{N }_{c} )$$

Hydraulic Detention Time of Aeration Basins / SBRs  $\mathsf{BOD}_5$  utilized

 $\mathrm{NH}_3$  utilized

15.01 Hours 340 lb BOD<sub>5</sub> / day 72 lb NH<sub>3</sub>-N / day

8,500 mg/L 0.6 VSS/lb BOD<sub>5</sub>

0.06 /day

0.30 /day

0.70

0.70

1.005

0.15 VSS/lb NH<sub>3</sub>-N

BOD<sub>5</sub> Concentration S NH<sub>3</sub>-N Concentration Ν Influent (subscript) Effluent (subscript) Q Average Design Flow

Peak Flow

Waste Sludge Flow to Digester Waste Sludge Concentration Yield Coefficient Yield Coefficient (nitrification)

**Endogenous Decay Coefficent** Endogenous Decay Coeff. (nitrification) Volatile Fraction of X

MLVSS/MLSS Ratio  $S_{\text{sl}}$ Specific Gravity of Sludge Sludge Concentration in Digester X Ps Percent Solids in Digester TSS<sub>0</sub> % of TSS that is inert Specific Weight of Water

25,000 mg/L 50 % 8.34 lbs / gallon

| Typical Values      |        |        |                      |
|---------------------|--------|--------|----------------------|
| Variable            | Range  |        | Source               |
| X <sub>W</sub>      | 0.8    | 2.5    | M&E, 4th ed., pg. 14 |
| Υ                   | 0.4    | 0.8    | M&E, 4th ed., pg. 58 |
| Yn                  | 0.04   | 0.29   | WEF MoP 8, Vol I, p  |
| k <sub>d</sub>      | 0.06   | 0.15   | M&E, 4th ed., pg. 58 |
| k <sub>dn</sub>     | 0.3    | 3.0    | WEF MoP 8, Vol I, p  |
| P <sub>n</sub>      | 0.59   | 0.88   | M&E, 4th ed., pg. 14 |
| S <sub>sl</sub>     | 1.005  | 1.005  | M&E, 4th ed., pg. 14 |
| X<br>P <sub>s</sub> | 15,000 | 40,000 | M&E, 4th ed., pg. 14 |
| $P_s$               | 1.5    | 4      | M&E, 4th ed., pg. 14 |

M&E, 4th ed. Pg. 595

Carbonaceous Yield Coefficient Observed

$$Y_{c,obs} = \left(\frac{Y}{1 + k_d * \theta}\right)$$

Carbonaceous Sludge Production (MLVSS)

 $P_{x,c}$   $\begin{pmatrix} lb/day \end{pmatrix} = Y_{c,obs} * Q * (S_i - S_e) = Y_{c,obs} * BOD_5 utilized$ 

M&E, 4th ed. Pg. 681  $P_{x,i}$   $\binom{lb}{day} = Q_{design} * TSS_{\%} * (TSS_i - TSS_e) * 8.34$ 

Total Sludge Production

Inert Sludge Production

M&E, 4th ed. Pg. 682

$$P_{x}\left(\frac{lb}{day}\right) = P_{x,c} + P_{x,n} + P_{x,i}$$

M&E, 4th ed. Pg. 595  $\underline{Nitrogenous\ Yield\ Coefficient}$ 

$$Y_{n,obs} = \left(\frac{Y_n}{1 + k_{dn} * \theta}\right)$$

M&E, 4th ed. Pg. 681 <u>Nitrogenous Sludge Production (MLVSS)</u>

M&E, 4th ed. Pg. 681

$$P_{x,n}\left(lb\!\!\!/_{\!day}\right) = Y_{n,obs} *Q*(N_i - N_e) = Y_{n,obs} *NH_3utilized$$

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Final Process Calculations

M&E, 4th ed. Pg. 1458

 $Q_w = \frac{\text{Total Sludge Production, Dry Solids}}{}$ 

Waste Sludge Flow to Digester

 $\rho_{\mathsf{w}} S_{sl} P_{s}$ 

Y<sub>c,obs</sub> Carbonaceous Yield Coefficient Carbonaceous Sludge Production

Nitrogenous Yield Coefficient  $Y_{n,obs}$ Nitrogenous Sludge Production  $P_{x,n}$ 

Inert Sludge Production (TSS), Dry Solids

Total Sudge Production, Volatile Solids Volatile Solids Loading Rate

Total Sudge Production, Dry Solids Q<sub>W</sub> Waste Sludge Flow to Digester

Digester Volume Required

Volume Provided:

20 ft Length Width 12 ft SWD 10.5 # Tanks Volume 5,040 cu. ft.

Total Digester Vol. available Volume greater than required Required Volume

M&E, 4th ed. Pg. 1537

Phase I - 0.120 MGD

$$V(Gal) = \left(\frac{Q_w}{X}\right) \left(\frac{(X_w + Y * S_i)}{k_d * P_n + \frac{1}{SRT}}\right)$$

Description:

0.58

197 lb / day (MLVSS) 281 lb / day (MLSS)

0.13

9.10 lb / day (MLVSS) 13.00 lb / day (MLSS)

118 lb / day

206 lb / day

41 lb / day / 1,000 cu. ft.

500 lb / day 2,386 gallons / day

12,408 gallons 1,659 cu. ft.

5,040 cu. ft. YES

Page 4 of 17

Use (3) 500 SCFM blowers

IDS Engineering Group Project: Job Number: Design By: Checked By: Generation Park East WWTP 1339-012-04 VHW KP 2/25/2025 Date:

Phase I - 0.120 MGD Description:

| Final Process Calculations                                                                                                                               |                                                    |                           |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------|-----------------------|
| Air Requirements                                                                                                                                         |                                                    |                           |                       |
| Criteria                                                                                                                                                 | 1.2(POD.) + 4.2(NHN)                               | Value                     | Regulation            |
| Air requirements for Aeration basins                                                                                                                     | $O_2 R = \frac{1.2(BOD_5) + 4.3(NH_3 - N)}{BOD_5}$ | 2.12 lb oxygen per lb BOD | 217.155(a)(3)         |
| Air requirements for digesters                                                                                                                           | 2023                                               | 30 SCFM /1000 cu. ft.     | 217.249(d)(1)(C)***   |
| Air requirements for post aeration                                                                                                                       |                                                    | 20 SCFM /1000 cu. ft.     | not regulated by TCEQ |
| Minimum mixing requirements                                                                                                                              |                                                    | 0.12 SCFM /sq. ft.        | 217.155 (b)(3)(B)     |
| Diffuser transfer efficiency                                                                                                                             |                                                    | 6.5% (In wastewater)      | 217.155 (b)(2)(B)     |
| Design Submergence                                                                                                                                       |                                                    | 10.00 feet                |                       |
| Diffuser Submergence Correction Factor                                                                                                                   |                                                    | 1.56 @ design flow depth  | 217.155 (b)(2)(D)     |
| Corrected Air Flowrate @ Design Submergence =<br>= {(lb BOD)*(lb Oxygen / lb BOD)} * Correction<br>(T.E.) (lb Oxygen / lb air) (lb air / cu. ft.) (min / |                                                    | 718 SCFM                  | 217.155 (b)(2)(C)     |
| Air required for digesters:                                                                                                                              |                                                    | 151 SCFM                  |                       |
| Air required for post aeration                                                                                                                           |                                                    | 41 SCFM                   |                       |
| Air Requiremetns for air lift pumps                                                                                                                      |                                                    | 40 SCFM                   |                       |
| Total Air Requiremetns                                                                                                                                   |                                                    | 950                       |                       |

Project: Generation Park East WWTP

Job Number: 1339-012-04 Design By: VHW Checked By: KP 2/25/2025 Date:

Description: Phase II - 1.05 MGD

> 350 mg / I 3065 lbs / day

250 mg/l

75 mg/L

### Final Process Calculations

### **Design Parameters**

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

Average Design Flow 1.05 MGD 729 gpm Peaking Factor 4 4.2 MGD Peak Flow 2,917 gpm

**Effluent Characteristics** 

10 mg/L BOD<sub>5</sub> S<sub>e</sub> TSS 15 mg/L TSS 3 mg/L NH<sub>3</sub>-N N

The calculations below are based on minimum TCEQ sizing parameters but may not reflect actual treatment unit dimensions. Values shown are the minimum that will be provided.

### FOUR BASIN SYSTEM

Criteria Value Regulation Section Maximum Organic Loading Rate (lbs BOD5/day/1000 cu ft) 35 217.156(a)(6) 217.156(a)(7) Reactor MLSSS Level at normal operating level (mg/l) 3000-5000 Min Side Water Depth (ft) 12 217.156(a)(9)

Aeration Volume Required 87,570 cu. ft.

