

## This file contains the following documents:

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



## Este archivo contiene los siguientes documentos:

- 1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
  - Inglés
  - Idioma alternativo (español)
- 2. Primer aviso (NORI, el Aviso de Recepción de Solicitud e Intención de Obtener un Permiso)
  - 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 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.

7 Coves Development Ltd. (CN606416790) proposes to operate Seven Coves Wastewater Treatment Plant (RN112264528), a wastewater treatment plant. The facility will be located at approximately 0.6 miles northwest of the intersection of Seven Coves Road and Farrell Rd, in Willis, Montgomery County, Texas 77378. This application is for a new permit to discharge 480,000 gallons per day of treated wastewater effluent via outfall.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), and ammonia nitrogen (NH<sub>3</sub>-N). Domestic Wastewater will be treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, clarifiers, aerobic digesters, and chlorine contact basin..

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

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

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

7 Coves Development Ltd. (CN606416790) propone operar Seven Coves Wastewater Treatment Plant (RN112264528), una planta de tratamiento de aguas residuales. La instalación estará ubicada en approximadamenta 0.6 milla al noroests de Seven Coves Road y Farrell Rd. , en Willis, Condado de Montgomery, Texas 77378. La solicitud es para la instalación de WWTP por 0.48 MGD. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan bioquímica de oxígeno carbonoso (CBOD5), solidos suspendidos totales (TSS), y nitrógeno amoniacal (NH3-N). Las aguas residuales domesticas. estará tratado por por un modo de mezcla completa del proceso de lodos activados, que incluye cribado, balsas de aireación, clarificadores, digestores aerobios y desinfección.

## **TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**



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

#### PROPOSED PERMIT NO. WQ0016859001

APPLICATION. 7 Coves Development, Ltd., 28408 Sweetgum Road, Suite B3, Magnolia, Texas 77354, has applied to the Texas Commission on Environmental Quality (TCEQ) proposed for Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016859001 (EPA I.D. No. TX0148300) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 480,000 gallons per day. The domestic wastewater treatment facility will be located approximately 0.6 miles northwest of the intersection of Farrell Road and Seven Coves Road, near the city of Willis, in Montgomery County, Texas 77384. The discharge route will be from the plant site to unnamed tributary, thence to East Fork Crystal Creek, thence to Crystal Creek, thence to the West Fork San Jacinto River. TCEQ received this application on August 4, 2025. The permit application will be available for viewing and copying at RF Meador Branch Library, Public Records Viewing Area, 709 West Montgomery Street, Willis, 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=-95.4528,30.4014&level=18

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

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

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

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

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

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

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

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

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

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at <a href="https://www.tceq.texas.gov/goto/cid">www.tceq.texas.gov/goto/cid</a>. 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 <a href="https://www14.tceq.texas.gov/epic/eComment/">https://www14.tceq.texas.gov/epic/eComment/</a>, 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 <a href="https://www.tceq.texas.gov/goto/pep">www.tceq.texas.gov/goto/pep</a>. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from 7 Coves Development, Ltd. at the address stated above or by calling Mr. Jonathan D. Liu, P.E., Project Manager, A&S Engineers, at 713-942-2700.

Issuance Date: September 3, 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. WQoo16859001

**SOLICITUD.** 7 Coves Development Ltd., 28408 Sweetgum Road, Suite B3, Magnolia, Texas 77354, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ0016859001 (EPA I.D. No. TX0148300) 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 480,000 galones por día. La planta estará ubicada aproximadamente 0.6 milla al noroeste de la intersección de Farrell Road Y Seven Coves Road en el Condado de Montgomery, Texas 77384. La ruta de descarga será desde el sitio de la planta hasta un afluente no nombrado, de allí al East Fork Crystal Creek, de allí al Crystal Creek, y de allí al West Fork San Jacinto River. La TCEQ recibió esta solicitud el agosto 4, 2025. La solicitud para el permiso estará disponible para leerla y copiarla en RF Meador Branch Library, Public Records Viewing Area, 709 West Montgomery Street, Willis, 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/tpdesapplications.

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

 $\underline{https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.4528,30.4014\&level=18}$ 

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

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

avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.

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

#### OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para

una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión.

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

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

**INFORMACION DISPONIBLE EN LINEA.** Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en <a href="https://www.tceq.texas.gov/goto/cid">www.tceq.texas.gov/goto/cid</a>. Para buscar en la base de datos, utilizar el numero de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN DE LA TCEQ. Todos los comentarios escrito del público y solicitudes deben ser presentadas electronicmanete via <a href="http://www14.tceq.texas.gov/epic/eComment/">http://www14.tceq.texas.gov/epic/eComment/</a> o por escrito dirigidos a la Comision de Texas de Calidad Ambiental, Oficial de la Secretaria (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 mas información acerca de esta solicitud de permiso o el proceso de permisos, llama al programa de educación publica de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Espanol, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del 7 Coves Development, Ltd. a la dirección indicada arriba o llamando a Mr. Jonathan Liu, P.E., A&S Engineers, Inc. al 713-942-2700.

Fecha de emisión 3 de septiembre de 2025



July 21, 2025

Texas Commission on Environmental Quality Applications Review and Processing Team (MC 148) 12100 Park 35 Circle Austin, Texas 78753

Re: Domestic Wastewater Discharge Permit - New

> 7 Coves Development Ltd. A&S Project No. 660008.01

#### Ladies and Gentlemen:

7 Coves Development Ltd. seeks a TCEQ permit for a wastewater treatment plant to serve a proposed single family residence development. Attached is a Permit Application for the wastewater treatment plant.

Enclosed are one (1) original and three (3) copies of the Application. The fee is being sent under separate cover to the Revenues Section (MC 214).

If you have any questions or comments, please feel free to call me at (713) 942-2700.

Sincerely,

Jonathan D. Liu, P.E.

Project Manager

Enclosures: TPDES Permit Application Package.

cc w/enclosures: TCEQ-Houston

# THIN ONMENTAL OUNT

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

PERMIT NUMBER (If new, leave blank): WQ00Click to enter text.

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

|                              | Y           | N           |                          | Y           | N           |
|------------------------------|-------------|-------------|--------------------------|-------------|-------------|
| Administrative Report 1.0    | $\boxtimes$ |             | Original USGS Map        | $\boxtimes$ |             |
| Administrative Report 1.1    | $\boxtimes$ |             | Affected Landowners Map  | $\boxtimes$ |             |
| SPIF                         | $\boxtimes$ |             | Landowner Disk or Labels | $\boxtimes$ |             |
| Core Data Form               | $\boxtimes$ |             | Buffer Zone Map          | $\boxtimes$ |             |
| Summary of Application (PLS) | $\boxtimes$ |             | Flow Diagram             | $\boxtimes$ |             |
| Public Involvement Plan Form | $\boxtimes$ |             | Site Drawing             | $\boxtimes$ |             |
| Technical Report 1.0         | $\boxtimes$ |             | Original Photographs     | $\boxtimes$ |             |
| Technical Report 1.1         | $\boxtimes$ |             | Design Calculations      | $\boxtimes$ |             |
| Worksheet 2.0                | $\boxtimes$ |             | Solids Management Plan   | $\boxtimes$ |             |
| Worksheet 2.1                |             | $\boxtimes$ | Water Balance            |             | $\boxtimes$ |
| Worksheet 3.0                |             | $\boxtimes$ |                          |             |             |
| Worksheet 3.1                |             | $\boxtimes$ |                          |             |             |
| Worksheet 3.2                |             | $\boxtimes$ |                          |             |             |
| Worksheet 3.3                |             | $\boxtimes$ |                          |             |             |
| Worksheet 4.0                |             | $\boxtimes$ |                          |             |             |
| Worksheet 5.0                |             | $\boxtimes$ |                          |             |             |
| Worksheet 6.0                |             | $\boxtimes$ |                          |             |             |
| Worksheet 7.0                |             | $\boxtimes$ |                          |             |             |
|                              |             |             |                          |             |             |
| For TCEQ Use Only            |             |             |                          |             |             |
| Segment Number               |             |             | County                   |             |             |
| Expiration Date              |             |             | Region                   |             |             |
| Permit Number                |             |             |                          |             |             |

