



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

Forestar (USA) Real Estate Group Inc. (CN603055799) proposes to operate Wildbloom WWTP (RN112234075), an activated sludge process plant operated in conventional mode. The facility will be located at 2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd, in Beasley, Fort Bend County, Texas 77417. This application is for a new permit to discharge at an annual average flow of 250,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. The domestic wastewater will be treated by screening, aeration digestion, secondary clarification, and chlorination.

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

TCEQ-20972 (11/08/2024)

Wastewater Individual Permit Application, Plain Language Template

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

Forestar (USA) Real Estate Group Inc. (CN603055799) propone operar Wildbloom WWTP RN112234075, una planta de proceso de lodos activados operada en modo convencional. La instalación estará ubicada en 2,000 pies al norte oeste de la interseccion de Hopkins Rd y Grunwald Rd, en Houston, Condado de Fort Bend, Texas 77417. Esta solicitud es para nuevo permiso para descargar a un flujo promedio anual de 250,000 galones por dia de aguas residuales domesticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Las aguas residuales domesticas. estará tratado por cribado, digestion por aireacion, clarificacion secundaria y cloracion.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0016829001

APPLICATION. Forestar (USA) Real Estate Group Inc., 3355 West Alabama Street, Suite 700, Houston, Texas 77098, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016829001 (EPA I.D. No. TX0148016) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 250,000 gallons per day. The domestic wastewater treatment facility will be located approximately 2,000 feet northwest of the intersection of Grunwald Road and Hopkins Road, near the city of Beasley, in Fort Bend County, Texas 77417. The discharge route will be from the plant site via pipe to a ditch, thence to Snake Creek, thence to San Bernard River Above Tidal. TCEQ received this application on June 18, 2025. The permit application will be available for viewing and copying at George Memorial Library, 1001 Golfview Drive, Richmond, in Fort Bend County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.947969,29.497539&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at:

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

El aviso de idioma alternativo en español está disponible en

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Forestar (USA) Real Estate Group Inc. at the address stated above or by calling Mr. Jason Schultz, P.E., GFT, at 713-527-6487.

Issuance Date: July 22, 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. WQ0016829001

SOLICITUD. Forestar (USA) Real Estate Group Inc., 3355 West Alabama Street, Suite 700, Houston, Texas 77098, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016829001 (EPA I.D. No. TX0148016) 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 250,000 galones por día. La planta estará ubicada aproximadamente 2.000 pies al noroeste de la intersección de Grunwald Road y Hopkins Road, cerca de la ciudad de Beasley en el Condado de Fort Bend, Texas 77417. La ruta de descarga estará del sitio de la planta vía tubería a una zanja, de allí a Snake Creek, de allí al río San Bernard por encima de la marea. La TCEQ recibió esta solicitud el 18 de junio de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en George Memorial Library, 1001 Golfview Drive, Richmond en el Condado de Fort Bend, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.947969,29.497539&level=18>

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ

realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas

correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del Forestar (USA) Real Estate Group Inc. a la dirección indicada arriba o llamando a Señor Jason Schultz, P.E., GFT, al 713-527-6487.

Fecha de emisión: 22 de julio de 2025

Leah Whallon

From: McConathy, James P. <jmconathy@gftinc.com>
Sent: Thursday, July 10, 2025 4:31 PM
To: Leah Whallon
Cc: Schultz, Jason W.
Subject: RE: Application for Proposed Permit No. WQ0016829001; Forestar (USA) Real Estate Group Inc.; Wildbloom WWTP
Attachments: Municipal Discharge New Spanish NORI.docx; LABEL Avery 5160 Mailing.docx; WQ0016829001 Application.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Leah,

Please see the attached requested NORI translation, mailing labels, and revised application. Please let me know if the file is too large and I will resend as individual pages or a link.

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmconathy@gftinc.com

C: 713-865-1693 | D: 713-527-6368 | O: 713-527-9570

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Ingenuity That Shapes Lives™

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Thursday, June 26, 2025 3:29 PM
To: McConathy, James P. <jmconathy@gfnet.com>
Cc: Schultz, Jason W. <jschultz@gfnet.com>
Subject: Application for Proposed Permit No. WQ0016829001; Forestar (USA) Real Estate Group Inc.; Wildbloom WWTP

[EXTERNAL EMAIL]: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon,

Please see the attached Notice of Deficiency letter dated June 26, 2025 requesting additional information needed to declare the application administratively complete. Please send the complete response by July 10, 2025.

Please let me know if you have any questions.

Thank you,



Leah Whallon

Texas Commission on Environmental Quality

Water Quality Division

512-239-0084

leah.whallon@tceq.texas.gov

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



June 13, 2025

Executive Director
Applications Review and Processing Team (MC148)
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, TX 78753

**Re: Domestic Wastewater Permit Application (New)
Forestar (Applicant)**

To whom it may concern:

Please find attached one original and three copies of the Domestic Wastewater Discharge Permit Application for a TPDES Permit. Check No. 3371856 in the amount of \$1,250.00 for the application fee has been sent under separate cover to the Financial Administration Division with a copy attached to this application.

If you have any questions or require additional information, please do not hesitate to call 713-527-6368 or e-mail at JMcConathy@gfnet.com

Sincerely,

GFT

T.B.P.E. Firm Registration #1800

A handwritten signature in blue ink, appearing to read 'James McConathy'.

James McConathy, P.E.
Project Manager

**TEXAS COMMISSION
ON
ENVIRONMENTAL QUALITY**

**DOMESTIC WASTEWATER PERMIT
APPLICATION
(NEW)**

**DELIVERED TO: Texas Commission on Environmental Quality
Application Review and Processing Team
Building F, Room 2101
12100 Park 35 Circle
Austin, TX 78753**

**SUBMITTED BY: GFT
3100 West Alabama
Houston, TX 77098**

DEC Job No. 5506-52

ON BEHALF OF: Forestar

JUNE 2025

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ATTACHMENTS



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Forestar (USA) Real Estate Group Inc.

PERMIT NUMBER (If new, leave blank): WQ0016829001

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

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

For TCEQ Use Only

Segment Number _____ County _____
 Expiration Date _____ Region _____
 Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number: 371856
 Check/Money Order Amount: \$1,250.00
 Name Printed on Check: Texas Commission on Environmental Quality

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes

Section 2. Type of Application (Instructions Page 26)

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

- Publicly Owned Domestic Wastewater
- Privately-Owned Domestic Wastewater
- Conventional Water Treatment

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

- Active Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

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

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

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

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

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

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

Forestar (USA) Real Estate Group Inc.

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

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

CN: 603055799

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

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

Last Name, First Name: Williamson, David

Title: Vice 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?

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

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: McConathy, James
Title: Engineer Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 West Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6368 E-mail Address: jmconathy@gfnet.com
Check one or both: Administrative Contact Technical Contact

B. Prefix: Mr. Last Name, First Name: Schultz, Jason
Title: Project Manager Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6487 E-mail Address: jschultz@gfnet.com
Check one or both: Administrative Contact Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: McConathy, James
Title: Engineer Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 West Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6368 E-mail Address: jmconathy@gfnet.com

B. Prefix: Mr. Last Name, First Name: Schultz, Jason
Title: Project Manager Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6487 E-mail Address: jschultz@gfnet.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Williamson, David
Title: Vice President Credential: Click to enter text.
Organization Name: Forestar (USA) Real Estate Group Inc.
Mailing Address: 3355 W Alabama, Suite 700 City, State, Zip Code: Houston, TX 77098
Phone No.: 713-221-7919 E-mail Address: austinbocciardi@forestar.com

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

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

Prefix: Mr. Last Name, First Name: Williamson, David
Title: Vice President Credential: Click to enter text.
Organization Name: Forestar (USA) Real Estate Group Inc.
Mailing Address: 3355 W Alabama, Suite 700 City, State, Zip Code: Houston, TX 77098
Phone No.: 713-221-7919 E-mail Address: Austinbocciardi@forestar.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: McConathy, James
Title: Engineer Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 West Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6368 E-mail Address: jmconathy@gfnet.com

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

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

E-mail Address

Fax

Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr.

Last Name, First Name: Schultz, Jason

Title: Engineer

Credential: P.E.

Organization Name: GFT

Mailing Address: 3100 W Alabama

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

Phone No.: 713-527-6487

E-mail Address: jschultz@gfnet.com

D. Public Viewing Information

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

Public building name: George Memorial Library

Location within the building: Click to enter text.

Physical Address of Building: 1001 Golfview Drive

City: Richmond

County: Fort Bend

Contact (Last Name, First Name): Bullard, Elizabeth

Phone No.: 832-471-2450 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

Yes

No

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

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

Yes

No

3. Do the students at these schools attend a bilingual education program at another location?

Yes No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

Yes No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

F. Summary of Application in Plain Language Template

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

Attachment: B

G. Public Involvement Plan Form

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

Attachment: C

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 112234075

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

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

Wildbloom WWTP

C. Owner of treatment facility: Forestar (USA) Real Estate Group Inc.

Ownership of Facility: Public Private Both Federal

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

Prefix: Click to enter text. Last Name, First Name: Williamson, David

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Forestar

Mailing Address: 3355 W Alabama, Suite 700 City, State, Zip Code: Houston, TX 77098

Phone No.: 713-221-7919 E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)

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

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

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

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

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

Prefix: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)

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

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

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

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

Yes No

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

Treatment facility is located approximately 2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd

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

Yes No

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

From the treatment facility through a 24-inch pipe (exact size to be determined with facility design) into a proposed drainage channel through Snake Creek thence to San Bernard River Above Tidal in Segment 1302.

City nearest the outfall(s): Beasley

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

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

Yes No

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

- Authorization granted Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

- Yes No

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

N/A

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

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

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

- Yes No

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

- Yes No Not Applicable

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

Sludge is to be hauled offsite by a licensed hauler

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

Yes No

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

D. Do you owe any fees to the TCEQ?

Yes No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

Yes No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

Attachment 1 for Individuals as co-applicants

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

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: Forestar


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.

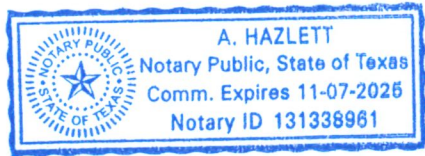
Signatory name (typed or printed): David Williamson

Signatory title: Vice President

Signature:  Date: 6-3-2025
(Use blue ink)

Subscribed and Sworn to before me by the said David Williamson
on this 3 day of June, 2025.
My commission expires on the 7 day of November, 2025.


Notary Public
Harris
County, Texas



[SEAL]

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- The applicant's property boundaries
 - The facility site boundaries within the applicant's property boundaries
 - The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
 - The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
 - The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
 - The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
 - The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
 - The property boundaries of all landowners surrounding the effluent disposal site
 - The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
 - The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- D. Provide the source of the landowners' names and mailing addresses: [Click to enter text.](#)
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- Yes No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

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

- Yes No

DOMESTIC WASTEWATER PERMIT APPLICATION
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: H

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Summary of Application (in Plain Language) Yes



DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.1

2-Hr Peak Flow (MGD): 0.4

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Final Phase

Design Flow (MGD): 0.25

2-Hr Peak Flow (MGD): 1.0

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Current Operating Phase

Provide the startup date of the facility: TBD

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided.**

Activated sludge/conventional mode. Raw sewage enters the plant at the lift station and flows by gravity through a bar screen to the following units: aeration basin, clarifier, chlorine contact chamber. The resulting sludge will be processed through an aerobic digester before disposal. Same for all phases.

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 P)		

C. Process Flow Diagram

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

Attachment: I

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

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

- Latitude: 29.497539
- Longitude: 95.947969

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

- Latitude: N/A
- Longitude: Click to enter text.

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: J

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

Future Wildbloom, 258.5 acre residential development

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
TBD	HWC MUD 291	Publicly Owned	TBD
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

- Yes No

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

- Yes No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

- Yes No

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

- Yes No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

Yes No

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

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

Yes No

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

Click to enter text.

C. Other actions required by the current permit

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

Yes No

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

Click to enter text.

D. Grit and grease treatment

1. *Acceptance of grit and grease waste*

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

Yes No

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

2. *Grit and grease processing*

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

Click to enter text.

3. *Grit disposal*

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

Yes No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

Yes No

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

Yes No

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

2. MSGP coverage

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

Yes No

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

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

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

Yes No

3. Conditional exclusion

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

Yes No

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

Click to enter text.

4. Existing coverage in individual permit

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

Yes No

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

Click to enter text.

5. Zero stormwater discharge

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

Yes No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

Yes No

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

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

Yes No

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

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

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes No

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

Yes No

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

Yes No

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

Click to enter text.

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

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

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

Yes No

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

Click to enter text.

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

Is the facility in operation?

Yes No

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

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

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

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

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

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 50)Facility Operator Name: TBDFacility Operator's License Classification and Level: TBDFacility Operator's License Number: TBD

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	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: TBD

TCEQ permit or registration number: TBD

County where disposal site is located: TBD

E. Transportation method

Method of transportation (truck, train, pipe, other): TBD

Name of the hauler: TBD

Hauler registration number: TBD

Sludge is transported as a:

Liquid semi-liquid semi-solid solid

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

A. Beneficial use authorization

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

Yes No

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

Yes No

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

Yes No

B. Sludge processing authorization

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

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

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

- Yes No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

- Yes No

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

A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

Yes No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

- Yes No

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

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

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

A. Additional authorizations

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

Yes No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes No

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

Yes No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

Yes No

B. Remediation activity wastewater

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

Yes No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

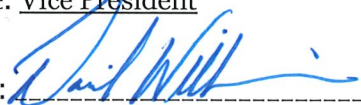
The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

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

Printed Name: David Williamson

Title: Vice President

Signature: 

Date: 6-3-2025

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

The proposed permit is needed to enable the residential development of the 258.5 acres. The development will include 774 lots growing at 10 houses per month with a daily flow rate of 250 gallons per day. There is not another permitted treatment facility close enough to this development with enough capacity to provide service to the single family and commercial tracts.

B. Regionalization of facilities

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

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

1. Municipally incorporated areas

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

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

Yes No Not Applicable

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

If yes, attach correspondence from the city.

Attachment: [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?

Yes No

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

Attachment: L

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

Attachment: M

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

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

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

Yes No

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

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

A. Current organic loading

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

Average Influent Organic Strength or 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	0.25	200
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.25	
AVERAGE BOD ₅ from all sources		200

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5

Other: 63

B. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5

Other: 63

C. Disinfection Method

Identify the proposed method of disinfection.

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

Dechlorination process: Click to enter text.

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

Other: Click to enter text.

Section 4. Design Calculations (Instructions Page 59)

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

Attachment: N

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

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

Yes No

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

FEMA-Flood Insurance Rate Map

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

Click to enter text.

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

Yes No

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

Yes No

If **yes**, provide the permit number: Click to enter text.

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

B. Wind rose

Attach a wind rose: Q

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

A. Beneficial use authorization

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

Yes No

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

B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

Attachment: K

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

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

Yes No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

Yes No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

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

[Click to enter text.](#)

C. Sea grasses

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

Yes No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

- Yes No

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

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

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

Name of the immediate receiving waters: Snake Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

- Stream
 Freshwater Swamp or Marsh
 Lake or Pond

Surface area, in acres: Click to enter text.

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

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

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

B. Flow characteristics

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

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

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

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

C. Downstream perennial confluences

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

None

D. Downstream characteristics

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

- Yes No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

[Click to enter text.](#)

Date and time of observation: 5/20/25

Was the water body influenced by stormwater runoff during observations?

- Yes No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

Yes No

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

Click to enter text.

C. Treatment plant pass through

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

Yes No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes No

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

Is your POTW required to develop an approved pretreatment program?

Yes No

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

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

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

A. Substantial modifications

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

Yes No

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

Click to enter text.

B. Non-substantial modifications

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

- Yes No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

- Yes No

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

Click to enter text.

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

A. General information

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

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

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

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

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

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

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

B. Process information

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

[Click to enter text.](#)

C. Product and service information

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

[Click to enter text.](#)

D. Flow rate information

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

Process Wastewater:

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

Discharge Type: Continuous Batch Intermittent

Non-Process Wastewater:

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

Discharge Type: Continuous Batch Intermittent

E. Pretreatment standards

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

Yes No

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

Yes No

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

[Click to enter text.](#)

ATTACHMENTS

ADMINISTRATIVE REPORT 1.0

Attachment A – Core Data Form – Section 3, Item C, Page 4 of 17

Attachment B – Plain Language Summary – Section 8, Item F, Page 7 of 17

Attachment C – Public Involvement Plan Form – Section 8, Item G, Page 7 of 17

Attachment D – USGS Quadrangle Maps – Section 13, Page 10 of 17

ADMINISTRATIVE REPORT 1.1

Attachment E – Affected Landowner Map – Section 1, Item A, Page 12 of 17

Attachment F – Photographs – Section 2, Page 13 of 17

Attachment G – Buffer Zone Map – Section 3, Item A, Page 13 of 17

Attachment H – Supplemental Permit Information Form – Page 14 of 17

TECHNICAL REPORT 1.0

Attachment I – Flow Diagram – Section 2, Item C, Page 2 of 65

Attachment J – Facility Site Drawing – Section 3, Page 3 of 65

TECHNICAL REPORT 1.1

Attachment L – WWTFs Within 3 Miles – Section 1, Item B, Page 20 of 65

Attachment M – Certified Letter to Neighboring Facility – Section 1, Item B, Page 20 of 65

Attachment N – Design Calculations – Section 4, Page 22 of 65

Attachment O – Wind Rose – Section 5, Item B, Page 23 of 65

Attachment P - Treatment Units - Section 2, Item B, Page 2 of 65

Attachment A

Core Data Form Section 3(C), Page 4 of 17

(Administrative Report 1.0)



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.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 603055799		RN 112234075

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
Forestar (USA) Real Estate Group Inc.			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0007517706	17412136248		
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:	3355 W Alabama		
	Suite 700		
	City	Houston	State TX
	ZIP	77098	ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		austinbocciardi@forestar.com	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(713) 221-7919		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
Wildbloom WWTP							
23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

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

25. Description to Physical Location:	2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd.						
26. Nearest City					State	Nearest ZIP Code	
Beasley					TX	77417	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:	29.497539			28. Longitude (W) In Decimal:	95.947969		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	29	51.1404	95	56	52.6884		
29. Primary SIC Code	30. Secondary SIC Code	31. Primary NAICS Code	32. Secondary NAICS Code				
(4 digits)	(4 digits)	(5 or 6 digits)	(5 or 6 digits)				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Provide water and sewer Service							
34. Mailing Address:	3355 W Alabama						
	Suite 700						
	City	Houston	State	TX	ZIP	77098	ZIP + 4
35. E-Mail Address:	austinbocciardi@forestar.com						
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)			
(713) 221-7919				() -			

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


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

SECTION IV: Preparer Information

40. Name:	James McConathy	41. Title:	Project Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 527-6368		() -	jmconathy@gfnet.com

SECTION V: Authorized Signature

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

Company:	Forestar	Job Title:	Vice President
Name (In Print):	David Williamson	Phone:	(713) 221- 7919
Signature:		Date:	6-3-2025

Attachment B

Plain Language Summary Section 8(F), Page 7 of 17

(Administrative Report 1.0)



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

Forestar (USA) Real Estate Group Inc. (CN603055799) proposes to operate Wildbloom WWTP (RN112234075), an activated sludge process plant operated in conventional mode. The facility will be located at 2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd, in Beasley, Fort Bend County, Texas 77417. This application is for a new permit to discharge at an annual average flow of 250,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. The domestic wastewater will be treated by screening, aeration digestion, secondary clarification, and chlorination.