4

Volume Provided:

# Tanks

288 min SBR Cycle Time @ Desing ADI SBR Cycle Time @ Peak Flow 144 min

75 ft Length

Width 25 ft

Volume (w/ one basin out of service per TCEQ 217.156 (c

Effective Organic Loading with one basin out of service at design water depth Design Side Water Depths

24.00 ft - Design max water level at peak flow w/ all basins operating 17.74 ft - Water level at design flow w/ all basins operating

Influent BOD<sub>5</sub>

Influent BOD5

Influent NH3-N

Influent TSS

18.99 ft - Water level at design flow w/ 1 basin out of service

21.49 ft - Calculated max water level at peak flow w/ all basins operating 23.98 ft - Calculated max water level at peak flow w/ 1 basin out of service

14.00 ft - Minimum water level

106,825 cu. ft.

28.69 lbs BOD<sub>5</sub>/day/1000 cu. ft.

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Phase II - 1.05 MGD Description:

Final Process Calculations

**CHEMICAL (CHLORINE) DISINFECTION** 

Chlorination

Regulation Section Minimum Cl<sub>2</sub> Contact Time 20 minutes 217.281(b)(1) Max. Decant Rate per SBR Basins 3,889

Maximum No. of Basins Decanting at one time Chlorine basin volume required at max. decant rate 77,778 gallons

Phase I Length 58 ft Width 8 ft Depth @ design 11.5 ft Number of Basins 2 Volume Provided 79,827 gallons

Volume provided greater than or equal to required volume YES

Max. Decant Flow Rate 3,889 gpm Daily Average Flow 729 gpm

TCEQ min. design  $\mathrm{Cl}_2$  dose 8 mg / I 217.272(b)

2000 lbs Cylinder size

Withdrawal factor 8 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders) 217.273(a)(1)

Threshold Temperatures (Low Ambient Temperature?) 65 Use 65 for indoor storage 217.273(a)(1)

Capacity of chlorine disinfection system @ max. flow 374 lbs per day 217.272(a) K.1

Avg. daily chlorine usage @ average flow 70 lbs per day

Max. withdrawal rate per cylinder 520 lbs per day (Formula for vacuum systems only) 217.273(a)(1) K.2

No. of Cylinders required per bank

One bank of cylinders will last 29 days at average flow and typical chlorine usage

Project: Job Number: Design By:

Generation Park East WWTP

1339-012-04 VHW KP 2/25/2025

Checked By: Date:

Final Process Calculations

Digesters

TCEQ Minimum Sludge Retention Time TCEQ Min. Volatile Solids Loading Rate TCEQ Max. Volatile Solids Loading Rate

40 days 100 lb / day / 1,000 cu. ft. 200 lb / day / 1,000 cu. ft.

Description:

217.249(t)(4)(B)(Table J.2) 217.249(t)(7)(D) 217.249(t)(7)(D)

Phase II - 1.05 MGD

Influent BOD<sub>5</sub> 3065 lb/ day Effluent BOD<sub>5</sub> 88 lb/ day BOD<sub>5</sub> to Digester 2977 lb/ day

Volume Required from Metcalf and Eddy, "Wastewater Engineering," 4th Edition

Hydraulic Detention Time of the Aeration Basins

$$\theta \left( Gal \right) \! = \! \left( \frac{Volume \ of \ Aeration \ Basins \ in \ Gallons}{Average \ Influent \ Flow \ in \ Gallons \ / \ Day} \right) \! * 24 \, \frac{hrs}{day}$$

$$BOD_{5}utilized \left( \frac{lbs BOD_{5}}{day} \right) = Q * (S_{i} - S_{e})$$

$$\frac{\text{NH}_3\text{-N Utilized}}{\text{NH}_3\text{utilized}} = Q * (N_i - N_e)$$

Hydraulic Detention Time of Aeration Basins / SBRs  $\mathsf{BOD}_5$  utilized

 $\mathrm{NH}_3$  utilized

18.26 Hours 2,977 lb BOD<sub>5</sub> / day 631 lb NH<sub>3</sub>-N / day

BOD<sub>5</sub> Concentration S NH<sub>3</sub>-N Concentration Ν Influent (subscript) Effluent (subscript) Q Average Design Flow

Peak Flow

Waste Sludge Flow to Digester Waste Sludge Concentration Yield Coefficient Yield Coefficient (nitrification)

**Endogenous Decay Coefficent** Endogenous Decay Coeff. (nitrification) Volatile Fraction of X

MLVSS/MLSS Ratio  $S_{\rm sl}$ Specific Gravity of Sludge Sludge Concentration in Digester X Ps Percent Solids in Digester TSS<sub>0</sub> % of TSS that is inert

Specific Weight of Water

| 8,500  | mg/L                      |
|--------|---------------------------|
| 0.6    | VSS/lb BOD <sub>5</sub>   |
| 0.15   | VSS/lb NH <sub>3</sub> -N |
| 0.06   | /day                      |
| 0.30   | /day                      |
| 0.70   |                           |
| 0.70   |                           |
| 1.005  |                           |
| 25,000 | mg/L                      |
| 2.5    | _                         |
| 50     | %                         |
| 8.34   | lbs / gallon              |
|        |                           |

M&E, 4th ed. Pg. 595 Nitrogenous Yield Coefficient

| Typical Values  |        |       |                      |
|-----------------|--------|-------|----------------------|
| Variable        | Rai    | nge   | Source               |
| X <sub>W</sub>  | 0.8    | 2.5   | M&E, 4th ed., pg. 14 |
| Υ               | 0.4    | 0.8   | M&E, 4th ed., pg. 58 |
| Yn              | 0.04   | 0.29  | WEF MoP 8, Vol I, p  |
| k <sub>d</sub>  | 0.06   | 0.15  | M&E, 4th ed., pg. 58 |
| k <sub>dn</sub> | 0.3    | 3.0   | WEF MoP 8, Vol I, p  |
| P <sub>n</sub>  | 0.59   |       | M&E, 4th ed., pg. 14 |
| S <sub>sl</sub> | 1.005  | 1.005 | M&E, 4th ed., pg. 14 |
| Χ               | 15,000 |       | M&E, 4th ed., pg. 14 |
| P <sub>s</sub>  | 1.5    | 4     | M&E, 4th ed., pg. 14 |

M&E, 4th ed. Pg. 595

Carbonaceous Yield Coefficient Observed

$$Y_{c,obs} = \left(\frac{Y}{1 + k_d * \theta}\right)$$

Carbonaceous Sludge Production (MLVSS)

 $P_{x,c}$   $\begin{pmatrix} lb/day \end{pmatrix} = Y_{c,obs} * Q * (S_i - S_e) = Y_{c,obs} * BOD_5 utilized$ 

M&E, 4th ed. Pg. 681

$$P_{x,i} \left( \frac{lb}{day} \right) = Q_{design} * TSS_{\%} * (TSS_i - TSS_e) * 8.34$$

Total Sludge Production

Inert Sludge Production

M&E, 4th ed. Pg. 682

$$P_{x}\left(\frac{lb}{day}\right) = P_{x,c} + P_{x,n} + P_{x,i}$$

 $Y_{n,obs} = \left(\frac{Y_n}{1 + k_{dn} * \theta}\right)$ 

M&E, 4th ed. Pg. 681  $\underline{Nitrogenous\ Sludge\ Production\ (MLVSS)}$ M&E, 4th ed. Pg. 681

 $P_{x,n}$   $\begin{pmatrix} lb/day \end{pmatrix} = Y_{n,obs} * Q * (N_i - N_e) = Y_{n,obs} * NH_3 utilized$ 

Project: Generation Park East WWTP

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Final Process Calculations

M&E, 4th ed. Pg. 1537

Phase II - 1.05 MGD

Waste Sludge Flow to Digester

 $Q_{w} = \frac{\text{Total Sludge Production, Dry Solids}}{}$  $\rho_{\mathsf{w}} S_{sl} P_{s}$ 

M&E, 4th ed. Pg. 1458

Required Volume

Description:

Y<sub>c,obs</sub> Carbonaceous Yield Coefficient

Carbonaceous Sludge Production

Nitrogenous Yield Coefficient  $Y_{n,obs}$ Nitrogenous Sludge Production  $P_{x,n}$ 

Inert Sludge Production (TSS), Dry Solids

Total Sudge Production, Volatile Solids Volatile Solids Loading Rate

Total Sudge Production, Dry Solids Q<sub>W</sub> Waste Sludge Flow to Digester

Digester Volume Required

Volume Provided:

60 ft Length Width 12 ft SWD 10.5 # Tanks 2 Volume 15,120 cu. ft.