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#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

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

Minor Amendment (for any flow) \$150.00 □

| Mailed | Check/Money Order Number: Click to enter text.        |
|--------|-------------------------------------------------------|
|        | Check/Money Order Amount: \$1,250                     |
|        | Name Printed on Check: <u>A&amp;S Engineers, Inc.</u> |

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes □

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

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

| c. | Che         | eck the box next to the appropriate permit type                                                 | e.     |                                            |
|----|-------------|-------------------------------------------------------------------------------------------------|--------|--------------------------------------------|
|    | $\boxtimes$ | TPDES Permit                                                                                    |        |                                            |
|    |             | TLAP                                                                                            |        |                                            |
|    |             | TPDES Permit with TLAP component                                                                |        |                                            |
|    |             | Subsurface Area Drip Dispersal System (SAD                                                      | DS)    |                                            |
| d. | Che         | eck the box next to the appropriate application                                                 | ı typ  | e                                          |
|    | $\boxtimes$ | New                                                                                             |        |                                            |
|    |             | Major Amendment <u>with</u> Renewal                                                             |        | Minor Amendment with Renewal               |
|    |             | Major Amendment <i>without</i> Renewal                                                          |        | Minor Amendment <u>without</u> Renewal     |
|    |             | Renewal without changes                                                                         |        | Minor Modification of permit               |
| e. | For         | amendments or modifications, describe the p                                                     | ropo   | osed changes: Click to enter text.         |
| f. | For         | existing permits:                                                                               |        |                                            |
|    |             | mit Number: Click to enter text.                                                                |        |                                            |
|    | EPA         | I.D. (TPDES only): TX Click to enter text.                                                      |        |                                            |
|    | Exp         | iration Date: Click to enter text.                                                              |        |                                            |
|    |             |                                                                                                 |        |                                            |
| Se | ctio        | on 3. Facility Owner (Applicant) a                                                              | nd     | Co-Applicant Information                   |
|    |             | (Instructions Page 26)                                                                          |        |                                            |
| A. | The         | e owner of the facility must apply for the per                                                  | mit.   |                                            |
|    | Wha         | at is the Legal Name of the entity (applicant) a                                                | pply   | ing for this permit?                       |
|    | 7 Cc        | oves Development Ltd                                                                            |        |                                            |
|    |             | e legal name must be spelled exactly as filed wi<br>legal documents forming the entity.)        | ith th | he Texas Secretary of State, County, or in |
|    |             | ne applicant is currently a customer with the T<br>I may search for your CN on the TCEQ website |        |                                            |
|    | (           | CN: <u>605334285</u>                                                                            |        |                                            |
|    | Wh:         | at is the name and title of the person signing t                                                | he a   | nnlication? The person must be an          |

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

Prefix: Mr. Last Name, First Name: Gurler, Ismail

Title: Board Member 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: <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a>

CN: Click to enter text.

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

Prefix: 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. **Exhibit No. 1** 

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

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

A. Prefix: Mr. Last Name, First Name: Liu, Jonathan D.

Title: <u>Project Manager</u> Credential: <u>P.E.</u>

Organization Name: A&S Engineers, Inc.

Mailing Address: <u>10377 Stella Link Dr</u> City, State, Zip Code: <u>Houston, TX 77025</u>

Phone No.: 713-942-2700 E-mail Address: jdl@as-engineers.com

Check one or both: extstyle exts

A. Prefix: Mr. Last Name, First Name: Gurler, Ismail

Title: Credential: Click to enter text.

Organization Name: <u>7 Coves Development Ltd.</u>

Mailing Address: <u>28408 Sweetgum Road</u> City, State, Zip Code: <u>Magnolia, TX 77354</u>

Phone No.: <u>364-634-1228</u> E-mail Address: <u>ihg@previllagered.com</u>

Check one or both: oxdot Administrative Contact oxdot Technical Contact

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

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

B. Prefix: Mr. Last Name, First Name: Gurler, Ismail

Title: Click to enter text. Credential: Organization Name: 7 Coves Development Ltd.

Mailing Address: <u>28408 Sweetgum Road</u> City, State, Zip Code: <u>Magnolia, TX 77354</u>

Phone No.: <u>364-634-1228</u> E-mail Address: <u>ihg@previllagered.com</u>

**B.** Prefix: Mr. Last Name, First Name: Liu, Jonathan D.

Title: <u>Project Manager</u> Credential: <u>P.E.</u>

Organization Name: A&S Engineers, Inc.

Mailing Address: 10377 Stella Link Road City, State, Zip Code: Houston, TX 77025-5445

Phone No.: (713) 942-2700 E-mail Address: jdl@as-engineers.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: Ms. Last Name, First Name: Gurler, Ismail

Title: Credential: Click to enter text.

Organization Name: 7 Coves Development Ltd

Mailing Address: 28408 Sweetgum Road City, State, Zip Code: Magnolia, TX,77354

Phone No.: (364) 634 1228 E-mail Address: <u>ihg@previllagered.com</u>

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

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

Prefix: Ms. Last Name, First Name: Gurler, Ismail

Title: Credential: Click to enter text.

Organization Name: 7 Coves Development Ltd

Mailing Address: 28408 Sweetgum Road City, State, Zip Code: Magnolia, TX,77354

Phone No.: (364) 634 1228 E-mail Address: <u>ihg@previllagered.com</u>

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

#### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Liu, Jonathan D.

Title: Project Manager Credential: P.E.

Organization Name: A&S Engineers, Inc.

Mailing Address: 10377 Stella Link Road City, State, Zip Code: Houston, TX, 77025