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

TCEQ-20972 (11/08/2024)

Wastewater Individual Permit Application, Plain Language Template

Page 1 of 6

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

Forestar (USA) Real Estate Group Inc. (CN603055799) propone operar Wildbloom WWTP RN112234075, una planta de proceso de lodos activados operada en modo convencional. La instalación estará ubicada en 2,000 pies al norte oeste de la interseccion de Hopkins Rd y Grunwald Rd, en Houston, Condado de Fort Bend, Texas 77417. Esta solicitud es para nuevo permiso para descargar a un flujo promedio anual de 250,000 galones por dia de aguas residuales domesticas tratadas.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Las aguas residuales domesticas. estará tratado por cribado, digestion por aireacion, clarificacion secundaria y cloracion.

Attachment C

Public Involvement Plan Form Section 8(G), Page 7 of 17

(Administrative Report 1.0)



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

New Permit or Registration Application

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

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

Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, **and**

Located within any of the following geographical locations:

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

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

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

Section 3. Application Information

Type of Application (check all that apply):

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

Water Quality

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

Water Rights New Permit

New Appropriation of Water
New or existing reservoir

Amendment to an Existing Water Right

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

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)

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

City

County

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school

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

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

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

- (e) Languages commonly spoken in area by percentage

- (f) Community and/or Stakeholder Groups

- (g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

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

Yes No

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

Yes No

If Yes, please describe.

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

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

Yes No

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

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

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

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

Yes No

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

Yes No

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

- TCEQ Regional Office TCEQ Central Office
- Public Place (specify)

Section 7. Voluntary Submittal

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

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

Yes No

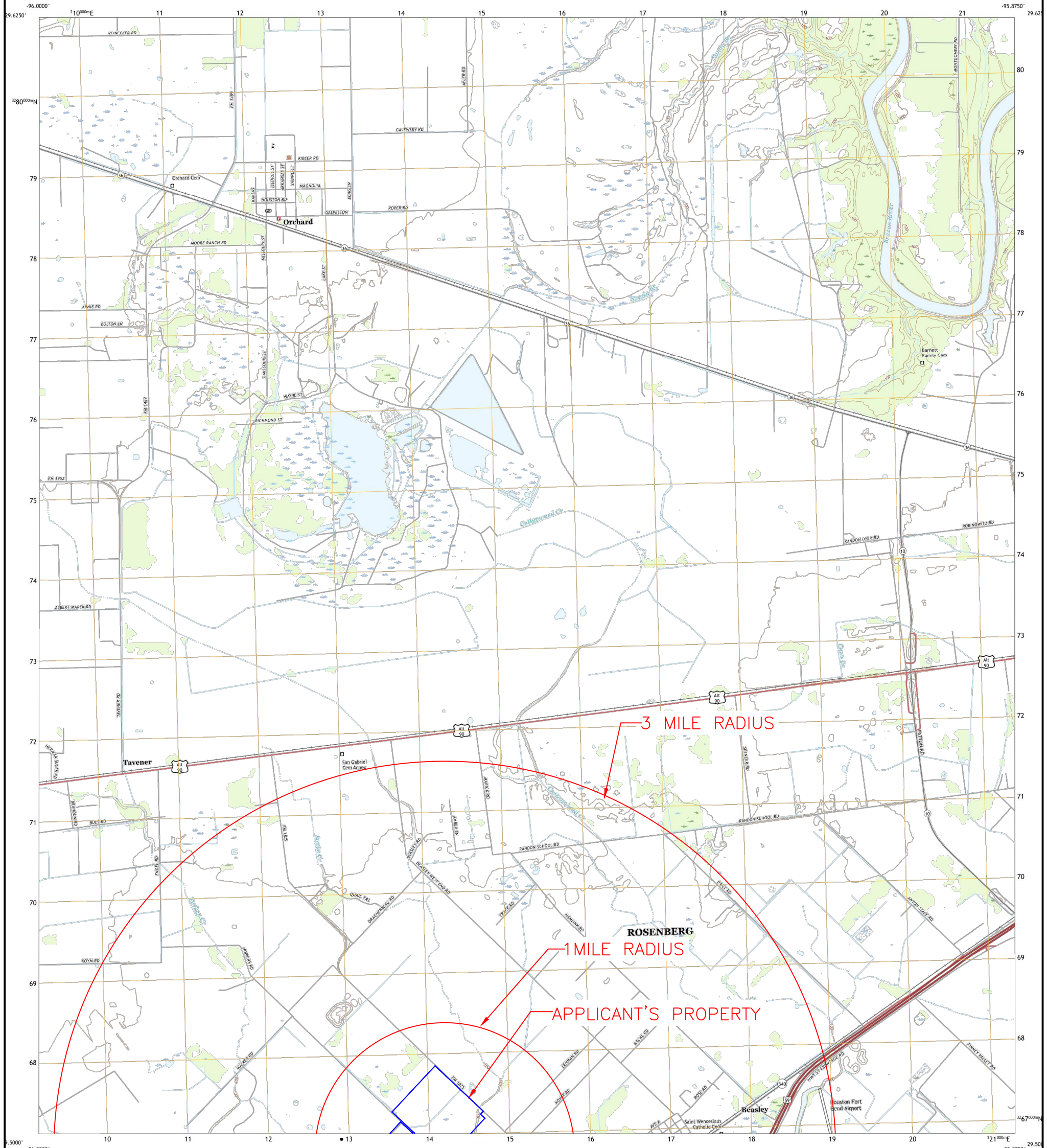
What types of notice will be provided?

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

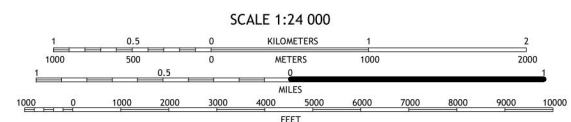
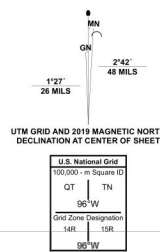
Attachment D

USGS Quadrangle Maps Section 13, Page 10 of 17

(Administrative Report 1.0)



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84), Projection and
1000-meter grid/Universal Transverse Mercator, Zone 14R15R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.



ADJOINING QUADRANGLES

1	2	3
4	5	6
7	8	

- 1 Walls
- 2 Fulshear
- 3 Richmond NE
- 4 East Bernard
- 5 Richmond
- 6 Hangerford
- 7 Kendallton
- 8 Needville

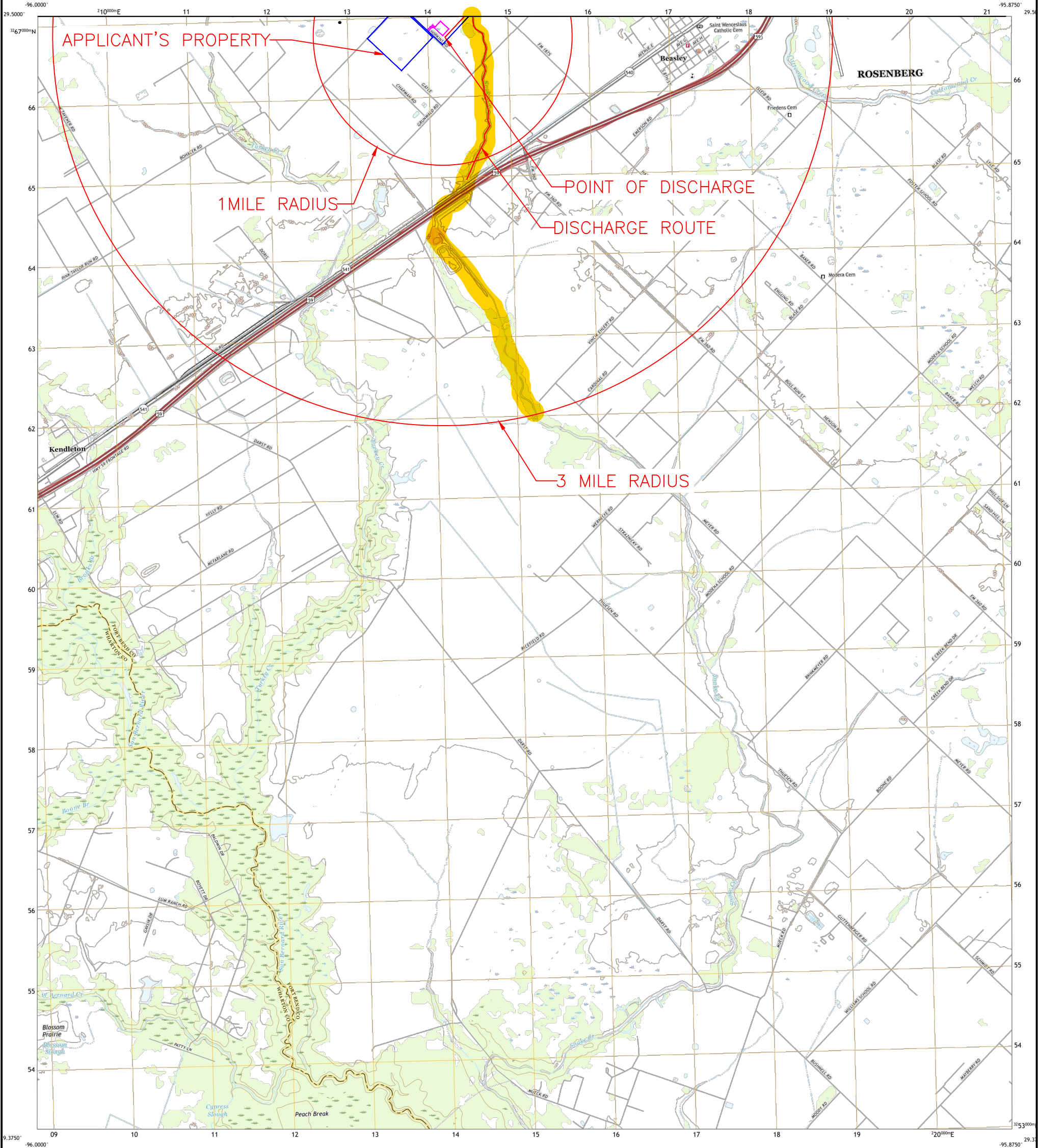
ORCHARD, TX
2022

..\\ns05335\GFT_logo_DARK_GREEN_CHKX.png

T.B.P.E.L.S. FIRM REGISTRATION #1800
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

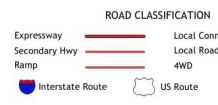
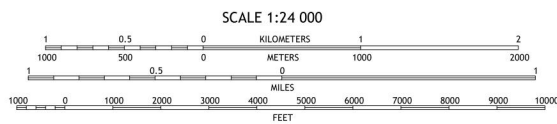
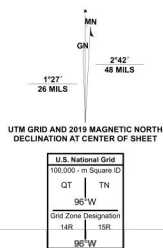
**WILDBLOOM TRACT PRELIMINARY
ENGINEERING USGS EXHIBIT
SHEET 1 OF 2**

SCALE: 1" = 100' | May 2025



Produced by the United States Geological Survey
 North American Datum of 1983 (NAD83)
 World Geodetic System of 1984 (WGS84). Projection and
 1 000-meter grid/Universal Transverse Mercator, Zone 14R/15R
 This map is not a legal document. Boundaries may be
 generalized for this map scale. Private lands within government
 reservations may not be shown. Obtain permission before
 entering private lands.

Imagery.....NAIP, October 2016 - November 2016
 Roads.....U.S. Census Bureau, 2015
 Names.....GNS, 1979 - 2021
 Hydrography.....National Hydrography Dataset, 2002 - 2018
 Contours.....National Elevation Dataset, 2018
 Boundaries.....Multiple sources; see metadata file 2019 - 2021
 Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3
4	5	6
7	8	9

ADJOINING QUADRANGLES

- 1 East Bernard
- 2 Orchard
- 3 Richmond
- 4 Hungerford
- 5 Needville
- 6 Wharton
- 7 Boling
- 8 Guy

KENDLETON, TX
 2022

..\\ns05355\GFT_logo_DARK_GREEN_CHKX.png

T.B.P.E.L.S. FIRM REGISTRATION #1800
 3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

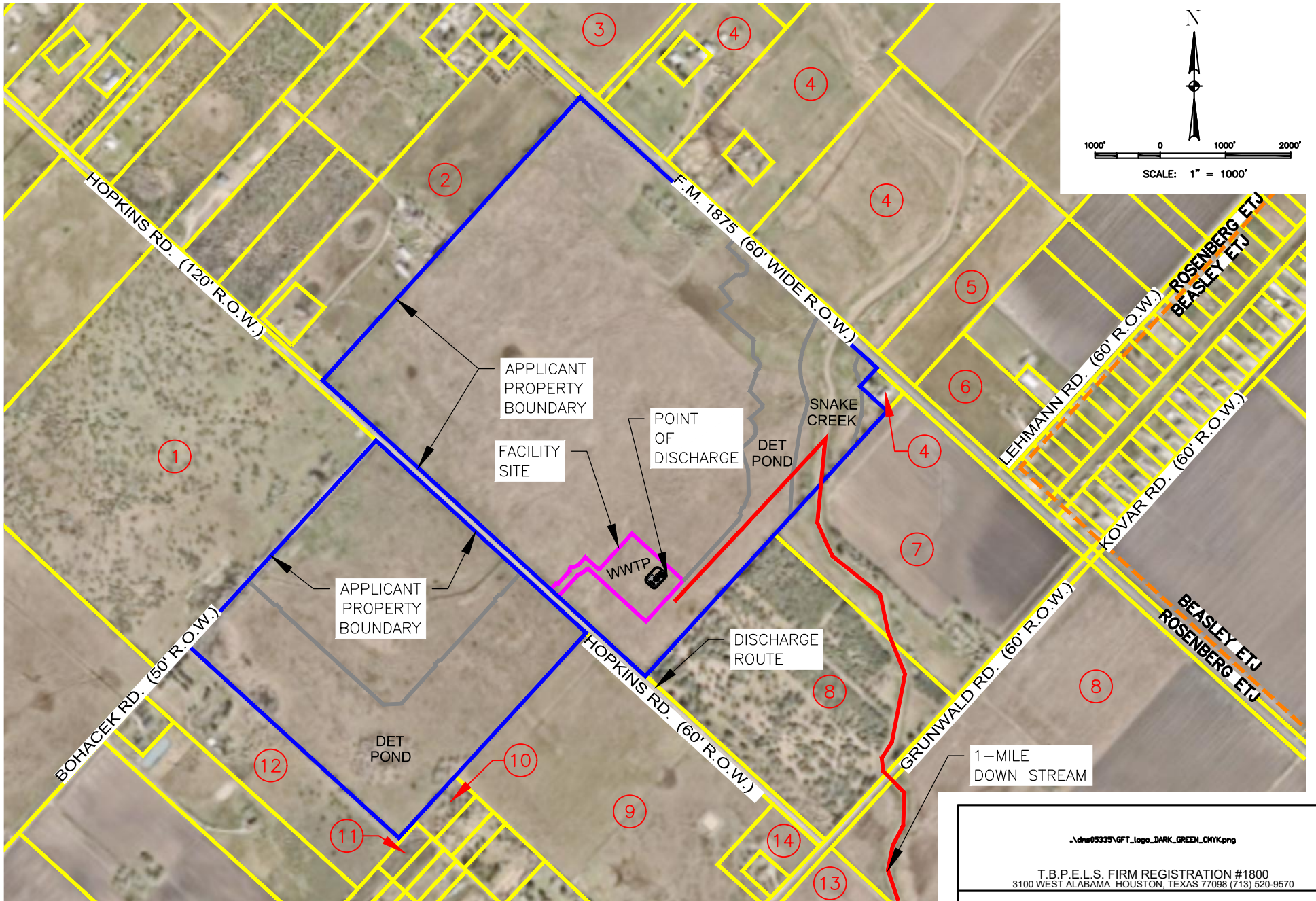
**WILDBLOOM TRACT PRELIMINARY
 ENGINEERING USGS EXHIBIT
 SHEET 2 OF 2**

SCALE: 1" = 100' | May 2025

Attachment E

Affected Landowner Map Section 1(A), Page 12 of 17

(Administrative Report 1.1)



\\nas05335\GFT_logo_DARK_GREEN_CHKX.png
 T.B.P.E.L.S. FIRM REGISTRATION #1800
 3100 WEST ALABAMA, HOUSTON, TEXAS 77098 (713) 520-9570

**WILDBLOOM ADJACENT
 PROPERTY OWNERS EXHIBIT**

FORT BEND COUNTY M.U.D.