Total Digester Vol. available Volume greater than required

0.57

1,708 lb / day (MLVSS) 2,441 lb / day (MLSS) 0.12

77.00 lb / day (MLVSS) 110.00 lb / day (MLSS)

1029 lb / day

1785 lb / day 118 lb / day / 1,000 cu. ft.

4336 lb / day 20,693 gallons / day

107,602 gallons 14,385 cu. ft.

15,120 cu. ft. YES

Page 9 of 17

IDS Engineering Group Project: Job Number: Design By: Checked By: Generation Park East WWTP 1339-012-04 VHW KP 2/25/2025 Date:

Phase II - 1.05 MGD Description:

| Final Process Calculations                                                                                                   |                                                                                                           |                      |                                                                                            |                                                                                                                                                          |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Air Requirem                                                                                                                 | ents                                                                                                      |                      |                                                                                            |                                                                                                                                                          |  |  |  |  |  |
| Criteri Air requiremer Air requiremer Air requiremer Minimum mixir Diffuser transfi Design Subme Diffuser Subm Number of Bas | ia ants for SBR basts for digester at for post aer agrequiremen ar efficiency ergence corresins, with one | s action tas         | Value 2.12 lb oxyge 30 SCFM / 10 SCFM / 0.12 SCFM / 11.7% (In wast 17.74 feet 0.75 @ desig | 1000 cu. ft. 217.249(d)(1)(C)*** 1000 cu. ft. not regulated by TCEQ sq. ft. 217.155 (b)(3)(B) ewater) 217.155 (b)(2)(B)  In flow depth 217.155 (b)(2)(D) |  |  |  |  |  |
| = {(lb<br>(T.E.)<br>Minimum Air F                                                                                            | Flowrate @ De<br>BOD)*(lb Oxy<br>(lb Oxygen / I<br>lowrate @ De<br>ted Air Flow F                         |                      | 0.50 days/bas<br>1668 SCFM<br>1112 SCFM                                                    | 217.155 (b)(2)(C)                                                                                                                                        |  |  |  |  |  |
| Verify mixing r                                                                                                              | equirements:                                                                                              |                      | 0.22 OK                                                                                    |                                                                                                                                                          |  |  |  |  |  |
| Provide                                                                                                                      | 4                                                                                                         | SBR Blowers @        | 1112 SCFM                                                                                  | each (1 per basin w/ 1 standby)                                                                                                                          |  |  |  |  |  |
| Maximum wate<br>Pressure loss<br>Pressure @ bl                                                                               | in piping                                                                                                 | diffuser             | 25 feet<br>0.7 psi<br>11.3 psi                                                             | top of SBR basin minus 1 ft for hieght of diffuse                                                                                                        |  |  |  |  |  |
| Air required fo                                                                                                              | r digesters:                                                                                              |                      | 454 SCFM                                                                                   |                                                                                                                                                          |  |  |  |  |  |
| Provide                                                                                                                      | 3                                                                                                         | Digester Blowers @   | 227 SCFM                                                                                   | each (1 per basin w/ 1 standby)                                                                                                                          |  |  |  |  |  |
| Air required fo                                                                                                              | r post aeratior                                                                                           |                      | 107 SCFM                                                                                   |                                                                                                                                                          |  |  |  |  |  |
| Provide                                                                                                                      | 2                                                                                                         | Post-Air Blower(s) @ | 53 SCFM                                                                                    |                                                                                                                                                          |  |  |  |  |  |

Project: Generation Park East WWTP

Job Number:

Design By: VHW Checked By: ΚP 2/25/2025 Date:

Final Process Calculations

Description:

Phase II - 1.05 MGD

Decanter Sizing Per TCEQ Chapter 217.156(b)(8), requiring the decant system to accommodate the design flow with a constant cycle time with the largest tank out of service

<u>Basin Dimentions</u> <u>Width</u> 25 feet Length Min SWD Max SWD 75 feet 14 feet 24.5 feet

Condition No. 1: -Basins in service

4 basins

All Basins in Service

-Decant flow of

3,889 gpm

| % of   | Flow | No. of     | Total      | Batch   | Fill    | React   | Fill    | Settle  | Fill    | Decant  | Fill   | ldle    | Total   | Total   | Total   | Total   | Volume  | Decant | Basin water       |
|--------|------|------------|------------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|--------|-------------------|
| Design | Rate | Cycles/day | Cycle Time | Volume  | React   |         | Settle  |         | Decant  |         | Idle   |         | Fill    | React   | Settle  | Decant  | Decant  | Depth  | Surface Elevation |
| Flow   | MGD  |            | minutes    | Gallon  | minutes | minutes | minutes | minutes | minutes | minutes | ninute | minutes | minutes | minutes | minutes | minutes | gal     | ft.    | ft                |
| 100%   | 1.05 | 5.00       | 288        | 52,500  | 173     | 0       | 45      | 0       | 14      | 0       | 56.7   | 0       | 288     | 173     | 45      | 14      | 52,500  | 3.7    | 17.74             |
| 150%   | 1.58 | 5.00       | 288        | 78,750  | 173     | 0       | 45      | 0       | 20      | 0       | 50.0   | 0       | 288     | 173     | 45      | 20      | 78,750  | 5.6    | 19.61             |
| 200%   | 2.10 | 5.00       | 288        | 105,000 | 173     | 0       | 45      | 0       | 27      | 0       | 43.2   | 0       | 288     | 173     | 45      | 27      | 105,000 | 7.5    | 21.49             |
| 250%   | 2.63 | 6.66       | 216        | 98,536  | 130     | 0       | 45      | 0       | 25      | 0       | 16     | 0       | 216     | 130     | 45      | 25      | 98,536  | 7.0    | 21.03             |
| 300%   | 3.15 | 6.66       | 216        | 118,243 | 130     | 0       | 45      | 0       | 30      | 0       | 11     | 0       | 216     | 130     | 45      | 30      | 118,243 | 8.4    | 22.43             |
| 350%   | 3.68 | 10.00      | 144        | 91,875  | 71      | 0       | 45      | 0       | 24      | 0       | 4      | 0       | 144     | 71      | 45      | 24      | 91,875  | 6.6    | 20.55             |
| 400%   | 4.20 | 10.00      | 144        | 105,000 | 67      | 0       | 45      | 0       | 27      | 0       | 5      | 0       | 144     | 67      | 45      | 27      | 105,000 | 7.5    | 21.49             |

Condition No. 2: -Basins in service

-Decant flow of

3 basins

One Basin Out of Service

3,889 gpm

| % of   | Flow | No. of     | Total      | Batch   | Fill    | React   | Fill    | Settle  | Fill    | Decant  | Fill   | ldle    | Total   | Total   | Total   | Total   | Volume  | Decant | Basin water       |
|--------|------|------------|------------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|--------|-------------------|
| Design | Rate | Cycles/day | Cycle Time | Volume  | React   |         | Settle  |         | Decant  |         | Idle   |         | Fill    | React   | Settle  | Decant  | Decant  | Depth  | Surface Elevation |
| Flow   | MGD  |            | minutes    | Gallon  | minutes | minutes | minutes | minutes | minutes | minutes | ninute | minutes | minutes | minutes | minutes | minutes | gal     | ft.    | ft                |
| 100%   | 1.05 | 5.00       | 288        | 70,000  | 144     | 0       | 45      | 0       | 18      | 0       | 81.0   | 0       | 288     | 144     | 45      | 18      | 70,000  | 5.0    | 18.99             |
| 150%   | 1.58 | 5.00       | 288        | 105,000 | 144     | 0       | 45      | 0       | 27      | 0       | 72.0   | 0       | 288     | 144     | 45      | 27      | 105,000 | 7.5    | 21.49             |
| 200%   | 2.10 | 5.00       | 288        | 140,000 | 144     | 0       | 45      | 0       | 36      | 0       | 63.0   | 0       | 288     | 144     | 45      | 36      | 140,000 | 10.0   | 23.98             |
| 250%   | 2.63 | 6.66       | 216        | 131,381 | 108     | 0       | 45      | 0       | 34      | 0       | 29     | 0       | 216     | 108     | 45      | 34      | 131,381 | 9.4    | 23.37             |
| 300%   | 3.15 | 10.00      | 144        | 105,000 | 72      | 0       | 45      | 0       | 27      | 0       | 0      | 0       | 144     | 72      | 45      | 27      | 105,000 | 7.5    | 21.49             |
| 350%   | 3.68 | 10.00      | 144        | 122,500 | 68      | 0       | 45      | 0       | 32      | 0       | -1     | 0       | 144     | 68      | 45      | 32      | 122,500 | 8.7    | 22.73             |
| 400%   | 4.20 | 10.00      | 144        | 140,000 | 63      | 0       | 45      | 0       | 36      | 0       | 0      | 0       | 144     | 63      | 45      | 36      | 140,000 | 10.0   | 23.98             |

Decant Size from Above

3,889

gpm

Project: Generation Park East WWTP

 Job Number:
 1339-012-04

 Design By:
 VHW

 Checked By:
 KP

 Date:
 2/25/2025

Description: Phase III - 2.8 MGD

350 mg / I

300 mg / I

75 mg/L

8173 lbs / day

### Final Process Calculations

### **Design Parameters**

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

 Average Design Flow
 2.8 MGD

 1,944 gpm

 Peaking Factor
 4

 Peak Flow
 11.2 MGD

 7,778 gpm

**Effluent Characteristics** 

The calculations below are based on minimum TCEQ sizing parameters but may not reflect actual treatment unit dimensions. Values shown are the minimum that will be provided.