Phone No.: 723-942-2700 E-mail Address: jdl@as-engineers.com

| В. | Method f<br>Package | for Receiving                         | g Noti        | ce of Receipt and Intent to Obtain a Water Quality Permit                                                                          |
|----|---------------------|---------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------|
|    | Indicate l          | by a check m                          | ark th        | e preferred method for receiving the first notice and instructions                                                                 |
|    | ⊠ E-ma              | ail Address                           |               |                                                                                                                                    |
|    | □ Fax               |                                       |               |                                                                                                                                    |
|    | □ Regu              | ılar Mail                             |               |                                                                                                                                    |
| C. |                     |                                       | listed        | in the Notices                                                                                                                     |
|    | Prefix: M           | _                                     |               | Last Name, First Name: <u>Liu, Jonathan D</u>                                                                                      |
|    |                     | –<br>oject Manage                     | r             | Credential: P.E.                                                                                                                   |
|    |                     | tion Name: <u>A</u>                   | <del></del> ' |                                                                                                                                    |
|    |                     |                                       |               | la Link Road City, State, Zip Code: Houston, TX 77025-5445                                                                         |
|    | J                   | o.: <u>(713)</u> 942-2                |               | E-mail Address: jdl@as-engineers.com                                                                                               |
| D. |                     | iewing Infori                         |               | ū ū                                                                                                                                |
|    | If the fac          | _                                     | l is loc      | ated in more than one county, a public viewing place for each                                                                      |
|    | Public bu           | ilding name:                          | RF M          | eador Branch Library                                                                                                               |
|    | Location            | within the bu                         | ıildin        | g: <u>Public Records Viewing Area</u>                                                                                              |
|    | Physical .          | Address of B                          | uildin        | g: 709 W Montgomery St, Willis, TX 77378                                                                                           |
|    | City: Will          | <u>is</u>                             |               | County: Montgomery                                                                                                                 |
|    | Contact (           | Last Name, F                          | irst N        | ame): <u>Kovacs, Michelle</u>                                                                                                      |
|    | Phone No            | o.: <u>(936) 442-</u> 7               | <u>740</u> E  | xt.: Click to enter text.                                                                                                          |
| E. | Bilingual           | Notice Requ                           | iirem         | ents                                                                                                                               |
|    |                     | rmation <b>is re</b><br>tion, and rer | _             | d for <b>new, major amendment, minor amendment or minor</b> applications.                                                          |
|    | be neede            |                                       | instru        | on is only used to determine if alternative language notices will ctions on publishing the alternative language notices will be in |
|    |                     | e following i                         |               | coordinator at the nearest elementary and middle schools and ation to determine whether an alternative language notices are        |
|    |                     |                                       |               | program required by the Texas Education Code at the elementary to the facility or proposed facility?                               |
|    | $\boxtimes$         | Yes                                   |               | No                                                                                                                                 |
|    | If <b>no</b> ,      | _                                     | of an a       | lternative language notice is not required; <b>skip to</b> Section 9                                                               |

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

No

 $\boxtimes$ 

Yes

|    | 3.  | Do the locatio  |                            | these       | e schools attend a bilingual education program at another                                                                                   |
|----|-----|-----------------|----------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|    |     |                 | Yes                        | $\boxtimes$ | No                                                                                                                                          |
|    | 4.  |                 |                            |             | uired to provide a bilingual education program but the school has rement under 19 TAC §89.1205(g)?                                          |
|    |     |                 | Yes                        | $\boxtimes$ | No                                                                                                                                          |
|    | 5.  |                 |                            |             | <b>question 1, 2, 3, or 4</b> , public notices in an alternative language are ge is required by the bilingual program? Click to enter text. |
| F. | Su  | mmary           | of Applicat                | ion iı      | ı Plain Language Template                                                                                                                   |
|    | als | o know          |                            | •           | of Application in Plain Language Template (TCEQ Form 20972), guage summary or PLS, and include as an attachment.                            |
| G. | Pu  | blic Inv        | olvement P                 | lan F       | orm                                                                                                                                         |
|    |     | _               |                            |             | ement Plan Form (TCEQ Form 20960) for each application for a adment to a permit and include as an attachment.                               |
|    | At  | tachme          | nt: <u>Exhibit 3</u>       |             |                                                                                                                                             |
|    |     |                 |                            |             |                                                                                                                                             |
| Se | cti | on 9.           | Regula<br>Page 29          |             | Entity and Permitted Site Information (Instructions                                                                                         |
| Α. |     |                 | is currently<br>RN 1115258 |             | ated by TCEQ, provide the Regulated Entity Number (RN) issued to                                                                            |
|    |     |                 |                            |             | Registry at <a href="http://www15.tceq.texas.gov/crpub/">http://www15.tceq.texas.gov/crpub/</a> to determine if ed by TCEQ.                 |
| B. | Na  | me of p         | project or sit             | e (the      | name known by the community where located):                                                                                                 |
|    | Sev | en Cove         | es Wastewate               | r Trea      | tment Plant                                                                                                                                 |
| C. | Ov  | vner of         | treatment fa               | acility     | : <u>7 Coves Development Ltd.</u>                                                                                                           |
|    | Ov  | vnershij        | p of Facility:             |             | Public $\square$ Private $\square$ Both $\square$ Federal                                                                                   |
| D. | Ov  | vner of         | land where                 | treatn      | nent facility is or will be:                                                                                                                |
|    | Pre | efix: <u>Mr</u> | <u>.</u>                   |             | Last Name, First Name: <u>Gurler, Ismail</u>                                                                                                |
|    | Tit | le: <u>Boar</u> | <u>rd Member</u>           |             | Credential: Click to enter text.                                                                                                            |
|    | Or  | ganizat         | ion Name: <u>7</u>         | Cove        | s Development Ltd.                                                                                                                          |
|    | Ma  | iling A         | ddress: <u>2840</u>        | )8 Sw       | eetgum Road City, State, Zip Code: <u>Magnolia, TX, 77354</u>                                                                               |
|    | Ph  | one No.         | : <u>(364) 634 1</u>       | <u> 228</u> | E-mail Address: <a href="mailto:ihg@previllagered.com">ihg@previllagered.com</a>                                                            |
|    |     |                 |                            |             | same person as the facility owner or co-applicant, attach a lease<br>d easement. See instructions.                                          |
|    |     | Attach          | ment: Click                | to en       | ter text.                                                                                                                                   |