SCALE: 1" = 1000'	May 21, 2025
-------------------	--------------

- 1 Paulette Maria Pastor
3722 Green Fields DR
Sugar Land, TX 77479-1916

- 2 Scott Eicke 2001 Trust
407 S Pecan DR
Tomball, TX 77375-4469

- 3 Kenneth & Janice Chambers
42 Country Club RD
Mills River, NC 28759-2600

- 4 Jimmy Tiemann
1702 FM 1875 RD
Beasley, TX 77417-6043

- 5 Parambil Anto Raphael
5714 Sapphire Bay CT
Sugar Land, TX 77479-4157

- 6 Medillin Pedro & Benigna
8020 Lehman RD
Beaseley, TX 77417-7010

- 7 Grunwald Rd Beasley Investments LLC
1423 Chapel Bay RD
Richmond, TX 77469-7375

- 8 Houston Ld LLC
4058 N College AVE
Fayetteville, AR 72703-5234

- 9 Krause Dennis Jr
215 S 1st ST
Beasley, TX 77417-9417

- 10 Lao Kimlen
11126 Heron Village DR
Houston, TX 77064

- 11 Jaime Pasuquin
3011 Pecan Point DR
Sugar Land, TX 77478-4224

12 Carlos Sagullo
14922 Armitage LN
Sugar Land, TX 77498-1049

13 MEBB Partners LTD
12335 Kingsridge LN
Houston, TX 77024-4141

14 Chad Guest
8602 Grunwald RD
Beasley, TX 77417-6037

Attachment F

Photographs

Section 2, Page 13 of 17



WASTEWATER TREATMENT FACILITY SITE



Photo 1 – facing north on Hopkins Rd



Photo 2 – facing south on FM 1875

Attachment G

Buffer Zone Map Section 3(A), Page 13 of 17

(Administrative Report 1.1)

WWTP SITE BOUNDARY

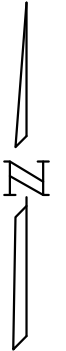
150' BUFFER ZONE

APPLICANT PROPERTY

150' BUFFER ZONE

PH 2
PH 1
PH 2

150' BUFFER ZONE



WWTP SITE BOUNDARY

APPLICANT PROPERTY

PROPERTY BOUNDARY

ADJACENT PROPERTY

DEC | ENGINEERING
EXCELLENCE

T.B.P.E.L.S. FIRM REGISTRATION #392
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

BUFFER ZONE MAP

SCALE: N.T.S.

JUNE, 2025

Attachment H

**Supplemental Permit Information Form
Page 14 of 17**

(Administrative Report 1.1)

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

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ___Renewal ___Major Amendment ___Minor Amendment ___New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

___ Texas Historical Commission

___ U.S. Fish and Wildlife

___ Texas Parks and Wildlife Department

___ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Forestar

Permit No. WQ00 _____

EPA ID No. TX _____

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

Treatment facility is located approximately 2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd.

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jason Schultz

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

Title: Project Manager

Mailing Address: 3100 West Alabama St.

City, State, Zip Code: Houston, TX 77098

Phone No.: 713-527-6487 Ext.:

Fax No.:

E-mail Address: jschultz@gfnet.com

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

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

From the treatment facility through a 24-inch pipe (exact size to be determined with facility design) to a proposed drainage channel through Snake Creek to San Bernard River Above Tidal in Segment 1302

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

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

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

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

- Disturbance of vegetation or wetlands

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

Approximately 4 acres will be cleared and prepared for construction of the treatment facility

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

none

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

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

No structures or construction to date

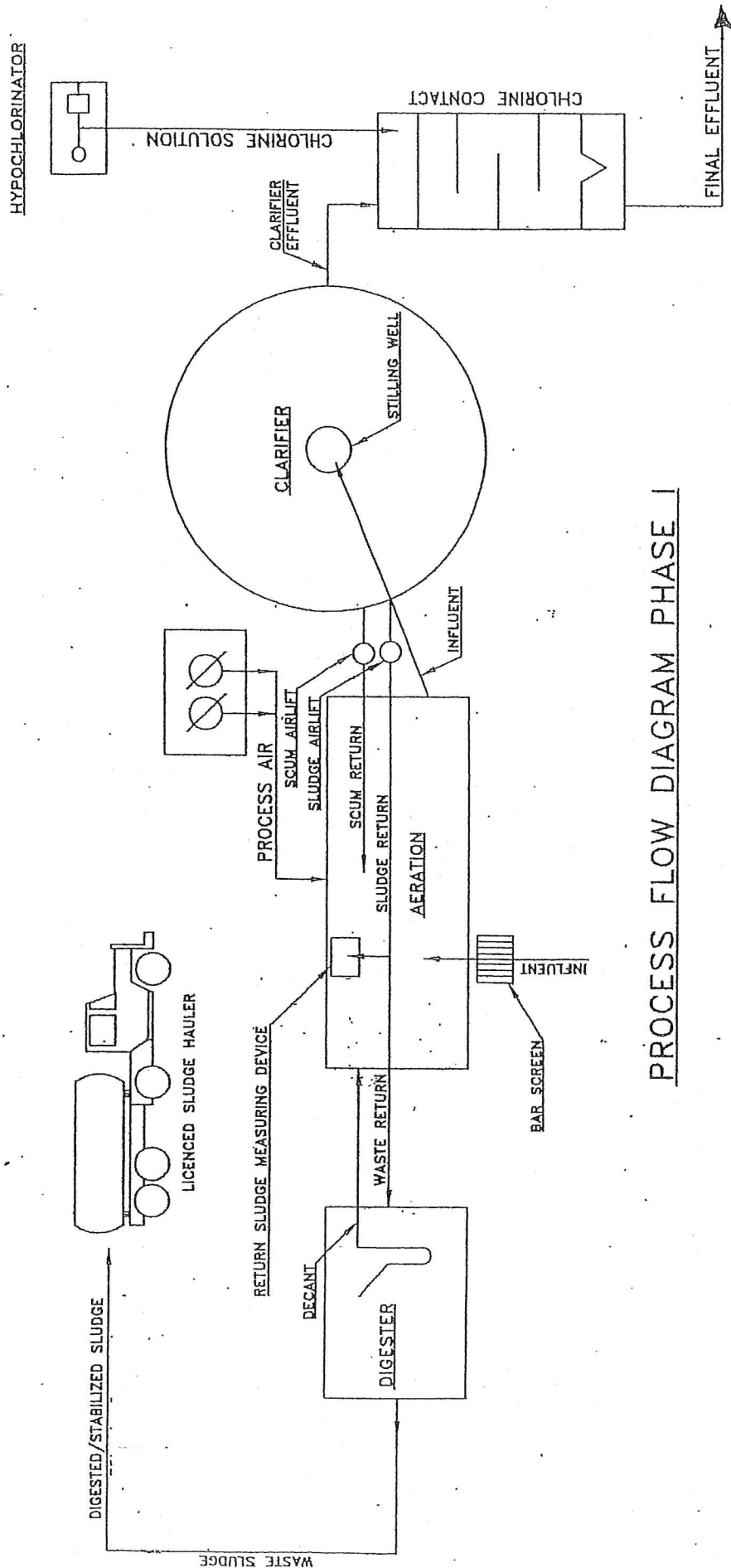
4. Provide a brief history of the property, and name of the architect/builder, if known.

Rural undeveloped property

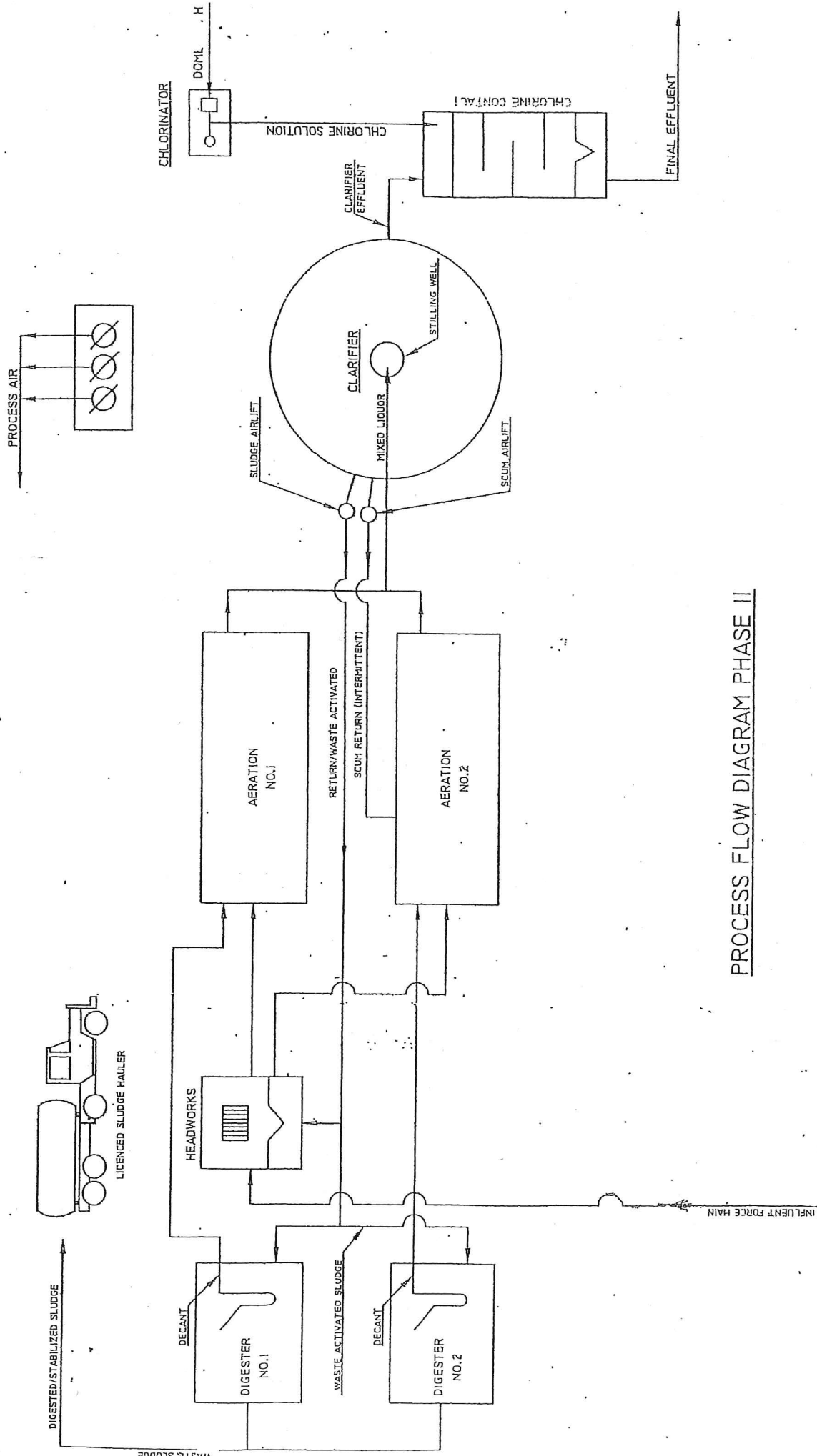
Attachment I

Flow Diagram Section 2(C), Page 2 of 66

(Technical Report 1.0)



PROCESS FLOW DIAGRAM PHASE I

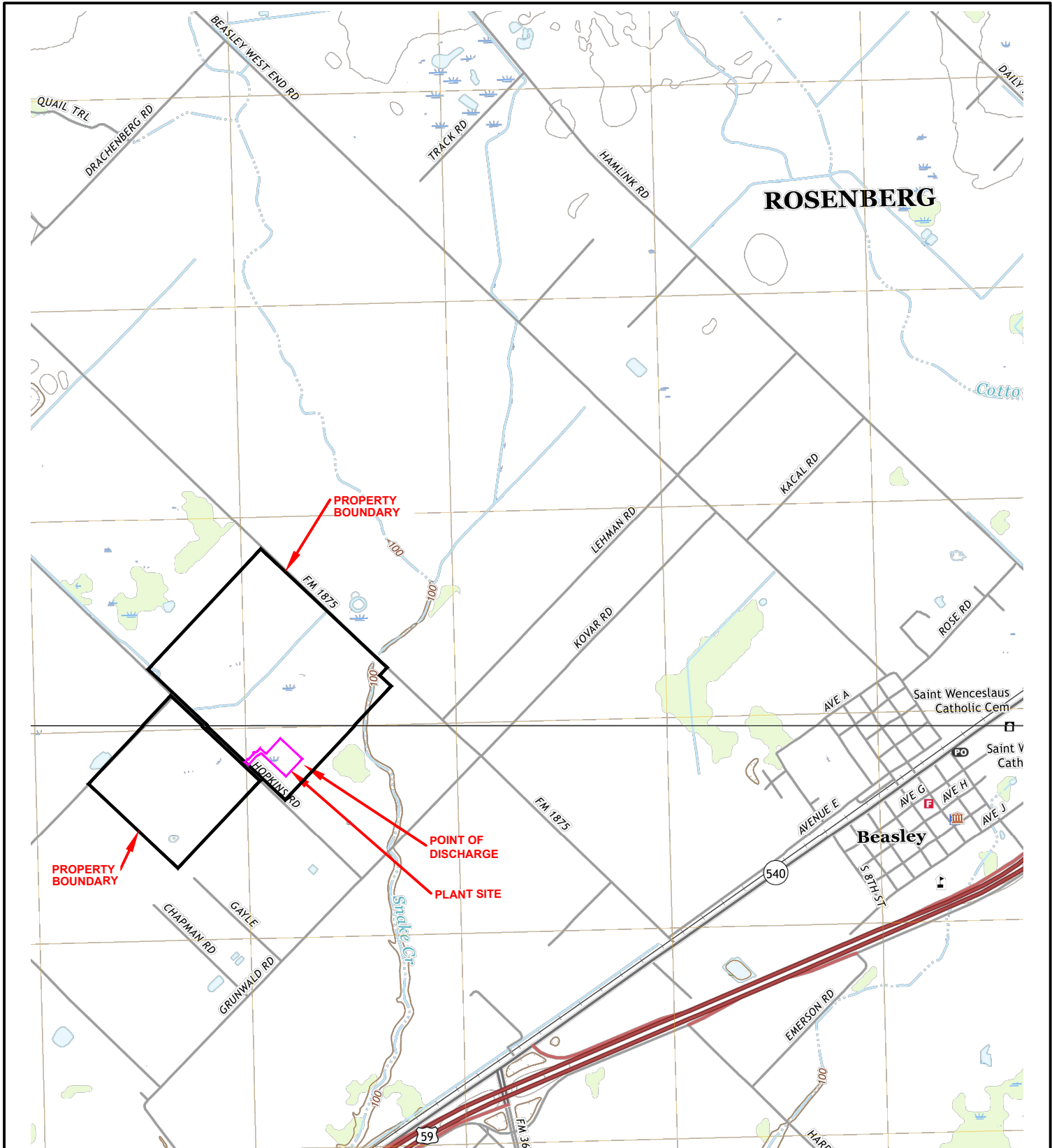


PROCESS FLOW DIAGRAM PHASE II

Attachment J

Facility Site Drawing Section 3, Page 3 of 66

(Technical Report 1.0)



ROSENBERG

Beasley

GFT

T.B.P.E.L.S. FIRM REGISTRATION #1800
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

FACILITY SITE PLAN

FORT BEND COUNTY M.U.D. #291

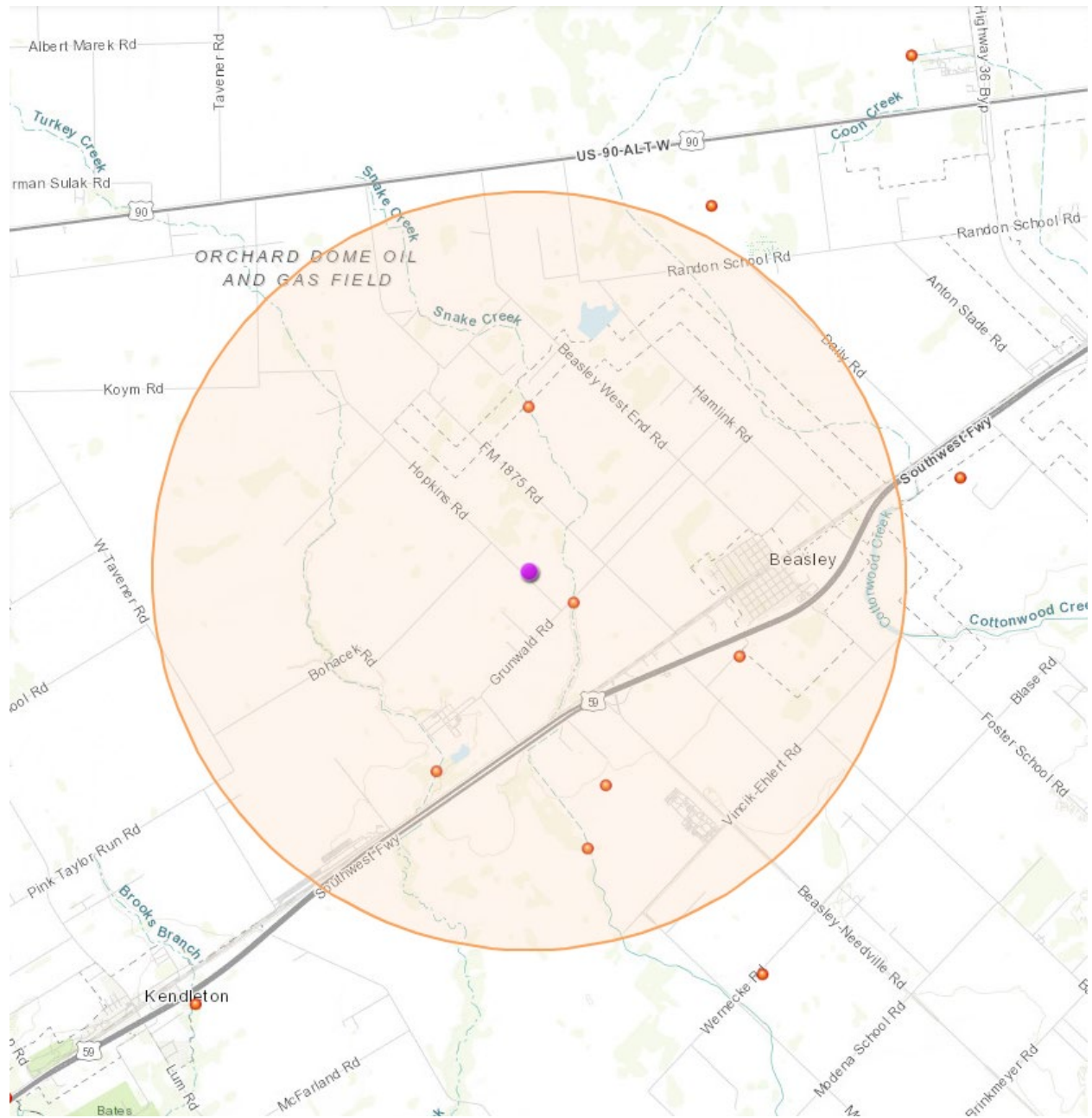
SCALE: N.T.S.