### SBR FOUR BASIN SYSTEM

 Criteria
 Value
 Regulation Section

 Maximum Organic Loading Rate (lbs BOD5/day/1000 cu ft)
 35
 217.156(a)(6)

 Reactor MLSSS Level at normal operating level (mg/l)
 3000-5000
 217.156(a)(7)

 Min Side Water Depth (ft)
 12
 217.156(a)(9)

Aeration Volume Required 233,520 cu. ft.

Volume Provided:

SBR Cycle Time @ Desing ADF 288 min SBR Cycle Time @ Peak Flow 144 min

Length 75 ft Width 25 ft

# Tanks 9

Design Side Water Depths

24.00 ft - Design max water level at peak flow w/ all basins operating 17.44 ft - Water level at design flow w/ all basins operating

Influent BOD<sub>5</sub>

Influent BOD5

Influent NH3-N

Influent TSS

17.99 ft - Water level at design flow w/ 1 basin out of service

21.87 ft - Calculated max water level at peak flow w/ all basins operating 22.98 ft - Calculated max water level at peak flow w/ 1 basin out of service

13.00 ft - Minimum water level

Volume (w/ one basin out of service per TCEQ 217.156 (c 269,866 cu. ft.

Effective Organic Loading with

one basin out of service at design water depth

30.29 lbs BOD<sub>5</sub>/day/1000 cu. ft.

Generation Park East WWTP Project:

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Phase III - 2.8 MGD Description:

Final Process Calculations

**CHEMICAL (CHLORINE) DISINFECTION** 

Chlorination

Regulation Section Minimum Cl<sub>2</sub> Contact Time 20 minutes 217.281(b)(1) Max. Decant Rate per SBR Basins 3,889

Maximum No. of Basins Decanting at one time Chlorine basin volume required at max. decant rate 155,556 gallons

Phase I Length 58 ft Width 8 ft Depth @ design 11.5 ft Number of Basins 4 Volume Provided 159,653 gallons

Volume provided greater than or equal to required volume YES

Max. Decant Flow Rate 7,778 gpm Daily Average Flow 1,944 gpm

TCEQ min. design  $\mathrm{Cl}_2$  dose 8 mg / I 217.272(b)

2000 lbs Cylinder size

Withdrawal factor 8 (Use 1.0 for 150 # cylinder and 8.0 for 2000 # cylinders) 217.273(a)(1) Threshold Temperatures (Low Ambient Temperature?) 65 Use 65 for indoor storage 217.273(a)(1)

Capacity of chlorine disinfection system @ max. flow 747 lbs per day 217.272(a) K.1

Avg. daily chlorine usage @ average flow 187 lbs per day

Max. withdrawal rate per cylinder 520 lbs per day (Formula for vacuum systems only) 217.273(a)(1) K.2

No. of Cylinders required per bank

One bank of cylinders will last 21 days at average flow and typical chlorine usage

Project: Job Number: Design By:

Generation Park East WWTP

1339-012-04 VHW KP 2/25/2025

Checked By: Date:

Description: Phase III - 2.8 MGD

### Final Process Calculations

Digesters

TCEQ Minimum Sludge Retention Time TCEQ Min. Volatile Solids Loading Rate TCEQ Max. Volatile Solids Loading Rate

40 days 100 lb / day / 1,000 cu. ft. 200 lb / day / 1,000 cu. ft. 217.249(t)(4)(B)(Table J.2) 217.249(t)(7)(D) 217.249(t)(7)(D)

Influent BOD<sub>5</sub> 8173 lb/ day Effluent BOD<sub>5</sub> 234 lb/ day BOD<sub>5</sub> to Digester 7940 lb/ day

Volume Required from Metcalf and Eddy, "Wastewater Engineering," 4th Edition

Hydraulic Detention Time of the Aeration Basins

$$\theta \left( Gal \right) \! = \! \left( \frac{Volume \ of \ Aeration \ Basins \ in \ Gallons}{Average \ Influent \ Flow \ in \ Gallons \ / \ Day} \right) \! * 24 \, \frac{hrs}{day}$$

$$BOD_{5}utilized \left( \frac{lbs BOD_{5}}{day} \right) = Q * (S_{i} - S_{e})$$

$$\frac{\text{NH}_{3}\text{-N Utilized}}{\text{NH }_{3}\text{utilized}} \left( \text{lbs NH }_{3} \right) = \text{Q * (N }_{i} - \text{N }_{c} )$$

Hydraulic Detention Time of Aeration Basins / SBRs  $\mathsf{BOD}_5$  utilized

 $\mathrm{NH}_3$  utilized

17.30 Hours 7,940 lb BOD<sub>5</sub> / day 1,681 lb NH<sub>3</sub>-N / day

BOD<sub>5</sub> Concentration S NH<sub>3</sub>-N Concentration Ν Influent (subscript) Effluent (subscript) Q Average Design Flow

Peak Flow

Waste Sludge Flow to Digester Waste Sludge Concentration Yield Coefficient Yield Coefficient (nitrification) **Endogenous Decay Coefficent** Endogenous Decay Coeff. (nitrification)

Volatile Fraction of X MLVSS/MLSS Ratio  $S_{\text{sl}}$ Specific Gravity of Sludge Sludge Concentration in Digester X Ps Percent Solids in Digester

TSS<sub>0</sub> % of TSS that is inert Specific Weight of Water

8,500 mg/L 0.6 VSS/lb BOD<sub>5</sub> 0.15 VSS/lb NH<sub>3</sub>-N 0.06 /day 0.30 /day 0.70 0.70 1.005 <mark>25,000</mark> mg/L 2.5 50 %

8.34 lbs / gallon

M&E, 4th ed. Pg. 595  $\underline{Nitrogenous\ Yield\ Coefficient}$ 

| Typical Values  |        |        |                      |  |  |  |  |  |  |
|-----------------|--------|--------|----------------------|--|--|--|--|--|--|
| Variable        | Rai    | nge    | Source               |  |  |  |  |  |  |
| X <sub>W</sub>  | 0.8    | 2.5    | M&E, 4th ed., pg. 14 |  |  |  |  |  |  |
| Υ               | 0.4    | 0.8    | M&E, 4th ed., pg. 58 |  |  |  |  |  |  |
| Yn              | 0.04   | 0.29   | WEF MoP 8, Vol I, p  |  |  |  |  |  |  |
| k <sub>d</sub>  | 0.06   | 0.15   | M&E, 4th ed., pg. 58 |  |  |  |  |  |  |
| k <sub>dn</sub> | 0.3    | 3.0    | WEF MoP 8, Vol I, p  |  |  |  |  |  |  |
| P <sub>n</sub>  | 0.59   |        | M&E, 4th ed., pg. 14 |  |  |  |  |  |  |
| S <sub>sl</sub> | 1.005  | 1.005  | M&E, 4th ed., pg. 14 |  |  |  |  |  |  |
| X               | 15,000 | 40,000 | M&E, 4th ed., pg. 14 |  |  |  |  |  |  |
| P <sub>s</sub>  | 1.5    | 4      | M&E, 4th ed., pg. 14 |  |  |  |  |  |  |

M&E, 4th ed. Pg. 595

Carbonaceous Yield Coefficient Observed

$$Y_{c,obs} = \left(\frac{Y}{1 + k_d * \theta}\right)$$

Carbonaceous Sludge Production (MLVSS)

 $P_{x,c}$   $\begin{pmatrix} lb/day \end{pmatrix} = Y_{c,obs} * Q * (S_i - S_e) = Y_{c,obs} * BOD_5 utilized$ 