| E. | Owner of effluent disposal site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Prefix:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last Name, First Name: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Credential: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | Organization Name: Click to ente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Mailing Address: Click to enter to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ext. 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 agreement or deed recorded ease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | person as the facility owner or co-applicant, attach a lease ement. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Attachment: Click to enter te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| F. | Owner sewage sludge disposal si<br>property owned or controlled by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ite (if authorization is requested for sludge disposal on the applicant)::                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | Prefix: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Last Name, First Name: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Title: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Credential: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | Organization Name: Click to ente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Mailing Address: Click to enter to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ext. 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 agreement or deed recorded ease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | person as the facility owner or co-applicant, attach a lease ement. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Attachment: Click to enter te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Se | ction 10. TPDES Dischar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ge Information (Instructions Page 31)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ge Information (Instructions Page 31) lity location in the existing permit accurate?                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Is the wastewater treatment facil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lity location in the existing permit accurate?  on, please give an accurate description:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Is the wastewater treatment facil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lity location in the existing permit accurate?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A. | Is the wastewater treatment facility Yes No  If no, or a new permit application Approximately 0.6 miles northwest Montgomery County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lity location in the existing permit accurate?  on, please give an accurate description:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A. | Is the wastewater treatment facility Yes No  If no, or a new permit application Approximately 0.6 miles northwest Montgomery County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lity location in the existing permit accurate?  on, please give an accurate description: t of the intersection of Seven Coves Rd. and Farrell Rd. in                                                                                                                                                                                                                                                                                                                                                                                       |
| A. | Is the wastewater treatment facility and the wastewater treatment facility. Yes No  If no, or a new permit application of the point (s) of discharge and the | by location in the existing permit accurate?  on, please give an accurate description: t of the intersection of Seven Coves Rd. and Farrell Rd. in  If the discharge route(s) in the existing permit correct?  The ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30                                                                                                                                                                                                 |
| A. | Is the wastewater treatment facility Yes No  If no, or a new permit application Approximately 0.6 miles northwest Montgomery County.  Are the point(s) of discharge and The No  If no, or a new or amendment proportion of discharge and the discharge and the discharge and the discharge approximately 0.6 miles northwestern transfer in the second provided in the second provided in the discharge and the discharg | by lease give an accurate description:  t of the intersection of Seven Coves Rd. and Farrell Rd. in  I the discharge route(s) in the existing permit correct?  The ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 at of the intersection of Seven Coves Rd. and Farrell Rd. in to an unnamed tributary then to East Fork Crystal Creek, then                                                                                                                      |
| A. | Is the wastewater treatment facility Yes No  If no, or a new permit application Approximately 0.6 miles northwest Montgomery County.  Are the point(s) of discharge and No  Yes No  If no, or a new or amendment proport of discharge and the discharge in Montgomery County. Discharge in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | by lease give an accurate description:  t of the intersection of Seven Coves Rd. and Farrell Rd. in  I the discharge route(s) in the existing permit correct?  The ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 at of the intersection of Seven Coves Rd. and Farrell Rd. in to an unnamed tributary then to East Fork Crystal Creek, then                                                                                                                      |
| A. | Is the wastewater treatment faciliated.  Yes No  If no, or a new permit application of Approximately 0.6 miles northwest Montgomery County.  Are the point(s) of discharge and Yes No  If no, or a new or amendment proport of discharge and the discharge in the West Fork San Jacinto Riversity of the West Fork San Jacinto | by please give an accurate description: t of the intersection of Seven Coves Rd. and Farrell Rd. in the discharge route(s) in the existing permit correct?  The ermit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 to f the intersection of Seven Coves Rd. and Farrell Rd. in to an unnamed tributary then to East Fork Crystal Creek, then ter, then to San Jacinto River.                                                                                          |
| А. | Is the wastewater treatment faciliated. Yes No  If no, or a new permit application Approximately 0.6 miles northwest Montgomery County.  Are the point(s) of discharge and No  If no, or a new or amendment proportion of discharge and the West Fork San Jacinto River City nearest the outfall(s): Willis County in which the outfalls(s) is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | by please give an accurate description:  t of the intersection of Seven Coves Rd. and Farrell Rd. in  If the discharge route(s) in the existing permit correct?  Permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 at of the intersection of Seven Coves Rd. and Farrell Rd. in to an unnamed tributary then to East Fork Crystal Creek, then the to San Jacinto River.  Se/are located: Montgomery  discharge to a city, county, or state highway right-of-way, or |

|            | If <b>yes</b> , indicate by a check mark if:                                                                                                                                                              |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | $\square$ Authorization granted $\square$ Authorization pending                                                                                                                                           |
|            | For <b>new and amendment</b> applications, provide copies of letters that show proof of contact and the approval letter upon receipt.                                                                     |
|            | Attachment: N/A                                                                                                                                                                                           |
| D.         | For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: $\underline{N/A}$ |
| Ca         | ation 11 TI AD Discosal Information (Instruction Decre 22)                                                                                                                                                |
| <b>5</b> e | ection 11. TLAP Disposal Information (Instructions Page 32)                                                                                                                                               |
| A.         | For TLAPs, is the location of the effluent disposal site in the existing permit accurate?                                                                                                                 |
|            | □ Yes □ No                                                                                                                                                                                                |
|            | If <b>no, or a new or amendment permit application</b> , provide an accurate description of the disposal site location:                                                                                   |
|            | Click to enter text.                                                                                                                                                                                      |
|            |                                                                                                                                                                                                           |
| 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 <b>TLAPs</b> , describe the routing of effluent from the treatment facility to the disposal site:                                                                                                     |
|            | Click to enter text.                                                                                                                                                                                      |
|            |                                                                                                                                                                                                           |
| E.         | For <b>TLAPs</b> , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.                                                |
| C          |                                                                                                                                                                                                           |
|            | ection 12. Miscellaneous Information (Instructions Page 32)                                                                                                                                               |
| Α.         | Is the facility located on or does the treated effluent cross American Indian Land?                                                                                                                       |
|            | □ Yes ⊠ No                                                                                                                                                                                                |
| B.         | If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?                                              |
|            | □ Yes □ No ⊠ Not Applicable                                                                                                                                                                               |
|            | If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.                       |
|            | Click to enter text.                                                                                                                                                                                      |

| C.  | Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | □ Yes ⊠ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     | If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D.  | Do you owe any fees to the TCEQ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     | □ Yes ⊠ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     | If <b>yes</b> , 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 <b>yes</b> , please provide the following information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|     | Enforcement order number: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | Amount past due: Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Se  | ection 13. Attachments (Instructions Page 33)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|     | ection 13. Attachments (Instructions Page 33) dicate which attachments are included with the Administrative Report. Check all that apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| In  | dicate which attachments are included with the Administrative Report. Check all that apply:  Lease agreement or deed recorded easement, if the land where the treatment facility is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Inc | dicate which attachments are included with the Administrative Report. Check all that apply:  Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Inc | dicate which attachments are included with the Administrative Report. Check all that apply:  Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.  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)               |
| Inc | dicate which attachments are included with the Administrative Report. Check all that apply:  Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.  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. |

## 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: 7 Coves Development LTD.

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): Ismail Hamdi Gurler                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Signatory title: Board Member                                                                                                                 |
| Signature: Date: 7/22/2025                                                                                                                    |
| (Use blue ink)                                                                                                                                |
| Subscribed and Sworn to before me by the said ISmail Hamdi Gurler                                                                             |
| on this 22 day of July , 2026.                                                                                                                |
| My commission expires on the Det 11 day of October , 2027.                                                                                    |
| Notary Public  LUISA FERNANDEZ Notary ID #132209420 Notary ID #132209420 My Commission Expires My Commission Expires October 11, 2027  [SEAL] |
| County, Texas                                                                                                                                 |

## DOMESTIC WASTEWATER PERMIT APPLICATION **ADMINISTRATIVE REPORT 1.0**

The following information is required for new and amendment applications.

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

| A. |             | cate by a check mark that the landowners map or drawing, with scale, includes the owing information, as applicable:                                                                                                                                              |
|----|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | $\boxtimes$ | The applicant's property boundaries                                                                                                                                                                                                                              |
|    | $\boxtimes$ | The facility site boundaries within the applicant's property boundaries                                                                                                                                                                                          |
|    |             | The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone                                                                                                                         |
|    |             | The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)          |
|    |             | The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream                                                                                                                                                               |
|    |             | The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge                                                                                                             |
|    |             | The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides                                                              |
|    |             | The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property                                                                                      |
|    |             | The property boundaries of all landowners surrounding the effluent disposal site                                                                                                                                                                                 |
|    |             | The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located |
|    |             | The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located                            |
| В. | ⊠<br>addı   | Indicate by a check mark that a separate list with the landowners' names and mailing resses cross-referenced to the landowner's map has been provided.                                                                                                           |
| C. | ⊠<br>labe   | Indicate by a check mark that the landowners list has also been provided as mailing ls in electronic format (Avery 5160).                                                                                                                                        |
| D. | Prov        | vide the source of the landowners' names and mailing addresses: MCAD                                                                                                                                                                                             |
| E. |             | equired by $Texas\ Water\ Code\ \S\ 5.115$ , is any permanent school fund land affected by application?                                                                                                                                                          |
|    |             | □ Yes ⊠ No                                                                                                                                                                                                                                                       |