June 13, 2025

Attachment L

Wastewater Treatment Facilities Within 3 Miles Section 1(B), Page 20 of 66

(Technical Report 1.1)



NEARBY WASTEWATER OUTFALLS

3-MILE RADIUS

Attachment M

Certified Letter to Nearby Facility Section 1(B), Page 20 of 66

(Technical Report 1.1)

McConathy, James P.

From: Josh Wadley <jwadley@landtejas.com>
Sent: Wednesday, May 21, 2025 11:37 AM
To: McConathy, James P.
Subject: Re: Wildbloom Discharge Permit

Follow Up Flag: Follow up
Flag Status: Flagged

[EXTERNAL EMAIL]: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

We don't have the ability to share any capacity in our WWTP.

Thank You,
Josh Wadley
Land Tejas

2450 Fondren, Suite 210
Houston, TX 77063
Direct: 713.255.5966
Cell: 979.220.8717

From: McConathy, James P. <jmconathy@gftinc.com>
Sent: Wednesday, May 21, 2025 9:21 AM
To: Josh Wadley <jwadley@landtejas.com>
Subject: Wildbloom Discharge Permit

Hi Josh,

The TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the Astro Rosenberg LP facility under the following permit has the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0016141001

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmconathy@gftinc.com

C: 713-865-1693 | **D:** 713-527-6368 | **O:** 713-527-9570

gftinc.com | Stay connected: [LinkedIn](#) | [Instagram](#) | [Facebook](#)

McConathy, James P.

From: Misty Tiemann <beasley@cityofbeasley.com>
Sent: Wednesday, May 21, 2025 9:25 AM
To: McConathy, James P.
Subject: Re: Wildbloom Denial of Service Letter

Follow Up Flag: Follow up
Flag Status: Flagged

[EXTERNAL EMAIL]: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, correct. We are not able to accomodate this project.

From: McConathy, James P. <jmccconathy@gftinc.com>
Sent: Wednesday, May 21, 2025 9:18 AM
To: Misty Tiemann <beasley@cityofbeasley.com>
Subject: Wildbloom Denial of Service Letter

Hi Misty,

As we discussed, the TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the City of Beasley facility under the following permit has the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0011450001

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmccconathy@gftinc.com

C: 713-865-1693 | **D:** 713-527-6368 | **O:** 713-527-9570

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Hudson Products Corp. 9660 Grunwald Rd Beasley, TX 77417</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7022 2410 0000 9223 1236</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fee as appropriate)	\$4.10
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.10
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.73
Total Postage and Fees	\$9.68

Sent To **HUDSON PRODUCTS CORPORATION**
 Street and Apt. No., or PO Box No. **9660 GRUNWALD RD**
 City, State, ZIP+4® **BEASLEY, TX 77417**

0040
11
MELCHER POST OFFICE
Beasley, TX
05/22/2025

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



May 21, 2025

Hudson Products Corporation.
9660 Grunwald Rd
Beasley, TX 77417

RE: Wildbloom – Proposed Wastewater Treatment Facility

To Whom It May Concern,

Forestar is in the process of obtaining a waste discharge permit for a 258.5-acre development northwest of Hopkins Rd where it intersects with Grunwald Rd. In accordance with the TCEQ's rules and regulations we are contacting you because our proposed facility is within 3 miles of the wastewater outfall you represent:

WQ0003985000

We would like to know if the treatment plant referenced above has an additional 0.25 MGD capacity available for the 258.5-acres referenced. Please check the appropriate response below and return to my attention.

- Yes, the above referenced area has the available capacity

- No, the above referenced area does not have any additional capacity

Responses can be mailed to my attention at: GFT
3100 W. Alabama
Houston, TX 77098

Or e-mailed to jmconathy@gfnet.com

Sincerely,
GFT
T.B.P.E. Firm Registration #1800

James McConathy, P.E.
Project Engineer

McConathy, James P.

From: Mark Urback <murback@quadvest.com>
Sent: Thursday, May 22, 2025 11:07 AM
To: McConathy, James P.
Cc: Jacob Gifford
Subject: RE: Wildbloom Discharge Permit

Follow Up Flag: Follow up
Flag Status: Flagged

[EXTERNAL EMAIL]: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

We do not have capacity.



Mark Urback, P.E.

VP of Construction and
Engineering
d: 281-305-1108
c: 713-202-1579
www.quadvest.com

From: McConathy, James P. <jmconathy@gftinc.com>
Sent: Wednesday, May 21, 2025 9:14 AM
To: Mark Urback <murback@quadvest.com>
Cc: Jacob Gifford <jgifford@quadvest.com>
Subject: Wildbloom Discharge Permit

WARNING: This email is from outside the organization. Please use caution opening links or attachments.

Hi Mark,

The TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the Quadvest facility under the following permit has the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0016749001

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmconathy@gftinc.com

C: 713-865-1693 | D: 713-527-6368 | O: 713-527-9570

gftinc.com | Stay connected: [LinkedIn](#) | [Instagram](#) | [Facebook](#)



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McConathy, James P.

From: McConathy, James P.
Sent: Wednesday, May 21, 2025 9:26 AM
To: customerservice@undinellc.com
Subject: Wildbloom Discharge Permit

Hello,

The TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the Undine facilities under the following permits have the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0016196001
WQ0016195001

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmccconathy@gftinc.com

C: 713-865-1693 | **D:** 713-527-6368 | **O:** 713-527-9570

gftinc.com | Stay connected: [LinkedIn](#) | [Instagram](#) | [Facebook](#)



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Attachment N

Design Calculations Section 4, Page 22 of 66

(Technical Report 1.1)

**WILDBLOOM WASTE WATER TREATMENT PLANT PHASE I PROPOSED
DESIGN CALCULATIONS**

INFLUENT QUALITY CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	300 MG/L
TSS	300 MG/L
NH ₃ -N	30 MG/L

PROPOSED EFFLUENT CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	10 MG/L
TSS	15 MG/L
NH ₃ -N	3 MG/L
DO	4 MG/L

PROPOSED INFLUENT FLOW CHARACTERISTICS

<u>FLOW</u>	<u>GALLONS PER DAY</u>	<u>CUBIC FEET PER DAY</u>	<u>ADDITIONAL PLANT DATA</u>
DESIGN	100,000	13,369	MLSS 3,000 MG/L
PEAK 2 HOUR	400,000	53,476	RASS 6,000

DESIGN BOD₅ LOADING = (Q)(Conc.)(K) = (0.1)(200)(8.34) = 250.2 LBS/DAY

<u>LOADING</u>	<u>LBS/DAY</u>
BOD ₅	250.2
TSS	250.2
NH ₃ -N	100.1

AERATION BASIN

TCEQ Maximum Organic Loading = 15 lbs/day/1,000 ft³
 TCEQ Minimum Required Volume = (250.2 lbs/day) / (15 lbs/day/1,000 ft³) = 16,680 ft³
 = 124,766 gal

DIMENSIONS

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	78 ft

Volume Provided: 11,232 ft³

Organic Loading in Aeration Basin: (250.2 lbs/day) / (11232 ft³) = 22.28 lbs/day/1,000 ft³

CLARIFIER

DESIGN FLOW:

TCEQ Maximum Surface Loading	400 gal/day/ft ²	
TCEQ Minimum Detention Time	4.5 hrs	
Proposed Surface Loading	(100000 gal/day) / (530 ft ²) =	189 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (100000 gal/day) =	10.0 hrs
Minimum Effective Surface Area	(100000 gal/day) / (400 gal/day/ft ²) =	250 ft ²

PEAK 2 HR FLOW:

TCEQ Maximum Surface Loading	800 gal/day/ft ²	
TCEQ Minimum Detention Time	2.2 hrs	
Proposed Surface Loading	(400000 gal/day) / (530 ft ²) =	755 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (400000 gal/day) =	2.5 hrs
Minimum Effective Surface Area	(400000 gal/day) / (800 gal/day/ft ²) =	500 ft ²

Clarifier Dimensions:

Diameter	31 ft	Proposed Surface Area =	530 ft ²
Stilling Well	5 ft	Proposed Volume =	5,565 ft ³
Side Depth	10.5 ft		

TCEQ Maximum Weir Loading	15,000 gal/day/ft	
TCEQ Minimum Weir Length	(400000 gal/day) / (15000 gal/day/ft) =	27 ft
Proposed Weir Length		56 ft
Proposed Weir Loading	(400000 gal/day) / (56 ft) =	7,143 gal/day/ft

AEROBIC DIGESTER

TCEQ Minimum Volume:	(20 ft ³ /lb BOD ₅ /day) (167 lbs/day) =	3,340 ft ³
----------------------	----------------------------------------------------------------	-----------------------

Digester Dimensions:

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	24 ft
V =	3,456 ft ³

CHLORINE CONTACT CHAMBER

TCEQ Minimum Detention Time (Peak Flow)	20 min	
TCEQ Minimum Volume (Peak Flow)	(400000 gal/day) / (20 min) =	743 ft ³
H =	10.5 ft (9' + 1.5' free board)	
W =	8.5 ft	
L =	10 ft	

**WILDBLOOM WASTE WATER TREATMENT PLANT PHASE II PROPOSED
DESIGN CALCULATIONS**

INFLUENT QUALITY CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	300 MG/L
TSS	300 MG/L
NH ₃ -N	30 MG/L

PROPOSED EFFLUENT CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	10 MG/L
TSS	15 MG/L
NH ₃ -N	3 MG/L
DO	4 MG/L

PROPOSED INFLUENT FLOW CHARACTERISTICS

<u>FLOW</u>	<u>GALLONS PER DAY</u>	<u>CUBIC FEET PER DAY</u>	<u>ADDITIONAL PLANT DATA</u>
DESIGN	250,000	33,423	MLSS 3,000 MG/L
PEAK 2 HOUR	1,000,000	133,690	RASS 6,000

DESIGN BOD₅ LOADING = (Q)(Conc.)(K) = (0.25)(200)(8.34) = 417 LBS/DAY

<u>LOADING</u>	<u>LBS/DAY</u>
BOD ₅	417
TSS	417
NH ₃ -N	250.25

AERATION BASIN

TCEQ Maximum Organic Loading 15 lbs/day/1,000 ft³ = 41,700 ft³
TCEQ Minimum Required Volume (417 lbs/day) / (15 lbs/day/1,000 ft³) = 311,915 gal

DIMENSIONS

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	78 ft

Volume Provided: 11,232 ft³
Organic Loading in Aeration Basin: (417 lbs/day) / (11232 ft³) = 55.7 lbs/day/1,000 ft³

CLARIFIER

DESIGN FLOW:

TCEQ Maximum Surface Loading	400 gal/day/ft ²
TCEQ Minimum Detention Time	4.5 hrs
Proposed Surface Loading	(250000 gal/day) / (530 ft ²) = 472.5 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (250000 gal/day) = 6.25 hrs
Minimum Effective Surface Area	(250000 gal/day) / (400 gal/day/ft ²) = 625 ft ²

PEAK 2 HR FLOW:

TCEQ Maximum Surface Loading	800 gal/day/ft ²
TCEQ Minimum Detention Time	2.2 hrs
Proposed Surface Loading	(1000000 gal/day) / (530 ft ²) = 1,887 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (1000000 gal/day) = 1 hrs
Minimum Effective Surface Area	(1000000 gal/day) / (800 gal/day/ft ²) = 1250 ft ²

Clarifier Dimensions:

Diameter	31 ft
Stilling Well	5 ft
Side Depth	10.5 ft

Proposed Surface Area =	530 ft ²
Proposed Volume =	5,565 ft ³

TCEQ Maximum Weir Loading	15,000 gal/day/ft
TCEQ Minimum Weir Length	(1000000 gal/day) / (15000 gal/day/ft) = 67.5 ft
Proposed Weir Length	56 ft
Proposed Weir Loading	(1000000 gal/day) / (56 ft) = 17,858 gal/day/ft

AEROBIC DIGESTER

TCEQ Minimum Volume:	(20 ft ³ /lb BOD ₅ /day) (167 lbs/day) = 3,340 ft ³
----------------------	--------------------------------------------------------------------------------------

Digester Dimensions:

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	24 ft
V =	3,456 ft ³

CHLORINE CONTACT CHAMBER

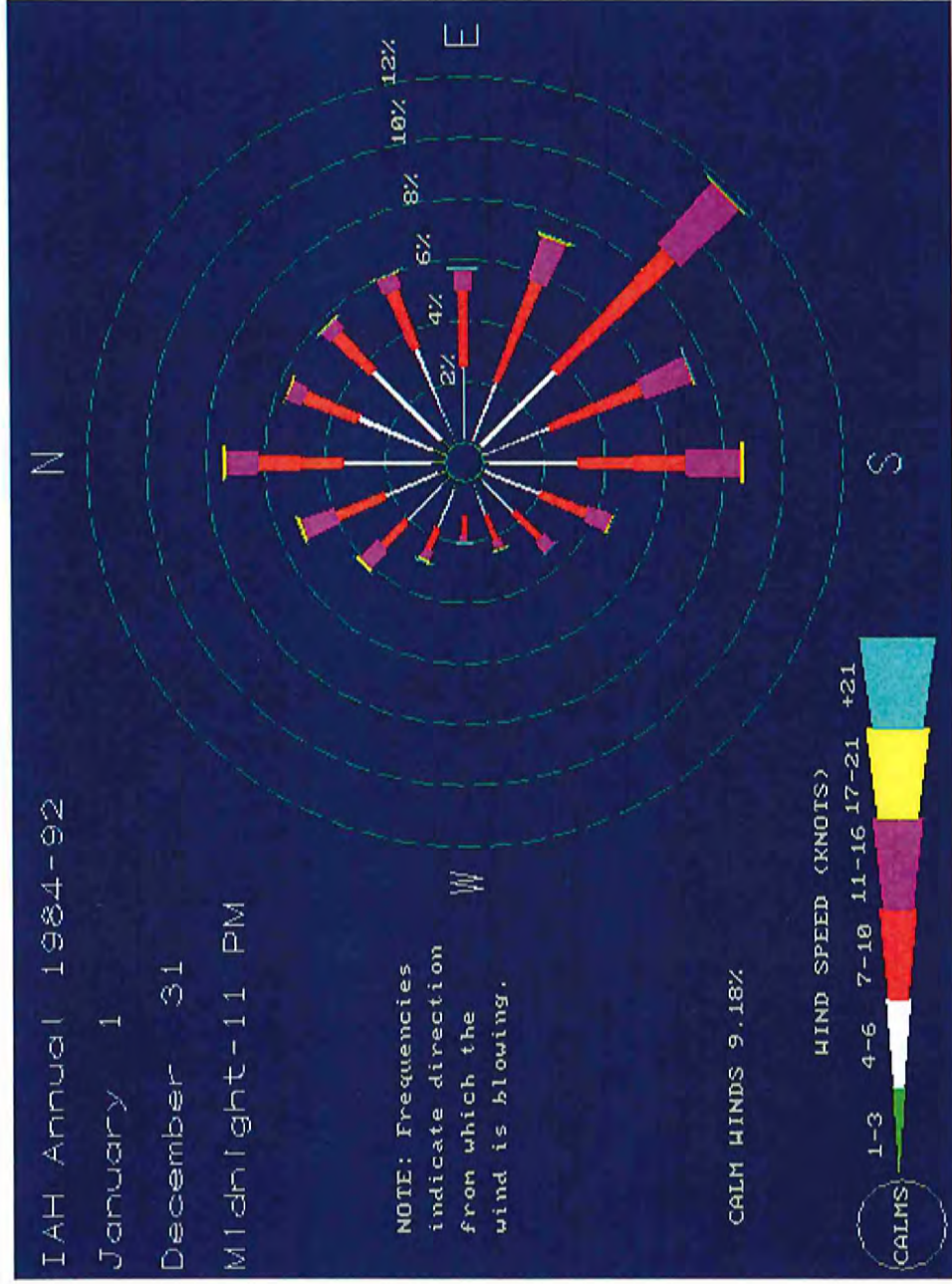
TCEQ Minimum Detention Time (Peak Flow)	20 min
TCEQ Minimum Volume (Peak Flow)	(1000000 gal/day) / (20 min) = 1858 ft ³
H =	10.5 ft (9' + 1.5' free board)
W =	8.5 ft
L =	10 ft

Attachment O

Wind Rose

Section 5(B), Page 23 of 66

(Technical Report 1.1)



Attachment P

**Treatment Units Section
2(B), Page 2 of 65**

(Technical Report 1.0)

Table 1.0(1) - Treatment Units

Phase	Treatment Unit Type	Number of Units	Dimensions (L x W x D)
1	Aeration	2	32' x 12' x 12.2'
	Clarifier	1	36' Diam. @ 10.5' Depth
	Digester	2	20' x 12' x 12.2'
	Chlorine Contact Chamber	1	22' x 11' x 10.5'
2	Aeration	3	52' x 12' x 12.2'
	Clarifier	1	36' Diam. @ 10.5' Depth
	Digester	2	52' x 12' x 12.2'
	Chlorine Contact Chamber	1	22' x 11' x 10.5'