 $Y_{n,obs} = \left(\frac{Y_n}{1 + k_{dn} * \theta}\right)$ 

M&E, 4th ed. Pg. 681 Nitrogenous Sludge Production (MLVSS) M&E, 4th ed. Pg. 681

 $P_{x,n}$   $\begin{pmatrix} lb/day \end{pmatrix} = Y_{n,obs} * Q * (N_i - N_e) = Y_{n,obs} * NH_3 utilized$ 

Inert Sludge Production

M&E, 4th ed. Pg. 681

$$P_{x,i} \left( \frac{lb}{day} \right) = Q_{design} * TSS_{\%} * (TSS_i - TSS_e) * 8.34$$

Total Sludge Production

M&E, 4th ed. Pg. 682

$$P_{x} \left( \frac{lb}{day} \right) = P_{x,c} + P_{x,n} + P_{x,i}$$

Project: Generation Park East WWTP

Job Number: 1339-012-04 VHW Design By: Checked By: KP 2/25/2025 Date:

Final Process Calculations

Waste Sludge Flow to Digester

 $Q_{w} = \frac{\text{Total Sludge Production, Dry Solids}}{}$  $\rho_{\mathsf{w}} S_{sl} P_{s}$ 

M&E, 4th ed. Pg. 1458

Required Volume

M&E, 4th ed. Pg. 1537

Phase III - 2.8 MGD

$$V(Gal) = \left(\frac{Q_W}{X}\right) \left| \frac{(X_W + Y * S_i)}{k_d * P_n + \frac{1}{SRT}} \right|$$

Y<sub>c,obs</sub> Carbonaceous Yield Coefficient

Carbonaceous Sludge Production

Nitrogenous Yield Coefficient  $Y_{n,obs}$ Nitrogenous Sludge Production  $P_{x,n}$ 

Inert Sludge Production (TSS), Dry Solids

Total Sudge Production, Volatile Solids Volatile Solids Loading Rate

Total Sudge Production, Dry Solids Q<sub>W</sub> Waste Sludge Flow to Digester

Digester Volume Required

Volume Provided:

25 ft Length Width 40 ft SWD 12.5 # Tanks Volume 50,000 cu. ft.

Total Digester Vol. available Volume greater than required

Description:

0.58

4,566 lb / day (MLVSS)

6,523 lb / day (MLSS)

0.12

207.36 lb / day (MLVSS)

296.22 lb / day (MLSS) 3328 lb / day

4774 lb / day

95 lb / day / 1,000 cu. ft.

11593 lb / day 55,326 gallons / day

287,695 gallons 38,462 cu. ft.

50,000 cu. ft. YES

IDS Engineering Group Project: Job Number: Design By: Checked By: Date: Generation Park East WWTP 1339-012-04 VHW KP 2/25/2025

Phase III - 2.8 MGD Description:

| Final Process Calculations                                                                                                                             |                                                                                                                               |                                                                                                                                                     |                                                                                                              |                                                                                                                                                          |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Air Requirem                                                                                                                                           | ents                                                                                                                          |                                                                                                                                                     |                                                                                                              |                                                                                                                                                          |  |  |  |  |  |
| Air requirement Air requirement Air requirement Air requirement Minimum mixin Diffuser transf Design Submet Diffuser Submet Number of Badesign Aeratic | ia  nts for SBR ba  nts for digester  nts for post aei  ng requiremen  er efficiency  ergence  nergence Corre  sins, with one | rs ration ts                                                                                                                                        | Value 2.12 lb oxyge 30 SCFM / 10 SCFM / 0.12 SCFM /s 11.7% (In waste 17.44 feet 0.76 @ desig 8 0.50 days/bas | 1000 cu. ft. 217.249(d)(1)(C)*** 1000 cu. ft. not regulated by TCEQ sq. ft. 217.155 (b)(3)(B) ewater) 217.155 (b)(2)(B)  In flow depth 217.155 (b)(2)(D) |  |  |  |  |  |
| Corrected Air  = {(lb (T.E.)  Minimum Air F Corre                                                                                                      | Flowrate @ Do<br>BOD)*(lb Oxy<br>(lb Oxygen / l<br>Flowrate @ De<br>cted Air Flow l                                           | esign Submergence = gen / Ib BOD)} * Correction Factor b air) (Ib air / cu. ft.) (min / day) sign Aeration Time Per Basin = Rate ne X No. of Basins | 4557 SCFM<br>1139 SCFM                                                                                       | 217.155 (b)(2)(C)                                                                                                                                        |  |  |  |  |  |
| Verify mixing r                                                                                                                                        | equirements:                                                                                                                  |                                                                                                                                                     | 0.27 OK                                                                                                      |                                                                                                                                                          |  |  |  |  |  |
| Provide                                                                                                                                                | 9                                                                                                                             | SBR Blowers @                                                                                                                                       | 1139 SCFM                                                                                                    | each (1 per basin w/ 1 standby)                                                                                                                          |  |  |  |  |  |
| Maximum wate<br>Pressure loss<br>Pressure @ b                                                                                                          | in piping                                                                                                                     | diffuser                                                                                                                                            | 25 feet top of SBR basin minus 1 ft for hieght of dif 0.7 psi 11.3 psi                                       |                                                                                                                                                          |  |  |  |  |  |
| Air required fo                                                                                                                                        | r digesters:                                                                                                                  |                                                                                                                                                     | 1500 SCFM                                                                                                    |                                                                                                                                                          |  |  |  |  |  |
| Provide                                                                                                                                                | 5                                                                                                                             | Digester Blowers @                                                                                                                                  | 375 SCFM<br>213 SCFM                                                                                         | each (1 per basin w/ 1 standby)                                                                                                                          |  |  |  |  |  |
| Air required fo                                                                                                                                        | ı post aeratior                                                                                                               |                                                                                                                                                     | Z 13 SCFW                                                                                                    |                                                                                                                                                          |  |  |  |  |  |
| Provide                                                                                                                                                | 4                                                                                                                             | Post-Air Blower(s) @                                                                                                                                | 53 SCFM                                                                                                      |                                                                                                                                                          |  |  |  |  |  |

IDS Engineering Group

Project: Generation Park East WWTP

Job Number:

Design By: VHW Checked By: ΚP 2/25/2025 Date:

Description: Phase III- 2.8 MGD

### Final Process Calculations

Decanter Sizing Per TCEQ Chapter 217.156(b)(8), requiring the decant system to accommodate the design flow with a constant cycle time with the largest tank out of service

<u>Basin Dimentions</u> <u>Width</u> 25 feet Length Min SWD Max SWD 75 feet 14 feet 24.5 feet

Condition No. 1: -Basins in service

basins

All Basins in Service

-Decant flow of

3,889 gpm

| % of   | Flow  | No. of     | Total      | Batch   | Fill    | React   | Fill    | Settle  | Fill    | Decant  | Fill   | ldle    | Total   | Total   | Total   | Total   | Volume  | Decant | Basin water       |
|--------|-------|------------|------------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|--------|-------------------|
| Design | Rate  | Cycles/day | Cycle Time | Volume  | React   |         | Settle  |         | Decant  |         | Idle   |         | Fill    | React   | Settle  | Decant  | Decant  | Depth  | Surface Elevation |
| Flow   | MGD   |            | minutes    | Gallon  | minutes | minutes | minutes | minutes | minutes | minutes | ninute | minutes | minutes | minutes | minutes | minutes | gal     | ft.    | ft                |
| 100%   | 2.80  | 5.00       | 288        | 62,222  | 173     | 0       | 45      | 0       | 16      | 0       | 54.2   | 0       | 288     | 173     | 45      | 16      | 62,222  | 4.4    | 18.44             |
| 150%   | 4.20  | 5.00       | 288        | 93,333  | 173     | 0       | 45      | 0       | 24      | 0       | 46.2   | 0       | 288     | 173     | 45      | 24      | 93,333  | 6.7    | 20.65             |
| 200%   | 5.60  | 5.00       | 288        | 124,444 | 173     | 0       | 45      | 0       | 32      | 0       | 38.2   | 0       | 288     | 173     | 45      | 32      | 124,444 | 8.9    | 22.87             |
| 250%   | 7.00  | 6.66       | 216        | 116,783 | 130     | 0       | 45      | 0       | 30      | 0       | 11     | 0       | 216     | 130     | 45      | 30      | 116,783 | 8.3    | 22.33             |
| 300%   | 8.40  | 6.66       | 216        | 140,140 | 130     | 0       | 45      | 0       | 36      | 0       | 5      | 0       | 216     | 130     | 45      | 36      | 140,140 | 10.0   | 23.99             |
| 350%   | 9.80  | 10.00      | 144        | 108,889 | 71      | 0       | 45      | 0       | 28      | 0       | 0      | 0       | 144     | 71      | 45      | 28      | 108,889 | 7.8    | 21.76             |
| 400%   | 11.20 | 10.00      | 144        | 124,444 | 67      | 0       | 45      | 0       | 32      | 0       | 0      | 0       | 144     | 67      | 45      | 32      | 124,444 | 8.9    | 22.87             |