if

|    | If <b>y</b> | es, provide the location and foreseeable impacts and effects this application has on the l(s):                                                                                                                                                                                                                                                                                                             |
|----|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Cli         | ck to enter text.                                                                                                                                                                                                                                                                                                                                                                                          |
|    |             |                                                                                                                                                                                                                                                                                                                                                                                                            |
|    |             |                                                                                                                                                                                                                                                                                                                                                                                                            |
| Se | ctio        | on 2. Original Photographs (Instructions Page 38)                                                                                                                                                                                                                                                                                                                                                          |
|    |             | original ground level photographs. Indicate with checkmarks that the following ation is provided.                                                                                                                                                                                                                                                                                                          |
|    | $\boxtimes$ | 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                                                                                                                                                                                                                                                                                                                                   |
| Se | ctio        | on 3. Buffer Zone Map (Instructions Page 38)                                                                                                                                                                                                                                                                                                                                                               |
| Α. | info        | Fer zone map. Provide a buffer zone map on $8.5 \times 11$ -inch paper with all of the following rmation. The applicant's property line and the buffer zone line may be distinguished by ag 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.                                                                                                                                                                                                                                                |
| В. |             | Fer zone compliance method. Indicate how the buffer zone requirements will be met. ck all that apply.                                                                                                                                                                                                                                                                                                      |
|    |             | ⊠ Ownership                                                                                                                                                                                                                                                                                                                                                                                                |
|    |             | Restrictive easement                                                                                                                                                                                                                                                                                                                                                                                       |
|    |             | □ Nuisance odor control                                                                                                                                                                                                                                                                                                                                                                                    |
|    |             | □ Variance                                                                                                                                                                                                                                                                                                                                                                                                 |
| C. |             | uitable site characteristics. Does the facility comply with the requirements regarding uitable 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: Exhibit No. 8

## 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)<br>(Required for all application types. Must be completed in its entirety of<br>Note: Form may be signed by applicant representative.)                                            | and s       | igned.   |             | Yes    |
| Correct and Current Industrial Wastewater Permit Application Form (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or late                                                                                     |             |          | $\boxtimes$ | Yes    |
| Water Quality Permit Payment Submittal Form (Page 19)<br>(Original payment sent to TCEQ Revenue Section. See instructions for                                                                                          | r mai       | iling ad | ⊠<br>dress  | Yes    |
| 7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)                                                                           |             |          |             | Yes    |
| Current/Non-Expired, Executed Lease Agreement or Easement                                                                                                                                                              | $\boxtimes$ | N/A      |             | Yes    |
| Landowners Map<br>(See instructions for landowner requirements)                                                                                                                                                        |             | N/A      | $\boxtimes$ | Yes    |
| <ul> <li>Things to Know:</li> <li>All the items shown on the map must be labeled.</li> <li>The applicant's complete property boundaries must be deboundaries of contiguous property owned by the applicant.</li> </ul> |             | ated wh  | ich i       | nclude |

- es
- 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 (See instructions for landowner requirements)                                                                                                                |       | N/A       | $\boxtimes$ | Yes |
| Electronic Application Submittal (See application submittal requirements on page 23 of the instruction                                                                                                  | s.)   |           | $\boxtimes$ | Yes |
| Original signature per 30 TAC § 305.44 – Blue Ink Preferred (If signature page is not signed by an elected official or principle exec a copy of signature authority/delegation letter must be attached) | utive | e officei | r,          | Yes |
| Summary of Application (in Plain Language)                                                                                                                                                              |       |           |             | Yes |

# COMMISSION OF THE PROPERTY OF

#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### Existing/Interim I Phase

Design Flow (MGD): <u>o.o8</u> 2-Hr Peak Flow (MGD): <u>o.3</u>o

Estimated construction start date: <u>01/01/2027</u>
Estimated waste disposal start date: <u>08/01/2027</u>

#### **Interim II Phase**

Design Flow (MGD): <u>0.16</u> 2-Hr Peak Flow (MGD): <u>0.60</u>

Estimated construction start date: <u>01/01/2028</u> Estimated waste disposal start date: <u>10/01/2028</u>

#### Final Phase

Design Flow (MGD): <u>0.48</u> 2-Hr Peak Flow (MGD): <u>1.92</u>

Estimated construction start date: <u>01/01/2029</u> Estimated waste disposal start date: <u>10/01/2029</u>

#### **Current Operating Phase**

Provide the startup date of the facility: 08/01/2027

## Section 2. Treatment Process (Instructions Page 42)

#### **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**.

| Reference Exhibit 9 |
|---------------------|
|                     |
|                     |
|                     |
|                     |

#### **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) |
|---------------------|-----------------|------------------------|
| Ref Exhibit 10      |                 |                        |
|                     |                 |                        |
|                     |                 |                        |
|                     |                 |                        |
|                     |                 |                        |
|                     |                 |                        |

#### **Process Flow Diagram**

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

Attachment: Ref Exhibit 11

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

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

• Latitude: 30° 24' 05"

• Longitude: 95° 27' 09"

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

• Latitude: 30° 23' 59"

• Longitude: 95° 26' 57"

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: Ref. Exhibits Provide the name and a desc                                                                                                                                                                                                                                                                  |                            | erved by the treatment f | acility.                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|------------------------------------------------------------------------------------------|--|
| The facility is planned to serve the S 491 single family residents in Montg Coves Subdivision for future 1100 si                                                                                                                                                                                                       | gomery County TX, and the  |                          |                                                                                          |  |
| 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                                                                        |  |
| Seven Coves                                                                                                                                                                                                                                                                                                            | 7 Coves<br>Development Ltd | Privately Owned          | 491 single family residents and planned 1100 single family residents in surrounding area |  |
|                                                                                                                                                                                                                                                                                                                        |                            | Choose an item.          |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                        |                            | Choose an item.          |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                        |                            | Choose an item.          |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                        |                            |                          |                                                                                          |  |
| Section 4. Unbuilt P                                                                                                                                                                                                                                                                                                   | hases (Instructio          | ons Page 44)             |                                                                                          |  |
| Is the application for a renew                                                                                                                                                                                                                                                                                         | val of a permit that c     | ontains an unbuilt phas  | e or phases?                                                                             |  |
| □ Yes ⊠ No                                                                                                                                                                                                                                                                                                             |                            |                          |                                                                                          |  |
| If yes, does the existing periyears of being authorized by                                                                                                                                                                                                                                                             | _                          | hat has not been constru | acted <b>within five</b>                                                                 |  |
| □ 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 44)                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?                                                                                                            |
| □ Yes ⊠ No                                                                                                                                                                                                                                   |
| If yes, was a closure plan submitted to the TCEQ?                                                                                                                                                                                            |
| □ Yes □ No                                                                                                                                                                                                                                   |
| If yes, provide a brief description of the closure and the date of plan approval.                                                                                                                                                            |
| Click to enter text.                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                              |
| Section 6. Permit Specific Requirements (Instructions Page 44)                                                                                                                                                                               |
| For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.                                                                                                                                    |
| 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 <i>requirement or provision</i> pertaining to the submission of a summary transmittal letter. <b>Provide a copy of</b> an approval letter from the TCEQ, if applicable. |
| Click to enter text.                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                              |
| 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<br>the buffer zone. If available, provide any new documentation relevant to maintaining the                                                       |

buffer zones.

| Click to enter text.                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                     |
| Other actions required by the current permit                                                                                                                                                                                                                                                        |
| Does the <i>Other Requirements</i> or <i>Special Provisions</i> 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 <i>Other Requirement</i> or <i>Special Provision</i> .                                                                                                                                            |
| Click to enter text.                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                     |
| 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

TCEQ-10054 (10/17/2024) Domestic Wastewater Permit Application Technical Report

|       | grit disposal?                                                                                                                                                                                                                                                                                           |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | □ Yes □ No                                                                                                                                                                                                                                                                                               |
|       | <b>If No</b> , contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions. |
|       | Describe the method of grit disposal.                                                                                                                                                                                                                                                                    |
|       | 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.                                                                                                                                                                                                                                                                                     |
| Storm | water 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                                                                                                                                                                                                    |
|    | <b>If yes</b> , 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                                                                                                                                                                                                    |
|    | <b>If yes</b> , provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.                    |
|    | 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.