PAULETTE MARIA PASTOR
3722 GREEN FIELDS DR
SUGAR LAND, TX 77479-1916

SCOTT EICKE 2001 TRUST
407 S PECAN DR
TOMBALL, TX 77375-4469

KENNETH & JANICE CHAMBERS
42 COUNTRY CLUB RD
MILLS RIVER, NC 28759-2600

JIMMY TIEMANN
1702 FM 1875 RD
BEASLEY, TX 77417-6043

PARAMBIL ANTO RAPHAEL
5714 SAPPHIRE BAY CT
SUGAR LAND, TX 77479-4157

PEDRO & BENIGNA MEDILLIN
8020 LEHMAN RD
BEASLEY, TX 77417-7010

GRUNWALD RD BEASLEY
INVESTMENTS LLC
1423 CHAPEL BAY RD
RICHMOND, TX 77469-7375

HOUSTON LD LLC
4058 N COLLEGE AVE
FAYETTEVILLE, AR 72703-5234

KRAUSE DENNIS JR
215 S 1ST ST
BEASLEY, TX 77417-9417

LAO KIMLEN
11126 HERON VILLAGE DR
HOUSTON, TX 77064

JAIME PASUQUIN
3011 PECAN POINT DR
SUGAR LAND, TX 77478-4224

CARLOS SAGULLO
14922 ARMITAGE LN
SUGAR LAND, TX 77498-1049

MEBB PARTNERS LTD
12335 KINGSRIDGE LN
HOUSTON, TX 77024-4141

CHAD GUEST
8602 GRUNWALD RD
BEASLEY, TX 77417-6037

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. WQ00

SOLICITUD. Forestar (USA) Real Estata Group Inc., 3355 West Alabama Street, Suite 700, Houston, Texas 77098, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016829001 (EPA I.D. No. TX 014016) 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 250,000 galones por día. La planta estará ubicada 2.000 pies al noroeste de la intersección de Grunwald Road y Hopkins Road, cerca de la ciudad de Beasley, en el Condado de Fort Bend, Texas 77417. La ruta de descarga estará del sitio de la planta a una zanja de drenaje, de allí a Snake Creek, de allí al río San Bernard por encima de la marea (pendiente de RWA). La TCEQ recibió esta solicitud el 18 de junio de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en George Memorial Library, 1001 Golfview Drive, Richmond en el Condado de Fort Bend, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.947969,29.497539&level=18>

[Include the following non-italicized sentence if the facility is located in the Coastal Management Program boundary. The Coastal Management Program boundary is the area along the Texas Coast of the Gulf of México as depicted on the map in 31 TAC §503.1 and includes part or all of the following counties: Cameron, Willacy, Kenedy, Kleberg, Nueces, San Patricio, Aransas, Refugio, Calhoun, Victoria, Jackson, Matagorda, Brazoria, Galveston, Harris, Chambers, Jefferson y Orange.] El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es

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

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

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

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

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

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

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

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del Forestar (USA) Real Estate Group Inc. a la dirección indicada arriba o llamando a *Senor Jason Schultz, P.E., GFT* al 713-527-6487.

Fecha de emisión: *[Date notice issued]*



June 13, 2025

Executive Director
Applications Review and Processing Team (MC148)
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, TX 78753

**Re: Domestic Wastewater Permit Application (New)
Forestar (Applicant)**

To whom it may concern:

Please find attached one original and three copies of the Domestic Wastewater Discharge Permit Application for a TPDES Permit. Check No. 3371856 in the amount of \$1,250.00 for the application fee has been sent under separate cover to the Financial Administration Division with a copy attached to this application.

If you have any questions or require additional information, please do not hesitate to call 713-527-6368 or e-mail at JMcConathy@gfnet.com

Sincerely,

GFT

T.B.P.E. Firm Registration #1800

A handwritten signature in blue ink, appearing to read 'James McConathy'.

James McConathy, P.E.
Project Manager

**TEXAS COMMISSION
ON
ENVIRONMENTAL QUALITY**

**DOMESTIC WASTEWATER PERMIT
APPLICATION
(NEW)**

**DELIVERED TO: Texas Commission on Environmental Quality
Application Review and Processing Team
Building F, Room 2101
12100 Park 35 Circle
Austin, TX 78753**

**SUBMITTED BY: GFT
3100 West Alabama
Houston, TX 77098**

DEC Job No. 5506-52

ON BEHALF OF: Forestar

JUNE 2025

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ATTACHMENTS



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Forestar

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

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

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

For TCEQ Use Only

Segment Number _____ County _____
 Expiration Date _____ Region _____
 Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number: 371856
 Check/Money Order Amount: \$1,250.00
 Name Printed on Check: Texas Commission on Environmental Quality

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes

Section 2. Type of Application (Instructions Page 26)

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

- Publicly Owned Domestic Wastewater
- Privately-Owned Domestic Wastewater
- Conventional Water Treatment

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

- Active Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

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

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

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

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

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

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

Forestar

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

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

CN: 603055799

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

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

Last Name, First Name: Williamson, David

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

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

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

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

[Click to enter text.](#)

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

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

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

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

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

Last Name, First Name: [Click to enter text.](#)

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

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

Provide a brief description of the need for a co-permittee: [Click to enter text.](#)

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. [Click to enter text.](#)

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: McConathy, James
Title: Engineer Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 West Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6368 E-mail Address: jmccconathy@gfnet.com
Check one or both: Administrative Contact Technical Contact

B. Prefix: Mr. Last Name, First Name: Schultz, Jason
Title: Project Manager Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6487 E-mail Address: jschultz@gfnet.com
Check one or both: Administrative Contact Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: McConathy, James
Title: Engineer Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 West Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6368 E-mail Address: jmccconathy@gfnet.com

B. Prefix: Mr. Last Name, First Name: Schultz, Jason
Title: Project Manager Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 W Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6487 E-mail Address: jschultz@gfnet.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Williamson, David
Title: Vice President Credential: Click to enter text.
Organization Name: Forestar
Mailing Address: 3355 W Alabama, Suite 700 City, State, Zip Code: Houston, TX 77098
Phone No.: 713-221-7919 E-mail Address: austinbocciardi@forestar.com

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

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

Prefix: Mr. Last Name, First Name: Williamson, David
Title: Vice President Credential: Click to enter text.
Organization Name: Forestar
Mailing Address: 3355 W Alabama, Suite 700 City, State, Zip Code: Houston, TX 77098
Phone No.: 713-221-7919 E-mail Address: Austinbocciardi@forestar.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: McConathy, James
Title: Engineer Credential: P.E.
Organization Name: GFT
Mailing Address: 3100 West Alabama City, State, Zip Code: Houston, TX 77098
Phone No.: 713-527-6368 E-mail Address: jmconathy@gfnet.com

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

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

- E-mail Address
- Fax
- Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Schultz, Jason

Title: Engineer Credential: P.E.

Organization Name: GFT

Mailing Address: 3100 W Alabama City, State, Zip Code: Click to enter text.

Phone No.: 713-527-6487 E-mail Address: jschultz@gfnet.com

D. Public Viewing Information

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

Public building name: George Memorial Library

Location within the building: Click to enter text.

Physical Address of Building: 1001 Golfview Drive

City: Richmond County: Fort Bend

Contact (Last Name, First Name): Bullard, Elizabeth

Phone No.: 832-471-2450 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

Yes No

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

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

Yes No

3. Do the students at these schools attend a bilingual education program at another location?

Yes No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?

Yes No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

F. Summary of Application in Plain Language Template

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

Attachment: B

G. Public Involvement Plan Form

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

Attachment: C

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

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

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

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

Wildbloom

C. Owner of treatment facility: Forestar

Ownership of Facility: Public Private Both Federal

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

Prefix: Click to enter text. Last Name, First Name: Williamson, David

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Forestar

Mailing Address: 3355 W Alabama, Suite 700 City, State, Zip Code: Houston, TX 77098

Phone No.: 713-221-7919 E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)

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

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

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

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

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

Prefix: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)

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

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

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

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

Yes No

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

Treatment facility is located approximately 2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd

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

Yes No

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

From the treatment facility through a 24-inch pipe (exact size to be determined with facility design) into a proposed drainage channel through Snake Creek thence to San Bernard River Above Tidal in Segment 1302.

City nearest the outfall(s): Beasley

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

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

Yes No

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

- Authorization granted Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

- Yes No

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

N/A

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

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

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

[Click to enter text.](#)

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

- Yes No

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

- Yes No Not Applicable

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

Sludge is to be hauled offsite by a licensed hauler

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

Yes No

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

D. Do you owe any fees to the TCEQ?

Yes No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

Yes No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

Attachment 1 for Individuals as co-applicants

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

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: Forestar


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.

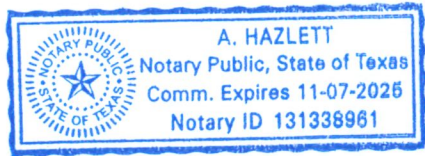
Signatory name (typed or printed): David Williamson

Signatory title: Vice President

Signature:  Date: 6-3-2025
(Use blue ink)

Subscribed and Sworn to before me by the said David Williamson
on this 3 day of June, 2025.
My commission expires on the 7 day of November, 2025.


Notary Public
Harris
County, Texas



[SEAL]

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- The applicant's property boundaries
 - The facility site boundaries within the applicant's property boundaries
 - The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
 - The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
 - The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
 - The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
 - The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
 - The property boundaries of all landowners surrounding the effluent disposal site
 - The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
 - The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- D. Provide the source of the landowners' names and mailing addresses: [Click to enter text.](#)
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- Yes No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

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

- Yes No

DOMESTIC WASTEWATER PERMIT APPLICATION
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: H

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Summary of Application (in Plain Language) Yes



DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.1

2-Hr Peak Flow (MGD): 0.4

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Final Phase

Design Flow (MGD): 0.25

2-Hr Peak Flow (MGD): 1.0

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Current Operating Phase

Provide the startup date of the facility: TBD

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided.**

Activated sludge/conventional mode. Raw sewage enters the plant at the lift station and flows by gravity through a bar screen to the following units: aeration basin, clarifier, chlorine contact chamber. The resulting sludge will be processed through an aerobic digester before disposal. Same for all phases.

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 P)		

C. Process Flow Diagram

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

Attachment: I

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

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

- Latitude: 29.497539
- Longitude: 95.947969

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

- Latitude: N/A
- Longitude: Click to enter text.

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: J

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

Future Wildbloom, 258.5 acre residential development

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
TBD	HWC MUD 291	Publicly Owned	TBD
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

- Yes No

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

- Yes No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

- Yes No

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

- Yes No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

Yes No

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

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

Yes No

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

Click to enter text.

C. Other actions required by the current permit

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

Yes No

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

Click to enter text.

D. Grit and grease treatment

1. *Acceptance of grit and grease waste*

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

Yes No

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

2. *Grit and grease processing*

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

Click to enter text.

3. *Grit disposal*

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

Yes No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

Yes No

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

Yes No

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

2. MSGP coverage

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

Yes No

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

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

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

Yes No

3. Conditional exclusion

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

Yes No

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

Click to enter text.

4. Existing coverage in individual permit

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

Yes No

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

Click to enter text.

5. Zero stormwater discharge

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

Yes No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

Yes No

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

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

Yes No

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

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

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes No

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

Yes No

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

Yes No

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

Click to enter text.

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

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

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

Yes No

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

Click to enter text.

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

Is the facility in operation?

Yes No

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

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

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

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

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

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 50)Facility Operator Name: TBDFacility Operator's License Classification and Level: TBDFacility Operator's License Number: TBD

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	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: TBD

TCEQ permit or registration number: TBD

County where disposal site is located: TBD

E. Transportation method

Method of transportation (truck, train, pipe, other): TBD

Name of the hauler: TBD

Hauler registration number: TBD

Sludge is transported as a:

Liquid semi-liquid semi-solid solid

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

A. Beneficial use authorization

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

Yes No

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

Yes No

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

Yes No

B. Sludge processing authorization

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

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

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

- Yes No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

- Yes No

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

A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

Yes No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

- Yes No

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

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

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

A. Additional authorizations

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

Yes No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes No

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

Yes No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

Yes No

B. Remediation activity wastewater

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

Yes No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: David Williamson

Title: Vice President

Signature: -----

Date: 6-3-2025-----

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

The proposed permit is needed to enable the residential development of the 258.5 acres. There is not another permitted treatment facility close enough to this development with enough capacity to provide service to the single family and commercial tracts.

B. Regionalization of facilities

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

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

1. Municipally incorporated areas

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

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

Yes No Not Applicable

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

If yes, attach correspondence from the city.

Attachment: [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?

Yes No

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

Attachment: L

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

Attachment: M

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

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

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

Yes No

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

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

A. Current organic loading

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

Average Influent Organic Strength or 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	0.25	200
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	0.25	
AVERAGE BOD ₅ from all sources		200

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

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5

Other: 63

B. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: Click to enter text.

Dissolved Oxygen, mg/l: 5

Other: 63

C. Disinfection Method

Identify the proposed method of disinfection.

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

Dechlorination process: Click to enter text.

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

Other: Click to enter text.

Section 4. Design Calculations (Instructions Page 59)

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

Attachment: N

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

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

Yes No

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

FEMA-Flood Insurance Rate Map

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

Click to enter text.

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

Yes No

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

Yes No

If **yes**, provide the permit number: Click to enter text.

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

B. Wind rose

Attach a wind rose: Q

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

A. Beneficial use authorization

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

Yes No

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

B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

Attachment: K

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

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

Yes No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

Yes No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

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

[Click to enter text.](#)

C. Sea grasses

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

Yes No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

- Yes No

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

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

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

Name of the immediate receiving waters: Snake Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

- Stream
 Freshwater Swamp or Marsh
 Lake or Pond

Surface area, in acres: Click to enter text.

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

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

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

B. Flow characteristics

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

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

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

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

C. Downstream perennial confluences

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

None

D. Downstream characteristics

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

- Yes No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

[Click to enter text.](#)

Date and time of observation: 5/20/25

Was the water body influenced by stormwater runoff during observations?

- Yes No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

Yes No

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

Click to enter text.

C. Treatment plant pass through

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

Yes No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes No

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

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

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

A. Substantial modifications

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

Yes No

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

Click to enter text.

B. Non-substantial modifications

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

- Yes No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

- Yes No

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

Click to enter text.

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

A. General information

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

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

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

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

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

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

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

B. Process information

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

[Click to enter text.](#)

C. Product and service information

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

[Click to enter text.](#)

D. Flow rate information

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

Process Wastewater:

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

Discharge Type: Continuous Batch Intermittent

Non-Process Wastewater:

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

Discharge Type: Continuous Batch Intermittent

E. Pretreatment standards

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

Yes No

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

Yes No

If subject to categorical pretreatment standards, indicate the applicable category and subcategory for each categorical process.

Category: Subcategories: [Click to enter text.](#)

[Click or tap here to enter text.](#) [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

Category: [Click to enter text.](#)

Subcategories: [Click to enter text.](#)

F. Industrial user interruptions

Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

Yes No

If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

Click to enter text.

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only Reg. No. _____ Date Received _____ Date Authorized _____

Section 1. General Information (Instructions Page 92)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

2. Agent/Consultant Contact Information

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

3. Owner/Operator Contact Information

Owner Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

4. Facility Contact Information

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

5. **Latitude and Longitude, in degrees-minutes-seconds**

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- Vertical Injection
- Subsurface Fluid Distribution System
- Infiltration Gallery
- Temporary Injection Points
- Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Table 7.0(1) – Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? Yes No
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:
Name: [Click to enter text.](#)
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

Section 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M): [Click to enter text.](#)

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

Class V Injection Well Designations

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTPP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

ATTACHMENTS

ADMINISTRATIVE REPORT 1.0

Attachment A – Core Data Form – Section 3, Item C, Page 4 of 17

Attachment B – Plain Language Summary – Section 8, Item F, Page 7 of 17

Attachment C – Public Involvement Plan Form – Section 8, Item G, Page 7 of 17

Attachment D – USGS Quadrangle Maps – Section 13, Page 10 of 17

ADMINISTRATIVE REPORT 1.1

Attachment E – Affected Landowner Map – Section 1, Item A, Page 12 of 17

Attachment F – Photographs – Section 2, Page 13 of 17

Attachment G – Buffer Zone Map – Section 3, Item A, Page 13 of 17

Attachment H – Supplemental Permit Information Form – Page 14 of 17

TECHNICAL REPORT 1.0

Attachment I – Flow Diagram – Section 2, Item C, Page 2 of 65

Attachment J – Facility Site Drawing – Section 3, Page 3 of 65

TECHNICAL REPORT 1.1

Attachment L – WWTFs Within 3 Miles – Section 1, Item B, Page 20 of 65

Attachment M – Certified Letter to Neighboring Facility – Section 1, Item B, Page 20 of 65

Attachment N – Design Calculations – Section 4, Page 22 of 65

Attachment O – Wind Rose – Section 5, Item B, Page 23 of 65

Attachment P - Treatment Units - Section 2, Item B, Page 2 of 65

Attachment A

Core Data Form Section 3(C), Page 4 of 17

(Administrative Report 1.0)



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.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 603055799		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
Forestar			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:	3355 W Alabama		
	Suite 700		
	City	Houston	State TX
16. Country Mailing Information (if outside USA)		ZIP	77098
		ZIP + 4	
17. E-Mail Address (if applicable)		austinbocciardi@forestar.com	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
() -		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
Wildbloom							
23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County							

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:	2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd.						
26. Nearest City					State	Nearest ZIP Code	
Beasley					TX		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:		29.497539			28. Longitude (W) In Decimal:		95.947969
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	29	51.1404	95	56	52.6884		
29. Primary SIC Code	30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)	(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Provide water and sewer Service							
34. Mailing Address:	3355 W Alabama						
	Suite 700						
	City	Houston	State	TX	ZIP	77098	ZIP + 4
35. E-Mail Address:	austinbocciardi@forestar.com						
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)			
(713) 221-7919				() -			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	James McConathy	41. Title:	Project Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 527-6368		() -	jmconathy@gfnet.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Forestar	Job Title:	Vice President
Name (In Print):	David Williamson	Phone:	(713) 221- 7919
Signature:		Date:	6-3-2025

Attachment B

Plain Language Summary Section 8(F), Page 7 of 17

(Administrative Report 1.0)



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Forestar (CN603055799) proposes to operate Wildbloom WWTP (5. Enter Regulated Entity Number here (i.e., RN1#####)), an activated sludge process plant operated in conventional mode. The facility will be located at 2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd, in Beasley, Fort Bend County, Texas 77417. This application is for a new permit to discharge at an annual average flow of 100,000 gallons per day of treated domestic wastewater. <<For TLAP applications include the following sentence, otherwise delete:>> This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. The domestic wastewater will be treated by screening, aeration digestion, secondary clarification, and chlorination.

PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

Forestar (CN603055799) propone operar Wildbloom WWTP 5. Introduzca el número de entidad regulada aquí (es decir, RN1#####), una planta de proceso de lodos activados operada en modo convencional. La instalación estará ubicada en 2,000 pies al norte oeste de la interseccion de Hopkins Rd y Grunwald Rd, en Houston, Condado de Fort Bend, Texas 77417. Esta solicitud es para nuevo permiso para descargar a un flujo promedio anual de 100,000 galones por dia de aguas residuales domesticas tratadas. <<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (SST), nitrógeno amoniacal (NH3-N) y Escherichia coli. Las aguas residuales domesticas. estará tratado por cribado, digestion por aireacion, clarificacion secundaria y cloracion.

Attachment C

Public Involvement Plan Form Section 8(G), Page 7 of 17

(Administrative Report 1.0)



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

New Permit or Registration Application

New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, **and**

Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

Public Involvement Plan not applicable to this application. Provide **brief** explanation.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

City

County

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school

- (b) Per capita income for population near the specified location

- (c) Percent of minority population and percent of population by race within the specified location

- (d) Percent of Linguistically Isolated Households by language within the specified location

- (e) Languages commonly spoken in area by percentage

- (f) Community and/or Stakeholder Groups

- (g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

Yes No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

Yes No

If Yes, please describe.

If you answered “yes” that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

Yes No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

- Publish in alternative language newspaper
- Posted on Commissioner’s Integrated Database Website
- Mailed by TCEQ’s Office of the Chief Clerk
- Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

Yes No

(e) If a public meeting is held, will a translator be provided if requested?

Yes No

(f) Hard copies of the application will be available at the following (check all that apply):

- TCEQ Regional Office TCEQ Central Office
- Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

Yes No

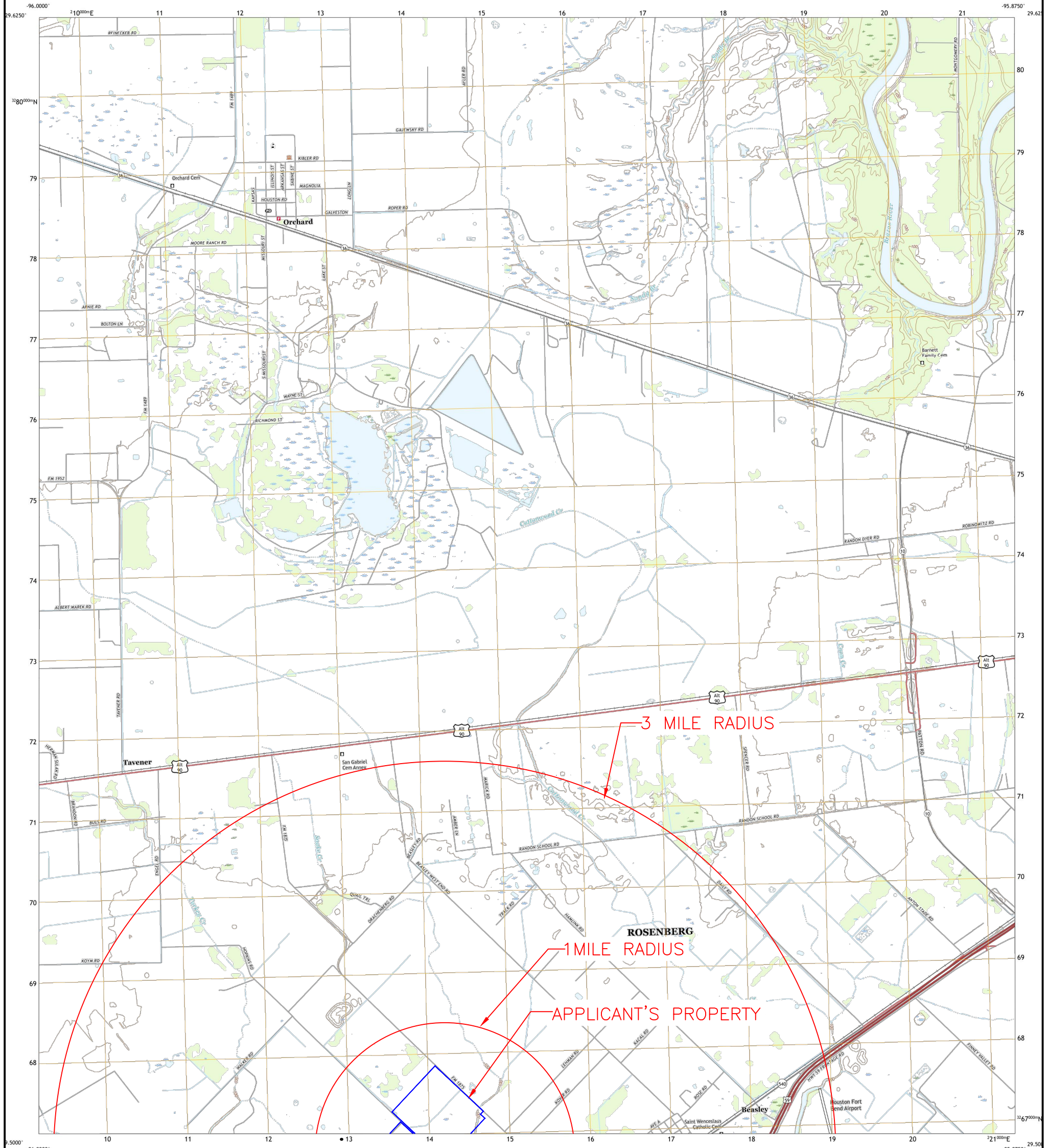
What types of notice will be provided?

- Publish in alternative language newspaper
- Posted on Commissioner’s Integrated Database Website
- Mailed by TCEQ’s Office of the Chief Clerk
- Other (specify)

Attachment D

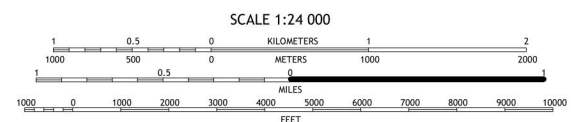
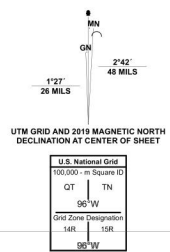
USGS Quadrangle Maps Section 13, Page 10 of 17

(Administrative Report 1.0)



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84), Projection and
1000-meter grid/Universal Transverse Mercator, Zone 14R15R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2021
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3
4	5	6
7	8	

ADJOINING QUADRANGLES

1 Walls
2 Fulshear
3 Richmond NE
4 East Bernard
5 Richmond
6 Hangerford
7 Kendallton
8 Needville

ORCHARD, TX
2022

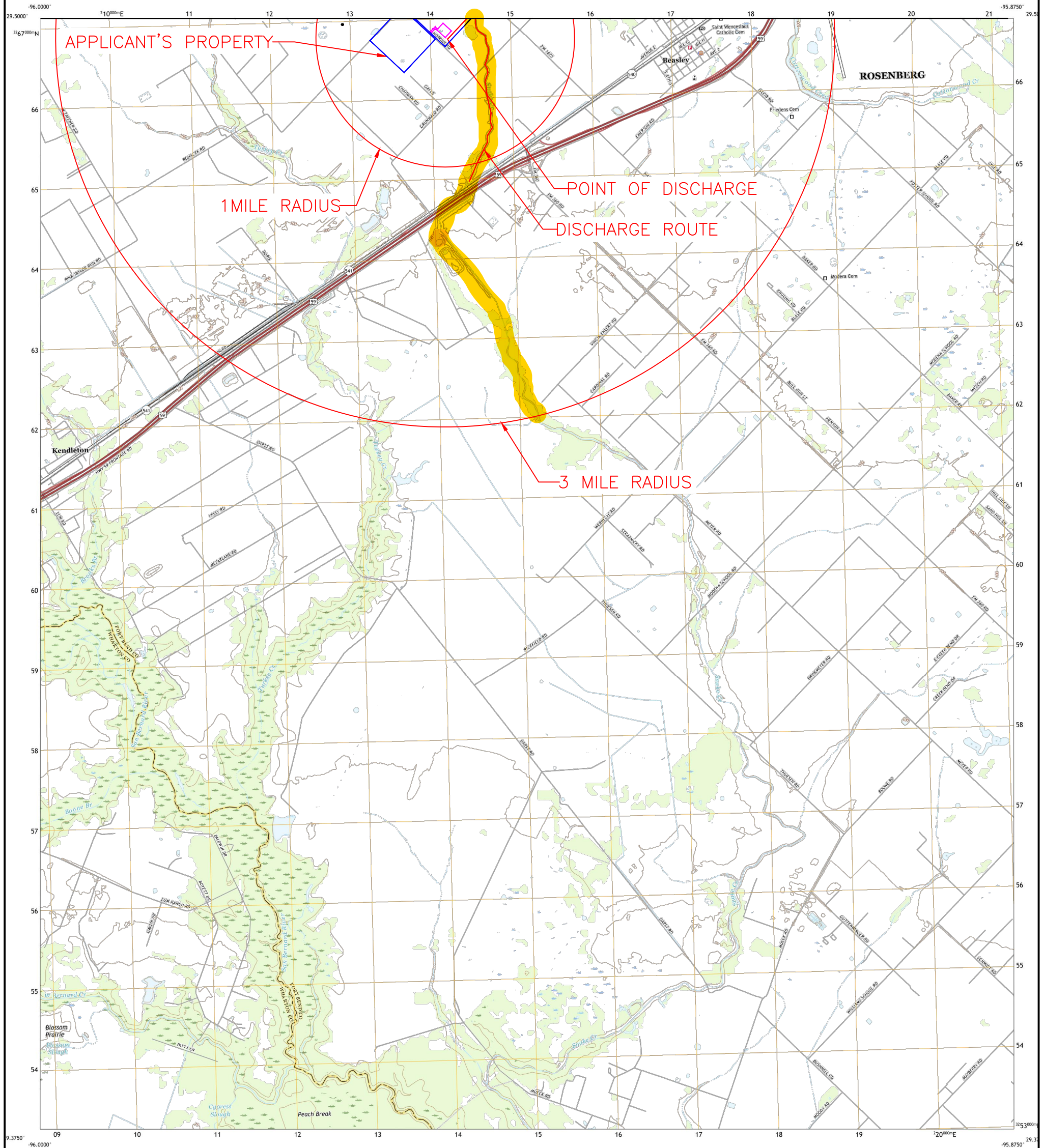
..\\ns05335\GFT_logo_DARK_GREEN_CHKX.png

T.B.P.E.L.S. FIRM REGISTRATION #1800
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

**WILDBLOOM TRACT PRELIMINARY
ENGINEERING USGS EXHIBIT
SHEET 1 OF 2**

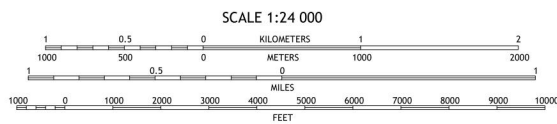
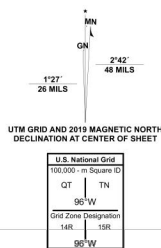
SCALE: 1" = 100' | May 2025

G:\1130\5506-52\CAD\WILDBLOOM - USGS EXHIBITS.DWG



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83).
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14R/15R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NAIP, October 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNS, 1979 - 2021
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2018
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
This map was produced to conform with the
National Geospatial Program US Topo Product Standard.



1	2	3
4	5	6
7	8	9

ADJOINING QUADRANGLES

ROAD CLASSIFICATION	
Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	AWD
Interstate Route	US Route
	State Route

KENDLETON, TX
2022

..\\ns05335\GFT_logo_DARK_GREEN_CHK.png

T.B.P.E.L.S. FIRM REGISTRATION #1800
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

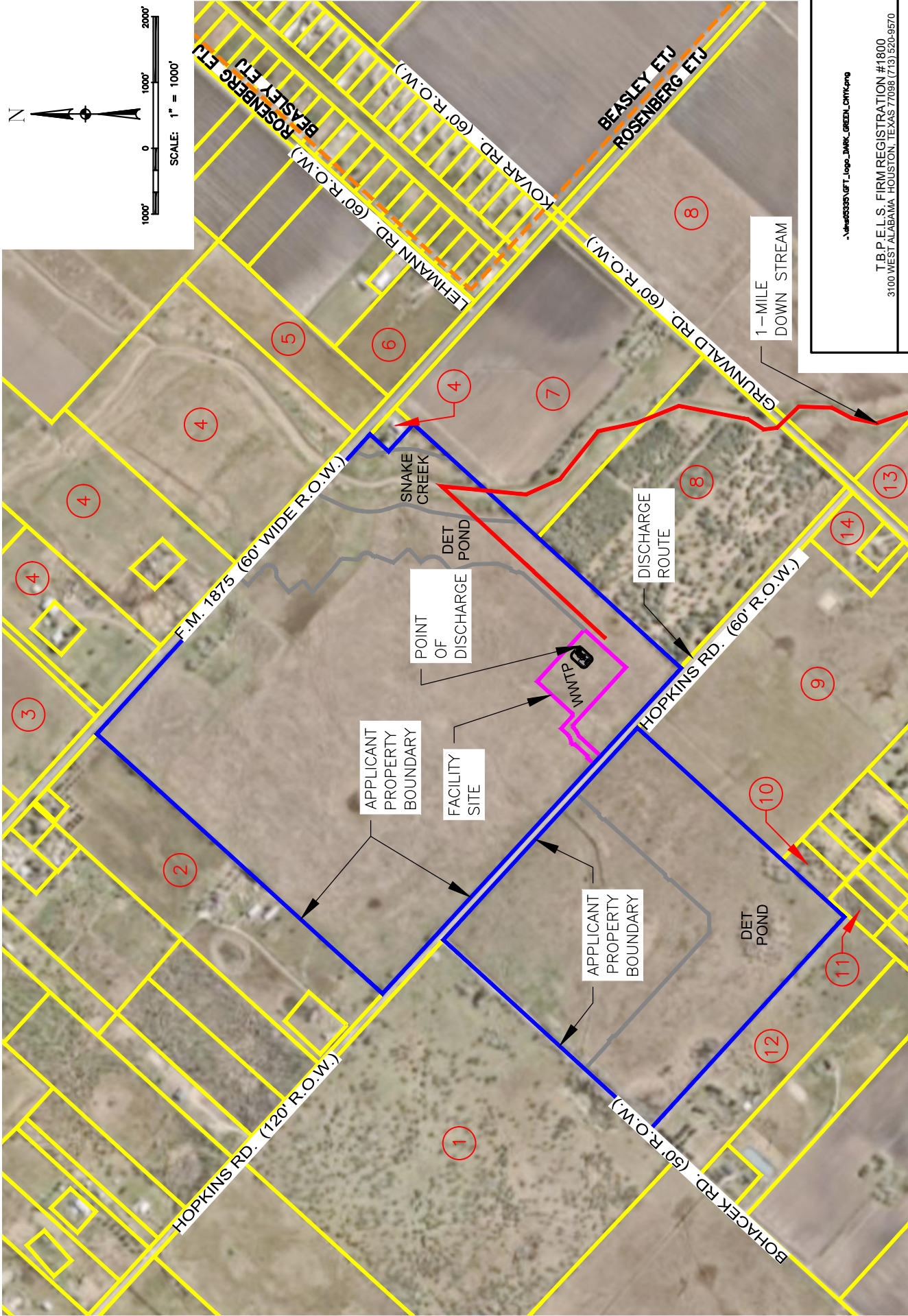
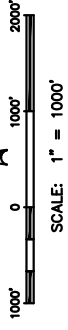
**WILDBLOOM TRACT PRELIMINARY
ENGINEERING USGS EXHIBIT
SHEET 2 OF 2**

SCALE: 1" = 100' | May 2025

Attachment E

Affected Landowner Map Section 1(A), Page 12 of 17

(Administrative Report 1.1)



\\na03235\GFT_Logs_DARK_GREEN_ORF142.mxd

TBPELS FIRM REGISTRATION #1800
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

WILDBLOOM ADAJACENT PROPERTY OWNERS EXHIBIT

FORT BEND COUNTY M.U.D.

SCALE: 1" = 1000' May 21, 2025

- 1 Paulette Maria Pastor
3722 Green Fields DR
Sugar Land, TX 77479-1916

- 2 Scott Eicke 2001 Trust
407 S Pecan DR
Tomball, TX 77375-4469

- 3 Kenneth & Janice Chambers
42 Country Club RD
Mills River, NC 28759-2600

- 4 Jimmy Tiemann
1702 FM 1875 RD
Beasley, TX 77417-6043

- 5 Parambil Anto Raphael
5714 Sapphire Bay CT
Sugar Land, TX 77479-4157

- 6 Medillin Pedro & Benigna
8020 Lehman RD
Beaseley, TX 77417-7010

- 7 Grunwald Rd Beasley Investments LLC
1423 Chapel Bay RD
Richmond, TX 77469-7375

- 8 Houston Ld LLC
4058 N College AVE
Fayetteville, AR 72703-5234

- 9 Krause Dennis Jr
215 S 1st ST
Beasley, TX 77417-9417

- 10 Lao Kimlen
11126 Heron Village DR
Houston, TX 77064

- 11 Jaime Pasuquin
3011 Pecan Point DR
Sugar Land, TX 77478-4224

12 Carlos Sagullo
14922 Armitage LN
Sugar Land, TX 77498-1049

Attachment F

Photographs

Section 2, Page 13 of 17



WASTEWATER TREATMENT FACILITY SITE



Photo 1 – facing north on Hopkins Rd



Photo 2 – facing south on FM 1875

Attachment G

Buffer Zone Map Section 3(A), Page 13 of 17

(Administrative Report 1.1)

WWTP SITE BOUNDARY

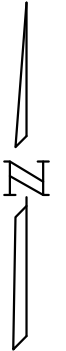
150' BUFFER ZONE

APPLICANT PROPERTY

150'
BUFFER ZONE

PH 2
PH 1
PH 2

150' BUFFER ZONE



WWTP SITE BOUNDARY

APPLICANT PROPERTY

PROPERTY BOUNDARY

ADJACENT PROPERTY

DEC | ENGINEERING
EXCELLENCE

T.B.P.E.L.S. FIRM REGISTRATION #392
3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

BUFFER ZONE MAP

SCALE: N.T.S.