Condition No. 2: -Basins in service

-Decant flow of

8 basins

One Basin Out of Service

3,889 gpm

| % of   | Flow  | No. of     | Total      | Batch   | Fill    | React   | Fill    | Settle  | Fill    | Decant  | Fill   | ldle    | Total   | Total   | Total   | Total   | Volume  | Decant | Basin water       |
|--------|-------|------------|------------|---------|---------|---------|---------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|--------|-------------------|
| Design | Rate  | Cycles/day | Cycle Time | Volume  | React   |         | Settle  |         | Decant  |         | Idle   |         | Fill    | React   | Settle  | Decant  | Decant  | Depth  | Surface Elevation |
| Flow   | MGD   |            | minutes    | Gallon  | minutes | minutes | minutes | minutes | minutes | minutes | ninute | minutes | minutes | minutes | minutes | minutes | gal     | ft.    | ft                |
| 100%   | 2.80  | 5.00       | 288        | 70,000  | 144     | 0       | 45      | 0       | 18      | 0       | 81.0   | 0       | 288     | 144     | 45      | 18      | 70,000  | 5.0    | 18.99             |
| 150%   | 4.20  | 5.00       | 288        | 105,000 | 144     | 0       | 45      | 0       | 27      | 0       | 72.0   | 0       | 288     | 144     | 45      | 27      | 105,000 | 7.5    | 21.49             |
| 200%   | 5.60  | 5.00       | 288        | 140,000 | 144     | 0       | 45      | 0       | 36      | 0       | 63.0   | 0       | 288     | 144     | 45      | 36      | 140,000 | 10.0   | 23.98             |
| 250%   | 7.00  | 6.66       | 216        | 131,381 | 108     | 0       | 45      | 0       | 34      | 0       | 29     | 0       | 216     | 108     | 45      | 34      | 131,381 | 9.4    | 23.37             |
| 300%   | 8.40  | 6.66       | 216        | 157,658 | 108     | 0       | 45      | 0       | 41      | 0       | 23     | 0       | 216     | 108     | 45      | 41      | 157,658 | 11.2   | 25.24             |
| 350%   | 9.80  | 10.00      | 144        | 122,500 | 68      | 0       | 45      | 0       | 32      | 0       | 0      | 0       | 144     | 68      | 45      | 32      | 122,500 | 8.7    | 22.73             |
| 400%   | 11.20 | 10.00      | 144        | 140,000 | 63      | 0       | 45      | 0       | 36      | 0       | 0      | 0       | 144     | 63      | 45      | 36      | 140,000 | 10.0   | 23.98             |

Decant Size from Above

3,889

gpm

**ATTACHMENT NO. 17** 

**FIRM PANEL** 



#### NOTES TO USERS

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

To obtain more detailed information in areas where Base Flood Elevation (BFEal andler Readways have been determined, users are encouraged to consult with relief Preliate and Floodways base black contained within the Flood feature of the Proof feature of the Pro

Coestal Base Flood Elevation (BFEs) shown on this map apply only land-ward of 0.0" North American Versical Datum MAVDI. Liters of this FIRM should be aware that coasts! flood elevations may also be provided in the Summary of Stillwater Devations table in the Food Insurance Study report for this community. Eventions shown in this community. Eventions shown in this Summary of Stillwater Elevations table with Summary of Stillwater Elevations table with Summary of Stillwater Elevations table when the community of the Study are flight than the elevations shown on the FIRM.

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

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

The projection used in the preparation of this map is Universal Tranverse Mercator (LTM) zone 15. The herizontal datum is NAUSS, GRS1805 to the production of PRIMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences one raffect the accuracy of the PRIMs

Spatial Reference System Division National Geodetic Survey, NOAA Silver Spring Metro Center 1315 East-West Highway Silver Spring, Meryland 20910 (301) 713-3242

To obtain current elevation, description, and/or location information for bench marks shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit their website at

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

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

An accompanying Flood Insurance Study report, Letters of Map Revision or Letters of Map Amendment revising portions of this panel, and digital versions of this PANEL may be available. Contact the FERMA Map Service Center at the following phone numbers and Internet address for information on all related products available from FBIAA.

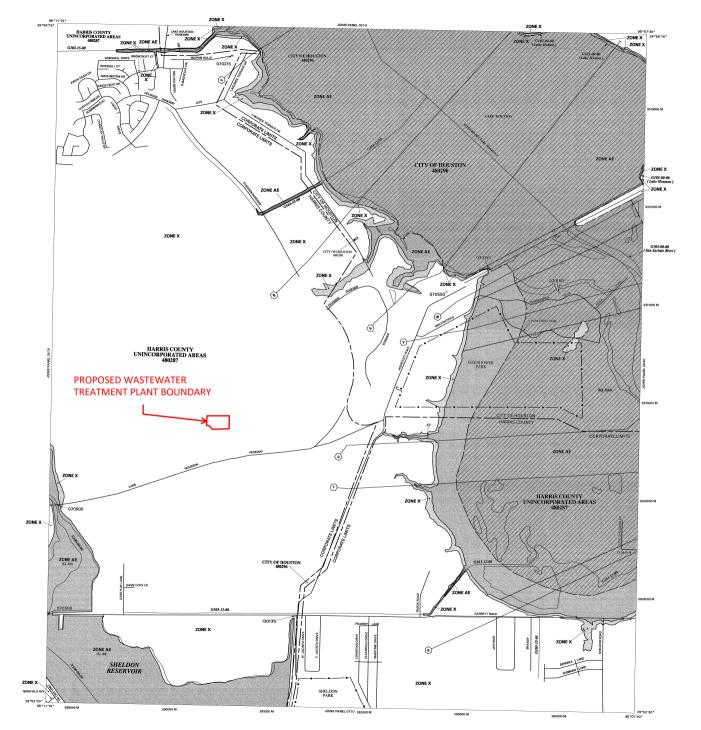
Phone: 800-358-9616 FAX: 800-358-9620 www.fema.gov/msc

If you have questions about this map or questions concerning the National Flood insurance Program in general, please call 1.877-FEMA-MAP (1-877-336-2627) or visit the FEMA website at www.fema.gov.

This map reflects more detailed and up-to-date stream channel configurations than those shown on the previous FRIM for this jurisdiction. The floodplains and floodways that were transferred from the previous FRIM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report may reflect stream channel distances that differ from what is shown on this may.

#### Vertical Datum Adjustment due to subsidence is the 2001 adjustment.

Benchmarks shown on this map were provided by either Harris County or the National Geodetic Survey. To obtain elevation, description, and location information for benchmarks provided by Harris County, please contact the Permits Office of the Public Infrastructure Department at 17/13 956-3000 or wist their websites at https://www.npp.hctx.net/permits. For information regarding the benchmarks provided by the National Geodetic Survey please see note above.



#### LEGEND

SPECIAL FLOOD HAZARD AREAS SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD EVENT

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Rood Hazard Area is the area subspect to flooding by the 1% arranged chance flood. Areas of Spocial Flood Hazard includes Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Rood Bevation in the water surface devastion of the 1% areautic alternative.