#### 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.

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

1. Acceptance of sludge from other WWTPs

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

□ Yes ⊠ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the  $BOD_5$  concentration of the sludge, and the design  $BOD_5$  concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

|    | Click to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.                                                                                                                                                                                                                                                                                        |
| 2. | Acceptance of septic waste                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | Is the facility accepting or will it accept septic waste?                                                                                                                                                                                                                                                                                                                                                                            |
|    | □ Yes ⊠ No                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | If yes, does the facility have a Type V processing unit?                                                                                                                                                                                                                                                                                                                                                                             |
|    | □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | If yes, does the unit have a Municipal Solid Waste permit?                                                                                                                                                                                                                                                                                                                                                                           |
|    | □ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the $BOD_5$ concentration of the septic waste, and the design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action. |
|    | 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

| and the or the or the order of the period were |  |
|------------------------------------------------|--|
| Click to enter text.                           |  |
|                                                |  |
|                                                |  |
|                                                |  |
|                                                |  |
|                                                |  |
|                                                |  |
|                                                |  |
|                                                |  |
|                                                |  |

information has or has not changed since the last permit action.

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

Is the facility in operation?

□ Yes ⊠ No

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

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

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

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

| Pollutant                           | Average<br>Conc. | Max<br>Conc. | No. of<br>Samples | Sample<br>Type | Sample<br>Date/Time |
|-------------------------------------|------------------|--------------|-------------------|----------------|---------------------|
| CBOD <sub>5</sub> , mg/l            |                  |              |                   |                |                     |
| Total Suspended Solids, mg/l        |                  |              |                   |                |                     |
| Ammonia Nitrogen, mg/l              |                  |              |                   |                |                     |
| Nitrate Nitrogen, mg/l              |                  |              |                   |                |                     |
| Total Kjeldahl Nitrogen, mg/l       |                  |              |                   |                |                     |
| Sulfate, mg/l                       |                  |              |                   |                |                     |
| Chloride, mg/l                      |                  |              |                   |                |                     |
| Total Phosphorus, mg/l              |                  |              |                   |                |                     |
| pH, standard units                  |                  |              |                   |                |                     |
| Dissolved Oxygen*, mg/l             |                  |              |                   |                |                     |
| Chlorine Residual, mg/l             |                  |              |                   |                |                     |
| E.coli (CFU/100ml) freshwater       |                  |              |                   |                |                     |
| Entercocci (CFU/100ml)<br>saltwater |                  |              |                   |                |                     |
| Total Dissolved Solids, mg/l        |                  |              |                   |                |                     |

| Electrical Conductivity,<br>µmohs/cm, † |  |  |  |
|-----------------------------------------|--|--|--|
| Oil & Grease, mg/l                      |  |  |  |
| Alkalinity (CaCO <sub>3</sub> )*, mg/l  |  |  |  |

<sup>\*</sup>TPDES permits only †TLAP permits only

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

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

## Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: <u>TBD</u>

Facility Operator's License Classification and Level: TBD

Facility Operator's License Number: <u>TBD</u>

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

#### WWTP's Sewage Sludge or Biosolids Management Facility Type

| Che | ck all that apply. See instructions for guidance        |
|-----|---------------------------------------------------------|
|     | Design flow>= 1 MGD                                     |
|     | Serves >= 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)               |
|     |                                                         |

#### WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- □ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)

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

## **Sewage Sludge or Biosolids Management**

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### **Biosolids Management**

| Management<br>Practice | Handler or<br>Preparer<br>Type                    | Bulk or Bag<br>Container | Amount (dry metric tons) | Pathogen<br>Reduction<br>Options                                           | Vector<br>Attraction<br>Reduction<br>Option                                |
|------------------------|---------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Other                  | Off-site<br>Third-Party<br>Handler or<br>Preparer | Bulk                     |                          | N/A:<br>Transported<br>to another<br>facility for<br>further<br>processing | N/A:<br>Trasporrted to<br>another<br>facility for<br>further<br>processing |
| 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): **Transport to another WWTP** 

|     | Disposal site name: <u>TBD</u>                                                                                                                                                                                                                                      |        |                       |                |                    |                |               |           |             |                        |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|----------------|--------------------|----------------|---------------|-----------|-------------|------------------------|
|     | TCEQ permit or registration number: <u>TBD</u>                                                                                                                                                                                                                      |        |                       |                |                    |                |               |           |             |                        |
|     | County where disposal site is located: <u>TBD</u>                                                                                                                                                                                                                   |        |                       |                |                    |                |               |           |             |                        |
| Tra | ansp                                                                                                                                                                                                                                                                | orta   | tion me               | thod           |                    |                |               |           |             |                        |
|     | Met                                                                                                                                                                                                                                                                 | hod    | of trans              | porta          | ition (truck, trai | n, pipe, other | ): <u>TBl</u> | <u>)</u>  |             |                        |
|     | Nan                                                                                                                                                                                                                                                                 | ne o   | f the hau             | ıler: <u>-</u> | ΓBD .              |                |               |           |             |                        |
|     | Hau                                                                                                                                                                                                                                                                 | ıler r | egistrat              | ion n          | umber: Click to    | enter text.    |               |           |             |                        |
|     | Sluc                                                                                                                                                                                                                                                                | dge i  | s transp              | orted          | l as a:            |                |               |           |             |                        |
|     |                                                                                                                                                                                                                                                                     | Liqu   | id □                  | sen            | ni-liquid 🗵        | semi-solid     |               | solid     |             |                        |
| Se  | ctio                                                                                                                                                                                                                                                                | on 1   | lO. Pe                | rmit           | Authorizati        | ion for Sev    | vage          | e Sludg   | ge D        | isposal                |
|     |                                                                                                                                                                                                                                                                     |        | (In                   | stru           | ctions Page        | 52)            |               |           |             |                        |
| Bei | nefic                                                                                                                                                                                                                                                               | cial ı | ıse auth              | oriza          | ntion              |                |               |           |             |                        |
|     |                                                                                                                                                                                                                                                                     |        | e existin<br>al use?  | g per          | mit include aut    | horization foi | r land        | l applica | tion        | of biosolids for       |
|     |                                                                                                                                                                                                                                                                     |        | Yes                   | $\boxtimes$    | No                 |                |               |           |             |                        |
|     |                                                                                                                                                                                                                                                                     |        | re you r<br>al use?   | eque           | sting to continu   | e this authori | zatio         | n to land | d app       | oly biosolids for      |
|     |                                                                                                                                                                                                                                                                     |        | 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                 |                |               |           |             |                        |
| Slu | dge                                                                                                                                                                                                                                                                 | pro    | cessing               | auth           | orization          |                |               |           |             |                        |
|     |                                                                                                                                                                                                                                                                     |        | e existin<br>or dispo |                |                    | horization foi | r any         | of the fo | ollow       | ing sludge processing, |
|     | ;                                                                                                                                                                                                                                                                   | Slud   | ge Com                | post           | ing                |                |               | Yes       | $\boxtimes$ | No                     |
|     |                                                                                                                                                                                                                                                                     | Marl   | keting a              | nd D           | istribution of     | Biosolids      |               | Yes       | $\boxtimes$ | No                     |
|     |                                                                                                                                                                                                                                                                     | Slud   | ge Surf               | ace I          | Disposal or Slu    | dge Monofill   |               | Yes       | $\boxtimes$ | No                     |
|     | ,                                                                                                                                                                                                                                                                   | Tem    | porary                | stora          | age in sludge la   | agoons         |               | Yes       | $\boxtimes$ | No                     |
|     | If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed <b>Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)</b> attached to this permit application? |        |                       |                |                    |                |               |           |             |                        |
|     |                                                                                                                                                                                                                                                                     |        | Yes                   |                | No                 |                |               |           |             |                        |