JUNE, 2025

Attachment H

**Supplemental Permit Information Form
Page 14 of 17**

(Administrative Report 1.1)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: Renewal Major Amendment Minor Amendment New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

Texas Historical Commission

U.S. Fish and Wildlife

Texas Parks and Wildlife Department

U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.

Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments. Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Forestar

Permit No. WQ00 _____

EPA ID No. TX _____

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

Treatment facility is located approximately 2,000 feet northwest of the intersection of Hopkins Rd and Grunwald Rd.

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jason Schultz

Credential (P.E, P.G., Ph.D., etc.): P.E.

Title: Project Manager

Mailing Address: 3100 West Alabama St.

City, State, Zip Code: Houston, TX 77098

Phone No.: 713-527-6487 Ext.: Fax No.:

E-mail Address: jschultz@gfnet.com

2. List the county in which the facility is located: Fort Bend
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

From the treatment facility through a 24-inch pipe (exact size to be determined with facility design) to a proposed drainage channel through Snake Creek to San Bernard River Above Tidal in Segment 1302

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- Proposed access roads, utility lines, construction easements
- Visual effects that could damage or detract from a historic property's integrity
- Vibration effects during construction or as a result of project design
- Additional phases of development that are planned for the future
- Sealing caves, fractures, sinkholes, other karst features

- Disturbance of vegetation or wetlands

1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

Approximately 4 acres will be cleared and prepared for construction of the treatment facility

2. Describe existing disturbances, vegetation, and land use:

none

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

3. List construction dates of all buildings and structures on the property:

No structures or construction to date

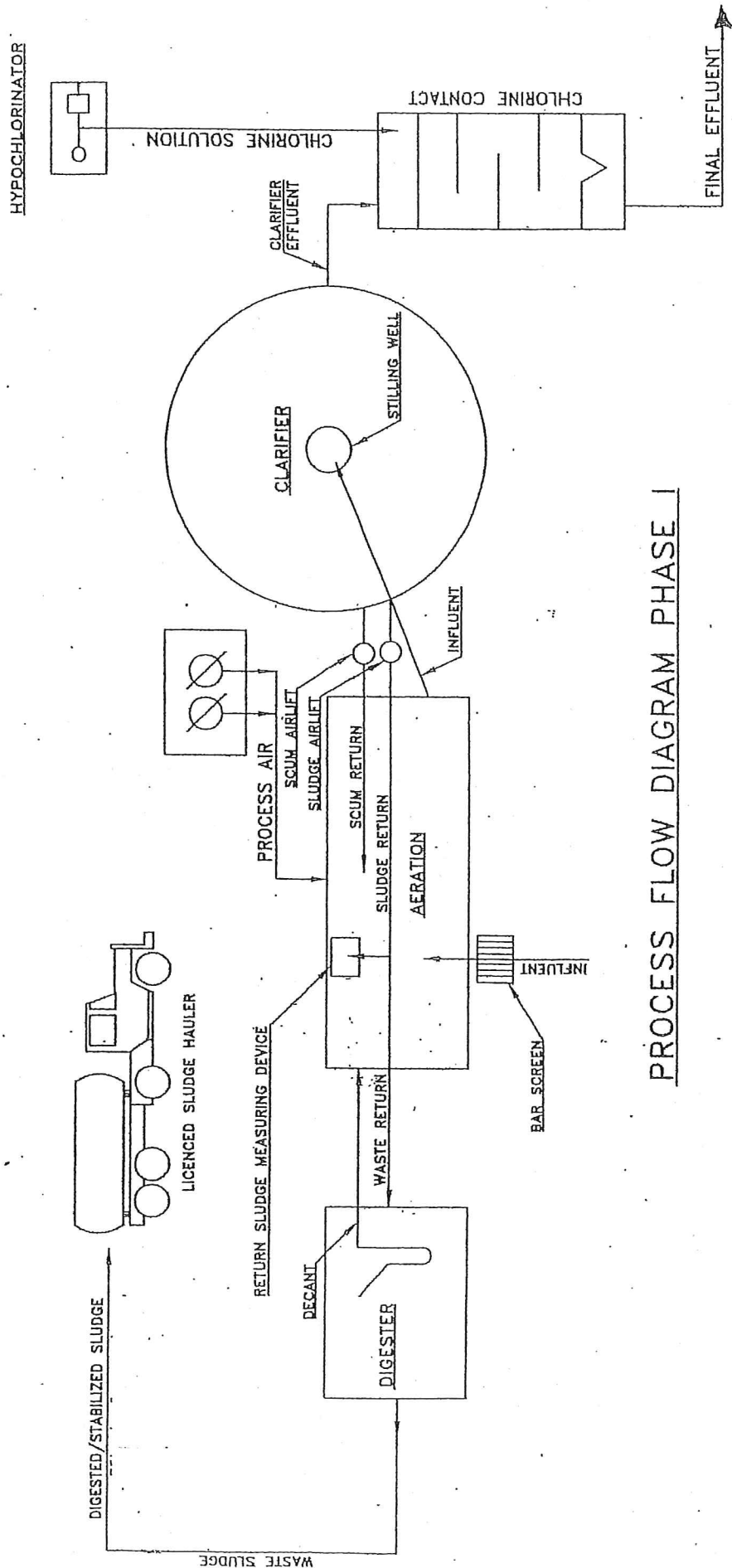
4. Provide a brief history of the property, and name of the architect/builder, if known.

Rural undeveloped property

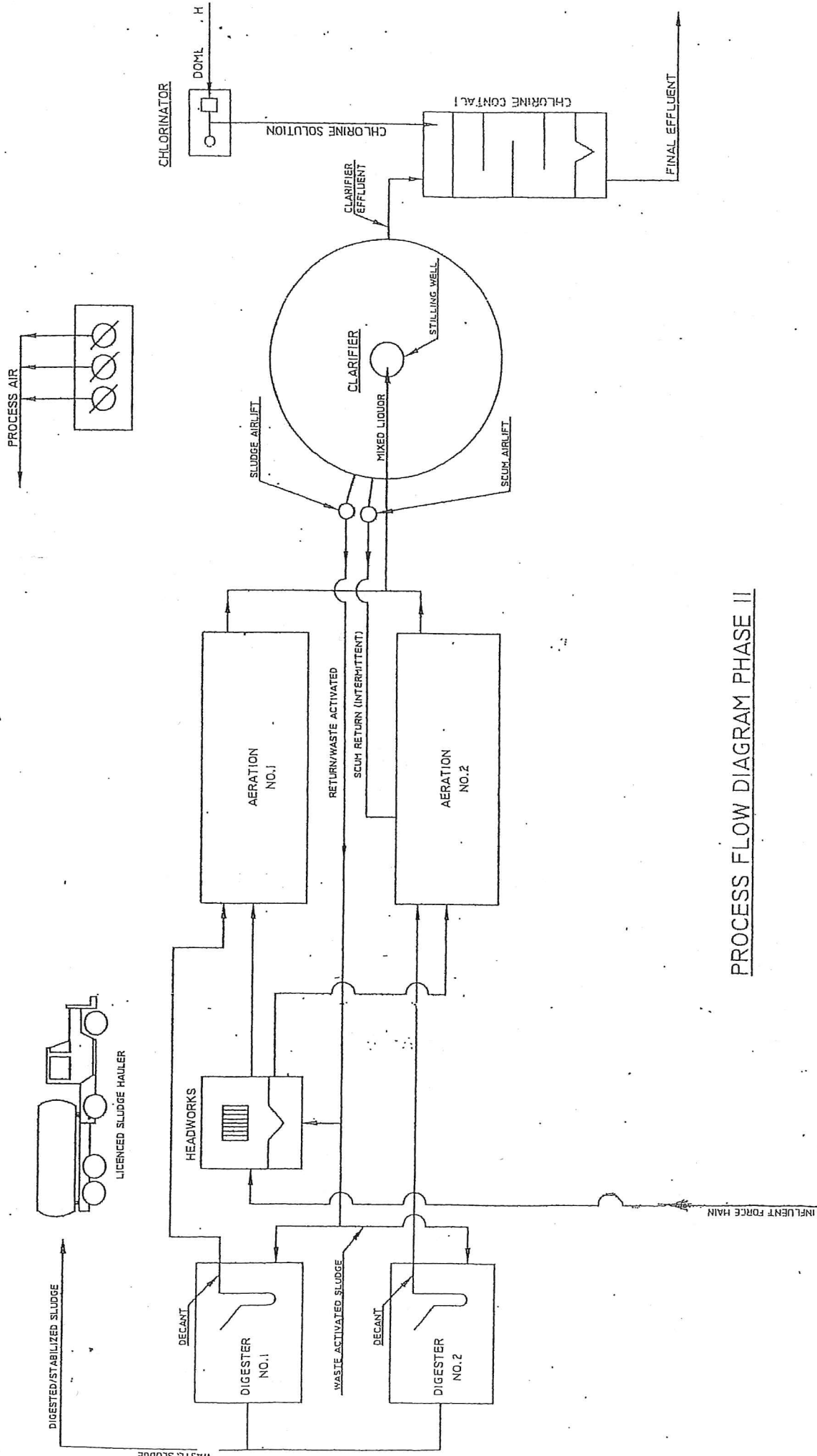
Attachment I

Flow Diagram Section 2(C), Page 2 of 66

(Technical Report 1.0)



PROCESS FLOW DIAGRAM PHASE I

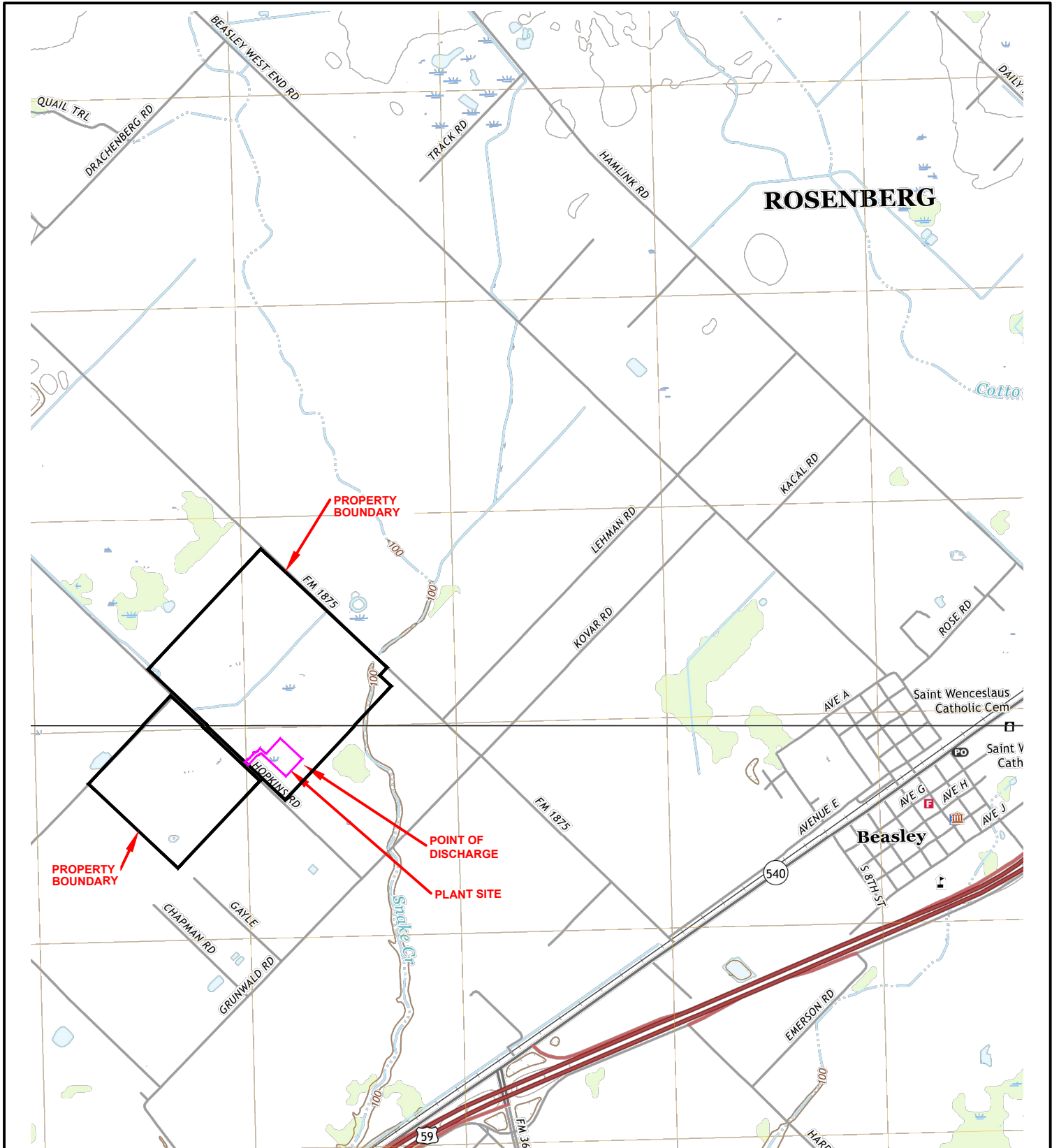


PROCESS FLOW DIAGRAM PHASE II

Attachment J

Facility Site Drawing Section 3, Page 3 of 66

(Technical Report 1.0)



T.B.P.E.L.S. FIRM REGISTRATION #1800
 3100 WEST ALABAMA HOUSTON, TEXAS 77098 (713) 520-9570

FACILITY SITE PLAN

FORT BEND COUNTY M.U.D. #291

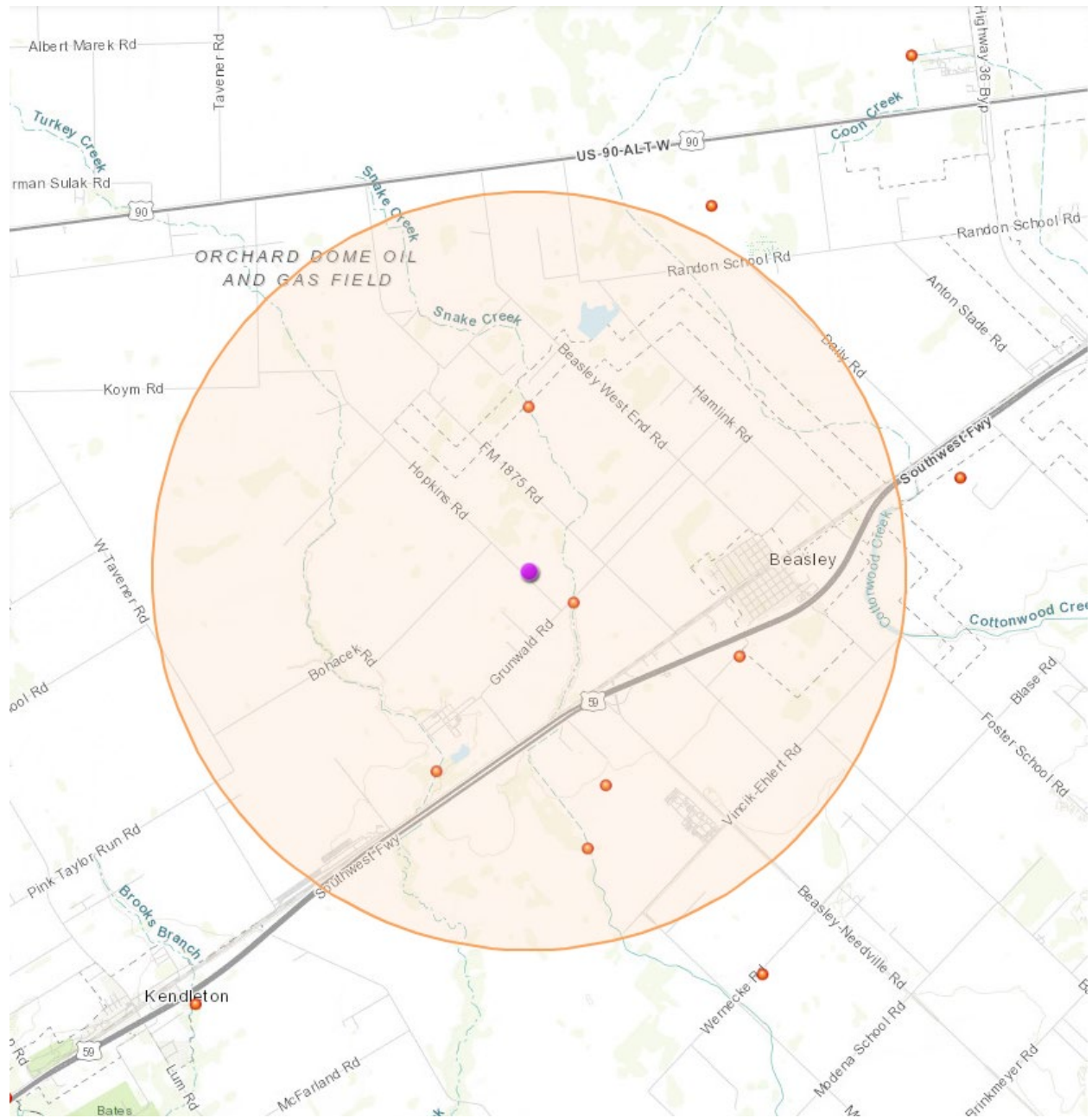
SCALE: N.T.S.