ZONE A

ZONE AH

Flood depths of 1 to 3 feet (usually areas of ponding); base floo elevations determined

//// FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encrosehment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

OTHER FLOOD AREAS

~~~~£12~~~~

(23)-----(23)

97*07'30*, 32*22'30*

ZONE D Areas in which flood hazards are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

Zone D boundary

Base Flood Elevation line and value: elevation in feet

(EL 987)

Cross Section Line

Geographic coordinates refere Datum of 1983 (NAD 83)

600000 FT

• M1.5

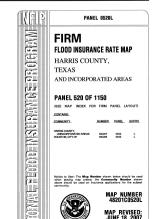
MAP REPOSITORY Refer to Repository Listing on Index Map EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP

SEPTEMBER 28, 1990

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

change base flood alevations, to add sp cial flood hazard areas, to change zone information and to have flood

40 MAP SCALE 1" = 1000" 500 0 1000 2000 FEET

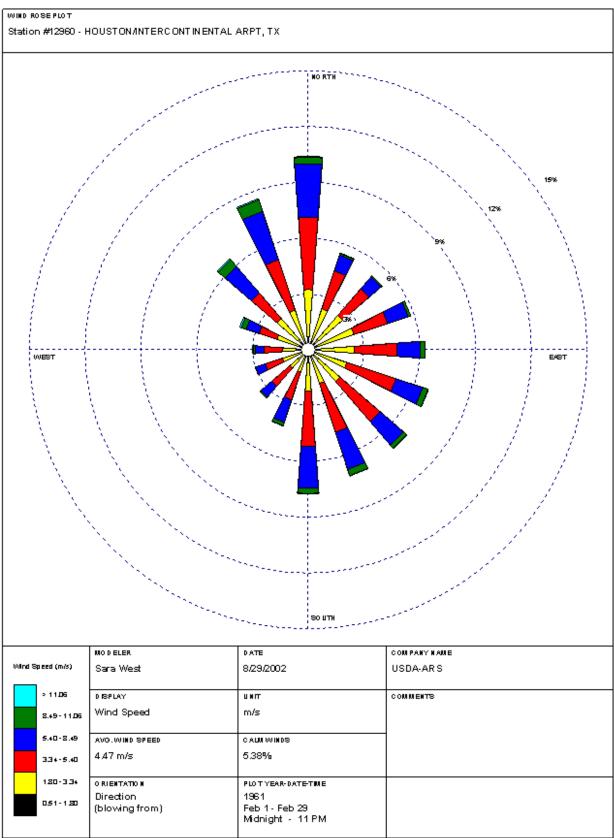


Federal Emergency Management Agency

ATTACHMENT NO. 18

WIND ROSE





ATTACHMENT NO. 19

SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN



Technical Report 1.1 Section 7. Sewage Sludge Solids Management Plan

Interim I Phase - Capacity of Digester

Design Flow **0.12** MGD Influent Flow

Minimum Retention Time 40 days
Digester Volume 5,040 ft³

Digester Dimensions 2 @ 20' length x 12' width x 10.5' SWD

Side Water Depth 10.5 ft.

Digester Sludge Retention Time 40 days

CBOD5 Removal Influent concentration 350.0 mg/l

Effluent concentration 10.0 mg/l Net removal 340.0 mg/l

| Solids Generated | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|--|-----------|----------|----------|----------|
| Pounds BOD5/day removed | 340 | 255 | 170 | 85 |
| Pounds of dry sludge produced* | 116 | 87 | 58 | 29 |
| Pounds of wet sludge produced** | 4,628 | 3,471 | 2,314 | 1,157 |
| Volume of wet sludge produced in gals. | 556 | 417 | 278 | 139 |
| Volume of wet sludge produced in ft ³ | 74 | 56 | 37 | 19 |

^{*}Assuming 0.340 pounds of dry sludge produced per pound of BOD5 removed.

MLSS operating range = 3000 mg/l

Settled sludge from the clarifier will be wasted to the digesters. At the digesters, the sludge is further thickened by decanting mechanisms.

| Removal Schedule (days) | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|-----------------------------|-----------|----------|----------|----------|
| Days between sludge removal | 68 | 90 | 136 | 271 |

After thickening, the sludge is periodically transported by Magna Flow Environmental (Hauler Registration #21484) to the Mt. Houston Road WWTP Sludge Processing Site (TCEQ Permit No. 0011154001).

^{**}Assuming 2.5% solids.

Technical Report 1.1 Section 7. Sewage Sludge Solids Management Plan

Interim II Phase - Capacity of Digester

Design Flow 1.05 MGD Influent Flow

Minimum Retention Time 40 days
Digester Volume 15,120 ft³

Digester Dimensions 2 @ 60' length x 12' width x 10.5' SWD

Side Water Depth

Digester Sludge Retention Time

10.5 ft.

40 days

CBOD5 RemovalInfluent concentration350.0 mg/lEffluent concentration10.0 mg/l

Net removal 340.0 mg/l

| Solids Generated | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|--|-----------|----------|----------|----------|
| Pounds BOD5/day removed | 2,977 | 2,233 | 1,489 | 744 |
| Pounds of dry sludge produced* | 1,012 | 759 | 506 | 253 |
| Pounds of wet sludge produced** | 40,492 | 30,369 | 20,246 | 10,123 |
| Volume of wet sludge produced in gals. | 4,867 | 3,650 | 2,433 | 1,217 |
| Volume of wet sludge produced in ft ³ | 651 | 488 | 325 | 163 |

^{*}Assuming 0.340 pounds of dry sludge produced per pound of BOD5 removed.

MLSS operating range = 3,000-5,000 mg/l

Settled sludge from the clarifier will be wasted to the digesters. At the digesters, the sludge is further thickened by decanting mechanisms.

| Removal Schedule (days) | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|-----------------------------|-----------|----------|----------|----------|
| Days between sludge removal | 23 | 31 | 46 | 93 |

After thickening, the sludge is periodically transported by Magna Flow Environmental (Hauler Registration #21484) to the Mt. Houston Road WWTP Sludge Processing Site (TCEQ Permit No. 0011154001).

^{**}Assuming 2.5% solids.

Technical Report 1.1 Section 7. Sewage Sludge Solids Management Plan

Ultimate Phase - Capacity of Digester

Design Flow 2.80 MGD Influent Flow

Minimum Retention Time 40 days
Digester Volume 50,000 ft³

Digester Dimensions 4 @ 25' length x 40' width x 12.5' SWD

Side Water Depth 12.5 ft.
Digester Sludge Retention Time 40 days

CBOD5 Removal Influent concentration 350.0 mg/l

Effluent concentration 10.0 mg/l
Net removal 340.0 mg/l

| Solids Generated | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|--|-----------|----------|----------|----------|
| Pounds BOD5/day removed | 7,940 | 5,955 | 3,970 | 1,985 |
| Pounds of dry sludge produced* | 2,699 | 2,025 | 1,350 | 675 |
| Pounds of wet sludge produced** | 107,980 | 80,985 | 53,990 | 26,995 |
| Volume of wet sludge produced in gals. | 12,978 | 9,734 | 6,489 | 3,245 |
| Volume of wet sludge produced in ft ³ | 1,735 | 1,301 | 867 | 434 |

^{*}Assuming 0.340 pounds of dry sludge produced per pound of BOD5 removed.

MLSS operating range = 3,000-5,000 mg/l

Settled sludge from the clarifier will be wasted to the digesters. At the digesters, the sludge is further thickened by decanting mechanisms.

| Removal Schedule (days) | 100% Flow | 75% Flow | 50% Flow | 25% Flow |
|-----------------------------|-----------|----------|----------|----------|
| Days between sludge removal | 29 | 38 | 58 | 115 |

After thickening, the sludge is periodically transported by Magna Flow Environmental (Hauler Registration #21484) to the Mt. Houston Road WWTP Sludge Processing Site (TCEQ Permit No. 0011154001).

^{**}Assuming 2.5% solids.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

| Continue 1 Demostic Driving Water Cumply (Instructions Dego 62) |
|---|
| Section 1. Domestic Drinking Water Supply (Instructions Page 63) |
| Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge? |
| □ Yes ⊠ No |
| If no , proceed it Section 2. If yes , provide the following: |
| Owner of the drinking water supply: N/A |
| Distance and direction to the intake: N/A |
| Attach a USGS map that identifies the location of the intake. |
| Attachment: <u>N/A</u> |
| Section 2. Discharge into Tidally Affected Waters (Instructions Page 63) |
| Does the facility discharge into tidally affected waters? |
| □ Yes ⊠ No |
| If no , proceed to Section 3. If yes , complete the remainder of this section. If no, proceed to Section 3. |
| A. Receiving water outfall |
| Width of the receiving water at the outfall, in feet: $\underline{N/A}$ |
| 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). |
| N/A |
| 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). |
| N/A |

Classified Segments (Instructions Page 63) Is the discharge directly into (or within 300 feet of) a classified segment? Yes ⊠ No If yes, this Worksheet is complete. **If no**, complete Sections 4 and 5 of this Worksheet. Section 4. **Description of Immediate Receiving Waters (Instructions Page 63)** Name of the immediate receiving waters: Click to enter text. A. Receiving water type Identify the appropriate description of the receiving waters. Stream Freshwater Swamp or Marsh Lake or Pond Surface area, in acres: <u>0.77 ac</u> Average depth of the entire water body, in feet: 3.3 ft Average depth of water body within a 500-foot radius of discharge point, in feet: 3.3 ft 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.

Section 3.

| | List the names of all perennial streams that join the receiving water within thre downstream of the discharge point. | ee miles | | | | | |
|----|--|-------------|--|--|--|--|--|
| | None | | | | | | |
| D. | D. Downstream characteristics | | | | | | |
| | Do the receiving water characteristics change within three miles downstream o discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)? | f the | | | | | |
| | ⊠ Yes □ No | | | | | | |
| | If yes, discuss how. | | | | | | |
| | At approximately 1.5 miles downstream of the discharge point, the receiving water characteristics transition from a series of man-made detention basins and channels co by reinforced concrete box culverts to the natural watershed of the San Jacinto River. | nnected | | | | | |
| Е. | E. Normal dry weather characteristics | | | | | | |
| | Provide general observations of the water body during normal dry weather conditions. | | | | | | |
| | The detention pond does not yet exist. It will be excavated and connected to a series of existing detention basins before construction of the proposed WWTP and outfall. | | | | | | |
| | Date and time of observation: <u>2/10/2025</u> , <u>3:00 pm</u> | | | | | | |
| | Was the water body influenced by stormwater runoff during observations? | | | | | | |