Disposal site

| Section 11. Sewage Studge 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.                                                                                                                     |
| 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.                                                                                                                                                                              |
| Tomporary storage information                                                                                                                                                                     |
| Temporary storage information  Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in <i>Section 7 of Technical Report 1.0.</i> |
| F                                                                                                                                                                                                 |

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

Nitrate 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: <u>Click to enter text.</u>                                                                     |
| 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: <u>Click to enter text.</u>                                                                               |
| 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: <u>Click to enter</u> <u>text.</u>               |
| Liner information                                                                                                   |
| Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec? |
| □ Yes □ No                                                                                                          |
| If yes, describe the liner below. Please note that a liner is required.                                             |
| Click to enter text.                                                                                                |
|                                                                                                                     |
|                                                                                                                     |
|                                                                                                                     |

## 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.                                                                                                                                                            |
| <ul> <li>Plan view and cross-section of the sludge lagoon(s)</li> </ul>                                                                                                                                       |
| Attachment: Click to enter text.                                                                                                                                                                              |
| Copy of the closure plan                                                                                                                                                                                      |
| Attachment: Click to enter text.                                                                                                                                                                              |
| <ul> <li>Copy of deed recordation for the site</li> </ul>                                                                                                                                                     |
| 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.                                                                                                                                                                              |
| <ul> <li>Description of the method of controlling infiltration of groundwater and surface<br/>water from entering the site</li> </ul>                                                                         |
| Attachment: Click to enter text.                                                                                                                                                                              |
| <ul> <li>Procedures to prevent the occurrence of nuisance conditions</li> </ul>                                                                                                                               |
| Attachment: Click to enter text.                                                                                                                                                                              |
| Groundwater monitoring                                                                                                                                                                                        |
| Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?           |
| □ Yes □ No                                                                                                                                                                                                    |
| If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment. |
| Attachment: Click to enter text.                                                                                                                                                                              |
| Section 12. Authorizations/Compliance/Enforcement (Instructions                                                                                                                                               |
| Page 54)                                                                                                                                                                                                      |
| 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 | k to e | nter tex              | t.          |         |                                               |                |             |             |              |
|-------|--------|-----------------------|-------------|---------|-----------------------------------------------|----------------|-------------|-------------|--------------|
|       |        |                       |             |         |                                               |                |             |             |              |
| Perm  | ittee  | enforce               | ement       | status  |                                               |                |             |             |              |
| Is    | the p  | ermitte               | e curr      | ently u | nder enforcement for                          | r this facilit | y?          |             |              |
|       |        | Yes                   | $\boxtimes$ | No      |                                               |                |             |             |              |
|       |        | ermitte<br>ement?     | e requ      | ired to | meet an implementa                            | ition schedi   | ale for con | npliance o  | or           |
|       |        | Yes                   | $\boxtimes$ | No      |                                               |                |             |             |              |
|       |        | o either<br>le, and   |             |         | ovide a brief summaı<br>atus:                 | ry of the en   | forcement   | , the impl  | ementatio    |
| Coat  | ion    | 12 D                  | CD A        | /CFD    | T. A. Wastos (Inc.                            | tru ati o va   | . Dogo F    | -1          |              |
|       |        |                       |             |         | CLA Wastes (Ins                               | HUCHOHS        | rage 3      | 3)          |              |
|       |        | ardous                |             |         | _                                             | _              | _           |             | _            |
|       |        | e facility<br>nazardo |             |         | ne past three years, o                        | does it curr   | ently recei | ve, or will | l it receive |
|       |        | Yes                   | $\boxtimes$ | No      |                                               |                |             |             |              |
| Reme  | diati  | on activ              | vity w      | astewa  | er                                            |                |             |             |              |
| CF    | ERCL   |                       | water,      |         | ne past three years, o<br>emediation/correcti |                |             |             |              |
|       | П      | Vec                   |             | No      |                                               |                |             |             |              |

## Details about wastes received

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

Attachment: Click to enter text.

## Section 14. Laboratory Accreditation (Instructions Page 55)

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

- The laboratory is an in-house laboratory and is:
  - o periodically inspected by the TCEQ; or
  - o located in another state and is accredited or inspected by that state; or
  - o performing work for another company with a unit located in the same site; or
  - o 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: Ismail Hamdi Gurler

Title: Board Member 192/2025 Crole

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

## Section 1. Justification for Permit (Instructions Page 56)

## 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 Seven Coves development will ultimately consist of approximately 495 connections. Expected sales are 20 single family residences per month based on an average 300 gpd wastewater flow per household per 30 TAC Chapter 217.32(a)(3)(Table B.1). The construction for the Seven Coves WWTP is scheduled for June 2026. The first phase of WWTP construction will be sufficient in capacity for the first phase of the subdivision. The Seven Coves WWTP will then have an additional 2 phases with a timeline on construction depending on the development pace of the Seven Coves development and the area surrounding the Seven Coves development. See Exhibit No. 17 for population projections.

## Regionalization of facilities

For additional guidance, please review <u>TCEQ's Regionalization Policy for Wastewater Treatment</u><sup>1</sup>.

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

1. Municipally incorporated areas

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

Is any portion of the proposed service area located in an incorporated city?  $\square$  Yes  $\boxtimes$  No  $\square$  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.