June 13, 2025

Attachment L

Wastewater Treatment Facilities Within 3 Miles Section 1(B), Page 20 of 66

(Technical Report 1.1)



NEARBY WASTEWATER OUTFALLS

3-MILE RADIUS

Attachment M

Certified Letter to Nearby Facility Section 1(B), Page 20 of 66

(Technical Report 1.1)

McConathy, James P.

From: Josh Wadley <jwadley@landtejas.com>
Sent: Wednesday, May 21, 2025 11:37 AM
To: McConathy, James P.
Subject: Re: Wildbloom Discharge Permit

Follow Up Flag: Follow up
Flag Status: Flagged

[EXTERNAL EMAIL]: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

We don't have the ability to share any capacity in our WWTP.

Thank You,
Josh Wadley
Land Tejas

2450 Fondren, Suite 210
Houston, TX 77063
Direct: 713.255.5966
Cell: 979.220.8717

From: McConathy, James P. <jmconathy@gftinc.com>
Sent: Wednesday, May 21, 2025 9:21 AM
To: Josh Wadley <jwadley@landtejas.com>
Subject: Wildbloom Discharge Permit

Hi Josh,

The TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the Astro Rosenberg LP facility under the following permit has the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0016141001

James McConathy, P.E.
Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098
E: jmconathy@gftinc.com
C: 713-865-1693 | **D:** 713-527-6368 | **O:** 713-527-9570
gftinc.com | Stay connected: [LinkedIn](#) | [Instagram](#) | [Facebook](#)

McConathy, James P.

From: Misty Tiemann <beasley@cityofbeasley.com>
Sent: Wednesday, May 21, 2025 9:25 AM
To: McConathy, James P.
Subject: Re: Wildbloom Denial of Service Letter

Follow Up Flag: Follow up
Flag Status: Flagged

[EXTERNAL EMAIL]: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, correct. We are not able to accomodate this project.

From: McConathy, James P. <jmccconathy@gftinc.com>
Sent: Wednesday, May 21, 2025 9:18 AM
To: Misty Tiemann <beasley@cityofbeasley.com>
Subject: Wildbloom Denial of Service Letter

Hi Misty,

As we discussed, the TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the City of Beasley facility under the following permit has the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0011450001

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmccconathy@gftinc.com

C: 713-865-1693 | **D:** 713-527-6368 | **O:** 713-527-9570

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Hudson Products Corp. 9660 Grunwald Rd Beasley, TX 77417</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 2410 0000 9223 1236</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

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Beasley, TX 77417

Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fee as appropriate)	\$4.10
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.73
Total Postage and Fees	\$9.68

Sent To **HUDSON PRODUCTS CORPORATION**
Street and Apt. No., or PO Box No. **9660 GRUNWALD RD**
City, State, ZIP+4® **BEASLEY, TX 77417**

0040
11
MELCHER POST OFFICE
Beasley, TX
05/22/2020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



May 21, 2025

Hudson Products Corporation.
9660 Grunwald Rd
Beasley, TX 77417

RE: Wildbloom – Proposed Wastewater Treatment Facility

To Whom It May Concern,

Forestar is in the process of obtaining a waste discharge permit for a 258.5-acre development northwest of Hopkins Rd where it intersects with Grunwald Rd. In accordance with the TCEQ's rules and regulations we are contacting you because our proposed facility is within 3 miles of the wastewater outfall you represent:

WQ0003985000

We would like to know if the treatment plant referenced above has an additional 0.25 MGD capacity available for the 258.5-acres referenced. Please check the appropriate response below and return to my attention.

- Yes, the above referenced area has the available capacity

- No, the above referenced area does not have any additional capacity

Responses can be mailed to my attention at: GFT
3100 W. Alabama
Houston, TX 77098

Or e-mailed to jmconathy@gfnet.com

Sincerely,
GFT
T.B.P.E. Firm Registration #1800

James McConathy, P.E.
Project Engineer

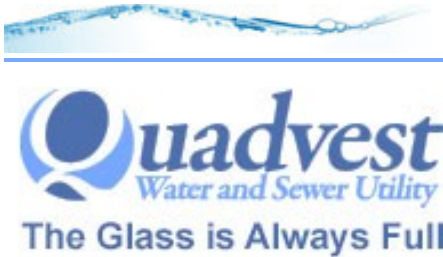
McConathy, James P.

From: Mark Urback <murback@quadvest.com>
Sent: Thursday, May 22, 2025 11:07 AM
To: McConathy, James P.
Cc: Jacob Gifford
Subject: RE: Wildbloom Discharge Permit

Follow Up Flag: Follow up
Flag Status: Flagged

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We do not have capacity.



Mark Urback, P.E.

VP of Construction and
Engineering
d: 281-305-1108
c: 713-202-1579
www.quadvest.com

From: McConathy, James P. <jmconathy@gftinc.com>
Sent: Wednesday, May 21, 2025 9:14 AM
To: Mark Urback <murback@quadvest.com>
Cc: Jacob Gifford <jgifford@quadvest.com>
Subject: Wildbloom Discharge Permit

WARNING: This email is from outside the organization. Please use caution opening links or attachments.

Hi Mark,

The TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the Quadvest facility under the following permit has the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0016749001

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmconathy@gftinc.com

C: 713-865-1693 | D: 713-527-6368 | O: 713-527-9570

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McConathy, James P.

From: McConathy, James P.
Sent: Wednesday, May 21, 2025 9:26 AM
To: customerservice@undinellc.com
Subject: Wildbloom Discharge Permit

Hello,

The TCEQ requires us to reach out to any permitted treatment facilities within a 3-mile radius regarding capacity to serve the proposed Wildbloom development. Can you confirm if the Undine facilities under the following permits have the ability to receive the average daily wastewater flow of 0.25 MGD from our development?

WQ0016196001
WQ0016195001

James McConathy, P.E.

Project Manager, Land Development

3100 W. Alabama, Houston, TX 77098

E: jmccconathy@gftinc.com

C: 713-865-1693 | **D:** 713-527-6368 | **O:** 713-527-9570

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Attachment N

Design Calculations Section 4, Page 22 of 66

(Technical Report 1.1)

**WILDBLOOM WASTE WATER TREATMENT PLANT PHASE I PROPOSED
DESIGN CALCULATIONS**

INFLUENT QUALITY CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	300 MG/L
TSS	300 MG/L
NH ₃ -N	30 MG/L

PROPOSED EFFLUENT CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	10 MG/L
TSS	15 MG/L
NH ₃ -N	3 MG/L
DO	4 MG/L

PROPOSED INFLUENT FLOW CHARACTERISTICS

<u>FLOW</u>	<u>GALLONS PER DAY</u>	<u>CUBIC FEET PER DAY</u>	<u>ADDITIONAL PLANT DATA</u>
DESIGN	100,000	13,369	MLSS 3,000 MG/L
PEAK 2 HOUR	400,000	53,476	RASS 6,000

DESIGN BOD₅ LOADING = (Q)(Conc.)(K) = (0.1)(200)(8.34) = 250.2 LBS/DAY

<u>LOADING</u>	<u>LBS/DAY</u>
BOD ₅	250.2
TSS	250.2
NH ₃ -N	100.1

AERATION BASIN

TCEQ Maximum Organic Loading = 15 lbs/day/1,000 ft³
 TCEQ Minimum Required Volume = (250.2 lbs/day) / (15 lbs/day/1,000 ft³) = 16,680 ft³
 = 124,766 gal

DIMENSIONS

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	78 ft

Volume Provided: 11,232 ft³

Organic Loading in Aeration Basin: (250.2 lbs/day) / (11232 ft³) = 22.28 lbs/day/1,000 ft³

CLARIFIER

DESIGN FLOW:

TCEQ Maximum Surface Loading	400 gal/day/ft ²	
TCEQ Minimum Detention Time	4.5 hrs	
Proposed Surface Loading	(100000 gal/day) / (530 ft ²) =	189 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (100000 gal/day) =	10.0 hrs
Minimum Effective Surface Area	(100000 gal/day) / (400 gal/day/ft ²) =	250 ft ²

PEAK 2 HR FLOW:

TCEQ Maximum Surface Loading	800 gal/day/ft ²	
TCEQ Minimum Detention Time	2.2 hrs	
Proposed Surface Loading	(400000 gal/day) / (530 ft ²) =	755 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (400000 gal/day) =	2.5 hrs
Minimum Effective Surface Area	(400000 gal/day) / (800 gal/day/ft ²) =	500 ft ²

Clarifier Dimensions:

Diameter	31 ft	Proposed Surface Area =	530 ft ²
Stilling Well	5 ft	Proposed Volume =	5,565 ft ³
Side Depth	10.5 ft		

TCEQ Maximum Weir Loading	15,000 gal/day/ft	
TCEQ Minimum Weir Length	(400000 gal/day) / (15000 gal/day/ft) =	27 ft
Proposed Weir Length		56 ft
Proposed Weir Loading	(400000 gal/day) / (56 ft) =	7,143 gal/day/ft

AEROBIC DIGESTER

TCEQ Minimum Volume:	(20 ft ³ /lb BOD ₅ /day) (167 lbs/day) =	3,340 ft ³
----------------------	----------------------------------------------------------------	-----------------------

Digester Dimensions:

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	24 ft
V =	3,456 ft ³

CHLORINE CONTACT CHAMBER

TCEQ Minimum Detention Time (Peak Flow)	20 min	
TCEQ Minimum Volume (Peak Flow)	(400000 gal/day) / (20 min) =	743 ft ³
H =	10.5 ft (9' + 1.5' free board)	
W =	8.5 ft	
L =	10 ft	

**WILDBLOOM WASTE WATER TREATMENT PLANT PHASE II PROPOSED
DESIGN CALCULATIONS**

INFLUENT QUALITY CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	300 MG/L
TSS	300 MG/L
NH ₃ -N	30 MG/L

PROPOSED EFFLUENT CHARACTERISTICS

<u>PARAMETER</u>	<u>CONCENTRATION</u>
BOD ₅	10 MG/L
TSS	15 MG/L
NH ₃ -N	3 MG/L
DO	4 MG/L

PROPOSED INFLUENT FLOW CHARACTERISTICS

<u>FLOW</u>	<u>GALLONS PER DAY</u>	<u>CUBIC FEET PER DAY</u>	<u>ADDITIONAL PLANT DATA</u>
DESIGN	250,000	33,423	MLSS 3,000 MG/L
PEAK 2 HOUR	1,000,000	133,690	RASS 6,000

DESIGN BOD₅ LOADING = (Q)(Conc.)(K) = (0.25)(200)(8.34) = 417 LBS/DAY

<u>LOADING</u>	<u>LBS/DAY</u>
BOD ₅	417
TSS	417
NH ₃ -N	250.25

AERATION BASIN

TCEQ Maximum Organic Loading = 15 lbs/day/1,000 ft³ = 41,700 ft³
 TCEQ Minimum Required Volume = (417 lbs/day) / (15 lbs/day/1,000 ft³) = 311,915 gal

DIMENSIONS

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	78 ft

Volume Provided: 11,232 ft³

Organic Loading in Aeration Basin: (417 lbs/day) / (11232 ft³) = 55.7 lbs/day/1,000 ft³

CLARIFIER

DESIGN FLOW:

TCEQ Maximum Surface Loading	400 gal/day/ft ²
TCEQ Minimum Detention Time	4.5 hrs
Proposed Surface Loading	(250000 gal/day) / (530 ft ²) = 472.5 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (250000 gal/day) = 6.25 hrs
Minimum Effective Surface Area	(250000 gal/day) / (400 gal/day/ft ²) = 625 ft ²

PEAK 2 HR FLOW:

TCEQ Maximum Surface Loading	800 gal/day/ft ²
TCEQ Minimum Detention Time	2.2 hrs
Proposed Surface Loading	(1000000 gal/day) / (530 ft ²) = 1,887 gal/day/ft ²
Proposed Detention Time	(5565 ft ³) / (1000000 gal/day) = 1 hrs
Minimum Effective Surface Area	(1000000 gal/day) / (800 gal/day/ft ²) = 1250 ft ²

Clarifier Dimensions:

Diameter	31 ft	Proposed Surface Area =	530 ft ²
Stilling Well	5 ft	Proposed Volume =	5,565 ft ³
Side Depth	10.5 ft		

TCEQ Maximum Weir Loading	15,000 gal/day/ft
TCEQ Minimum Weir Length	(1000000 gal/day) / (15000 gal/day/ft) = 67.5 ft
Proposed Weir Length	56 ft
Proposed Weir Loading	(1000000 gal/day) / (56 ft) = 17,858 gal/day/ft

AEROBIC DIGESTER

TCEQ Minimum Volume:	(20 ft ³ /lb BOD ₅ /day) (167 lbs/day) = 3,340 ft ³
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Digester Dimensions:

H =	10.5 ft (9' + 1.5' free board)
W =	16 ft
L =	24 ft
V =	3,456 ft ³

CHLORINE CONTACT CHAMBER

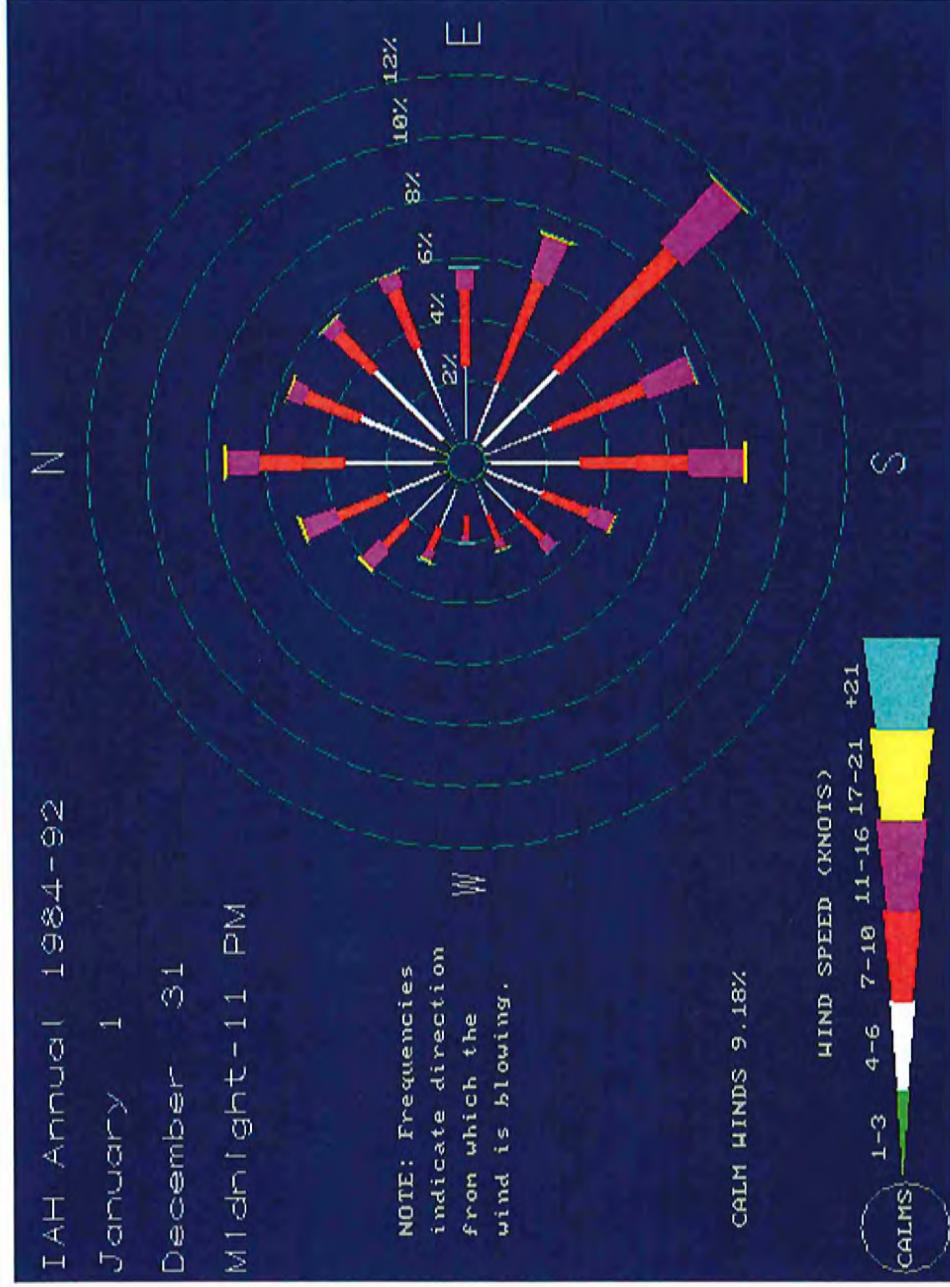
TCEQ Minimum Detention Time (Peak Flow)	20 min
TCEQ Minimum Volume (Peak Flow)	(1000000 gal/day) / (20 min) = 1858 ft ³
H =	10.5 ft (9' + 1.5' free board)
W =	8.5 ft
L =	10 ft

Attachment O

Wind Rose

Section 5(B), Page 23 of 66

(Technical Report 1.1)



Attachment P

**Treatment Units Section
2(B), Page 2 of 65**

(Technical Report 1.0)

Table 1.0(1) - Treatment Units

Phase	Treatment Unit Type	Number of Units	Dimensions (L x W x D)
1	Aeration	2	32' x 12' x 12.2'
	Clarifier	1	36' Diam. @ 10.5' Depth
	Digester	2	20' x 12' x 12.2'
	Chlorine Contact Chamber	1	22' x 11' x 10.5'
2	Aeration	3	52' x 12' x 12.2'
	Clarifier	1	36' Diam. @ 10.5' Depth
	Digester	2	52' x 12' x 12.2'
	Chlorine Contact Chamber	1	22' x 11' x 10.5'