| | □ Yes ⊠ No | | | | | | |
| Se | Section 5. General Characteristics of the Waterbody (Instruct
Page 65) | ions | | | | | |
| ٨ | A. Upstream influences | | | | | | |
| Λ. | Is the immediate receiving water upstream of the discharge or proposed discharge influenced by any of the following? Check all that apply. | arge site | | | | | |
| | ☐ Oil field activities ☐ Urban runoff | | | | | | |
| | ☐ Upstream discharges ☐ Agricultural runoff | | | | | | |
| | ☐ Septic tanks ☐ Other(s), specify: <u>immediate reconfidence</u> Other(s), specify: <u>immediate reconfidence</u> | eiving wate | | | | | |

C. Downstream perennial confluences

B. Waterbody uses Observed or evidences of the following uses. Check all that apply. Livestock watering Contact recreation Irrigation withdrawal Non-contact recreation **Fishing Navigation** Domestic water supply Industrial water supply Park activities \boxtimes Other(s), specify: does not yet exist C. Waterbody aesthetics Check one of the following that best describes the aesthetics of the receiving water and the surrounding area. Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored Common Setting: not offensive; developed but uncluttered; water may be colored or turbid Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

| Section 1. General information (instructions Page 65) |
|---|
| Date of study: <u>February 10, 2025</u> Time of study: <u>3:00 pm</u> |
| Stream name: <u>N/A</u> |
| Location: <u>29.8997, -95.1696</u> |
| Type of stream upstream of existing discharge or downstream of proposed discharge (check one). |
| \square Perennial \square Intermittent with perennial pools |
| Section 2. Data Collection (Instructions Page 65) |
| Number of stream bends that are well defined: <u>N/A</u> |
| Number of stream bends that are moderately defined: <u>N/A</u> |
| Number of stream bends that are poorly defined: <u>N/A</u> |
| Number of riffles: N/A |
| Evidence of flow fluctuations (check one): |
| □ Minor □ moderate □ severe |
| Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification. |
| Detention pond has not yet been cleared or excavated. Excavation will occur prior to construction of the proposed WWTP and outfall. |
| |
| |

Stream transects

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

Table 2.1(1) - Stream Transect Records

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

Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: N/A

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): N/A

Length of stream evaluated, in feet: N/A

Number of lateral transects made: N/A

Average stream width, in feet: N/A

Average stream depth, in feet: N/A

Average stream velocity, in feet/second: N/A

Instantaneous stream flow, in cubic feet/second: $\underline{N/A}$

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): N/A

Size of pools (large, small, moderate, none): N/A

Maximum pool depth, in feet: N/A

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: o

Average Daily Flows, in MGD: N/A

Significant IUs – non-categorical:

Number of IUs: o

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: o

Average Daily Flows, in MGD: N/A

B. Treatment plant interference

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

□ Yes ⊠ No

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

| N <u>/A</u> | | | |
|-------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | In the past three years, has your POTW experienced pass through (see instructions)? | | | | | | |
|----|---|--|--|--|--|--|--|
| | □ Yes ⊠ No | | | | | | |
| | If yes , identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through. | | | | | | |
| | N <u>/A</u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| D. | Pretreatment program | | | | | | |
| | Does your POTW have an approved pretreatment program? | | | | | | |
| | □ Yes ⊠ No | | | | | | |
| | If yes, complete Section 2 only of this Worksheet. | | | | | | |
| | Is your POTW required to develop an approved pretreatment program? | | | | | | |
| | □ Yes ⊠ No | | | | | | |
| | If yes, complete Section 2.c. and 2.d. only, and skip Section 3. | | | | | | |
| | If no to either question above , skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user. | | | | | | |
| Se | ction 2. POTWs with Approved Programs or Those Required to | | | | | | |
| | Develop a Program (Instructions Page 87) | | | | | | |
| A. | Substantial modifications | | | | | | |
| | Have there been any substantial modifications to the approved pretreatment program that have not been submitted to the TCEQ for approval according to <i>40 CFR §403.18</i> ? | | | | | | |
| | □ Yes ⊠ No | | | | | | |
| | If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification. | | | | | | |
| | N <u>/A</u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

C. Treatment plant pass through

| | en any non-substantial
have not been submitte | | | |
|-------------------|---|-----|-----------------|-----------------------|
| □ Yes [| ⊠ No | | | |
| | all non-substantial mopurpose of the modific | | have not been | submitted to TCEQ, |
| N <u>/A</u> | | | | |
| C. Effluent para | meters above the MAL | | | |
| monitoring du |), list all parameters me
aring the last three year
ameters Above the MAL | | | |
| Pollutant | Concentration | MAL | Units | Date |
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
|). Industrial use | er interruptions | | , | , |
| | CIU, or other IU caused or pass throughs) at yo | | | |
| □ Yes [| ⊠ No | | | |
| | y the industry, describens, and probable pollut | | ncluding dates, | duration, description |
| N <u>/A</u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

B. Non-substantial modifications

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

| | Company Name: <u>N/A</u> |
|----|--|
| | SIC Code: Click to enter text. |
| | Contact name: Click to enter text. |
| | Address: Click to enter text. |
| | City, State, and Zip Code: <u>Click to enter text.</u> |
| | Telephone number: <u>Click to enter text.</u> |
| | Email address: Click to enter text. |
| B. | Process information |
| | Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater). |
| | N <u>/A</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| C. | Product and service information |
| C. | Product and service information Provide a description of the principal product(s) or services performed. |
| C. | |
| C. | Provide a description of the principal product(s) or services performed. |
| C. | Provide a description of the principal product(s) or services performed. |
| C. | Provide a description of the principal product(s) or services performed. |
| C. | Provide a description of the principal product(s) or services performed. |
| C. | Provide a description of the principal product(s) or services performed. |
| | Provide a description of the principal product(s) or services performed. N/A |
| | Provide a description of the principal product(s) or services performed. N/A Flow rate information |
| | Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." |
| | Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: |
| | Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: Discharge, in gallons/day: N/A |
| | Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: Discharge, in gallons/day: N/A Discharge Type: Continuous Batch Intermittent |
| | Provide a description of the principal product(s) or services performed. N/A |
| | Provide a description of the principal product(s) or services performed. N/A Flow rate information See the Instructions for definitions of "process" and "non-process wastewater." Process Wastewater: Discharge, in gallons/day: N/A Discharge Type: □ Continuous □ Batch □ Intermittent Non-Process Wastewater: Discharge, in gallons/day: N/A |
| | Provide a description of the principal product(s) or services performed. N/A |

| E. | Pretreatment standards |
|----|---|
| | Is the SIU or CIU subject to technically based local limits as defined in the <i>i</i> nstructions? |
| | □ Yes ⊠ No |
| | Is the SIU or CIU subject to categorical pretreatment standards found in <i>40 CFR Parts 405-471</i> ? |
| | □ Yes ⊠ No |
| | If subject to categorical pretreatment standards , indicate the applicable category and subcategory for each categorical process. |
| | Category: Subcategories: <u>N/A</u> |
| | Click or tap here to enter text. Click to enter text. |
| | Category: Click to enter text. |
| | Subcategories: Click to enter text. |
| | Category: Click to enter text. |
| | Subcategories: Click to enter text. |
| | Category: Click to enter text. |
| | Subcategories: <u>Click to enter text.</u> |
| | Category: Click to enter text. |
| | Subcategories: <u>Click to enter text.</u> |
| F. | Industrial user interruptions |
| | Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years? |
| | □ Yes ⊠ No |
| | If yes , identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants. |
| | N <u>/A</u> |
| | |
| | |
| | |
| | |
| | |