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

| 2.      | Utility CCN areas                                                                                                                                                                                                                                                                     |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | Is any portion of the proposed service area located inside another utility's CCN area?                                                                                                                                                                                                |
|         | □ Yes ⊠ No                                                                                                                                                                                                                                                                            |
|         | <b>If yes</b> , 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                                                                                                                                                                                                                                                                            |
|         | <b>If yes</b> , 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: Exhibit 13                                                                                                                                                                                                                                                                |
|         | <b>If yes</b> , 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: Exhibit 13                                                                                                                                                                                                                                                                |
|         | 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: <u>N/A</u>                                                                                                                                                                                                                                                                |
| Secti   | on 2. Proposed Organic Loading (Instructions Page 58)                                                                                                                                                                                                                                 |
| Is this | facility in operation?                                                                                                                                                                                                                                                                |
|         | Yes ⊠ No                                                                                                                                                                                                                                                                              |
| If no,  | proceed to Item B, Proposed Organic Loading.                                                                                                                                                                                                                                          |
| If yes  | provide organic loading information in Item A, Current Organic Loading                                                                                                                                                                                                                |
| Curre   | nt organic loading                                                                                                                                                                                                                                                                    |
| Fac     | cility Design Flow (flow being requested in application): Click to enter text.                                                                                                                                                                                                        |
| Av      | erage Influent Organic Strength or BOD <sub>5</sub> Concentration in mg/l: Click to enter text.                                                                                                                                                                                       |

 $\label{thm:condition} \mbox{TCEQ-10054 (10/17/2024) Domestic Wastewater Permit Application Technical Report}$ 

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

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): Click

to enter text.

| Click to enter text. |  |  |  |
|----------------------|--|--|--|
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |

## Proposed organic loading

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

Table 1.1(1) - Design Organic Loading

| Source                            | Total Average Flow (MGD) | Influent BOD5<br>Concentration (mg/l) |
|-----------------------------------|--------------------------|---------------------------------------|
| Municipality                      |                          |                                       |
| Subdivision                       | 0.08/0.16/0.48           | 300/300/75                            |
| 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       | 0.08/0.16/0.48           |                                       |
| AVERAGE BOD₅ from all sources     |                          | 300/300/75                            |

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

## 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: 3.0 Total Phosphorus, mg/l: N/A Dissolved Oxygen, mg/l: 4.0 Other: N/A **Interim II Phase Design Effluent Quality** Biochemical Oxygen Demand (5-day), mg/l: 10 Total Suspended Solids, mg/l: 15 Ammonia Nitrogen, mg/l: 3.0 Total Phosphorus, mg/l: N/A Dissolved Oxygen, mg/l: 4.0 Other: N/A Final Phase Design Effluent Quality Biochemical Oxygen Demand (5-day), mg/l: 10 Total Suspended Solids, mg/l: 15 Ammonia Nitrogen, mg/l: 3.0 Total Phosphorus, mg/l: N/A Dissolved Oxygen, mg/l: 4.0 Other: N/A **Disinfection Method** Identify the proposed method of disinfection. Chlorine: 2.0 mg/l after 20 minutes detention time at peak flow Dechlorination process: Click to enter text. Ultraviolet Light: Click to enter text. seconds contact time at peak flow Other: Click to enter text. Section 4. Design Calculations (Instructions Page 58) Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features. **Attachment**: Exhibit 14 Section 5. Facility Site (Instructions Page 59) 100-year floodplain Will the proposed facilities be located above the 100-year frequency flood level?

 $\boxtimes$ 

Yes

No

| If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Click to enter text.                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                           |
| Provide the source(s) used to determine 100-year frequency flood plain.                                                                                                                                                                                   |
| FEMA GIS data                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                           |
| 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.                                                                                                                                                                                                   |
| <b>If no,</b> provide the approximate date you anticipate submitting your application to the Corps: Click to enter text.                                                                                                                                  |
| Wind rose                                                                                                                                                                                                                                                 |
| Attach a wind rose: Exhibit 15                                                                                                                                                                                                                            |
| Section 6. Permit Authorization for Sewage Sludge Disposal                                                                                                                                                                                                |
| (Instructions Page 59)                                                                                                                                                                                                                                    |
| 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 <b>Application for Permit for Beneficial Land Use of Sewage</b> Sludge (TCEQ Form No. 10451): Click to enter text.                                                                                                           |
| 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 <b>Domestic</b> Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056): Click to enter text                                                           |

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

Attach a solids management plan to the application.

Attachment: Exhibit 16

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

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

| Section 1. Domestic Drinking Water Supply (Instructions Page 63)                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge? |
| □ Yes ⊠ No                                                                                                                                          |
| If <b>no</b> , proceed it Section 2. <b>If yes</b> , provide the following:                                                                         |
| Owner of the drinking water supply: <u>Click to enter text.</u>                                                                                     |
| Distance and direction to the intake: <u>Click to enter text.</u>                                                                                   |
| Attach a USGS map that identifies the location of the intake.                                                                                       |
| Attachment: Click to enter text.                                                                                                                    |
| Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)                                                                            |
| Does the facility discharge into tidally affected waters?                                                                                           |
| □ Yes ⊠ No                                                                                                                                          |
| If <b>no</b> , proceed to Section 3. <b>If yes</b> , complete the remainder of this section. If no, proceed to Section 3.                           |
| Receiving water outfall                                                                                                                             |
| Width of the receiving water at the outfall, in feet: Click to enter text.                                                                          |
| 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.                                                                                                                                |
| 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).

| C            | lick        | to enter text.                                                                                                                                                                                                                                                   |
|--------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section      | on 3        | 3. Classified Segments (Instructions Page 63)                                                                                                                                                                                                                    |
| Is the o     | disch       | arge directly into (or within 300 feet of) a classified segment?                                                                                                                                                                                                 |
|              | Yes         | ⊠ No                                                                                                                                                                                                                                                             |
| •            |             | Worksheet is complete.                                                                                                                                                                                                                                           |
| If no, c     | comp        | elete Sections 4 and 5 of this Worksheet.                                                                                                                                                                                                                        |
| Section      | on 4        | 1. Description of Immediate Receiving Waters (Instructions Page 63)                                                                                                                                                                                              |
| Name o       | of th       | e immediate receiving waters: <u>Unnamed Tributary</u>                                                                                                                                                                                                           |
| Receiv       | ing v       | water type                                                                                                                                                                                                                                                       |
| Ide          | ntify       | the appropriate description of the receiving waters.                                                                                                                                                                                                             |
|              | $\boxtimes$ | 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: <u>Click to enter text.</u>                                                                                                                                                                                                                      |
| Flow c       | hara        | cteristics                                                                                                                                                                                                                                                       |
| exis<br>of t | sting       | am, man-made channel or ditch was checked above, provide the following. For discharges, check one of the following that best characterizes the area <i>upstream</i> ischarge. For new discharges, characterize the area <i>downstream</i> of the discharge one). |
|              | $\boxtimes$ | Intermittent - dry for at least one week during most years                                                                                                                                                                                                       |
|              |             | Intermittent with Perennial Pools - enduring pools with sufficient habitat to itain significant aquatic life uses                                                                                                                                                |
|              |             | Perennial - normally flowing                                                                                                                                                                                                                                     |

| dischargers).                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| □ USGS flow records                                                                                                                                     |
| Historical observation by adjacent landowners                                                                                                           |
| □ Personal observation                                                                                                                                  |
| □ Other, specify: <u>Click to enter text.</u>                                                                                                           |
| Downstream perennial confluences                                                                                                                        |
| List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.                             |
| <u>N</u> /A                                                                                                                                             |
| 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.                                                                                                                                    |
| Normal dry weather characteristics                                                                                                                      |
| Provide general observations of the water body during normal dry weather conditions.                                                                    |
| Intermediate unnamed tributary                                                                                                                          |
|                                                                                                                                                         |
| Date and time of observation: <u>Click to enter text.</u>                                                                                               |
| Was the water body influenced by stormwater runoff during observations?                                                                                 |
| □ Yes ⊠ No                                                                                                                                              |
| Section 5. General Characteristics of the Waterbody (Instructions Page 65)                                                                              |

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

## **Upstream influences**

|             | mmediate receiving water upstream ced by any of the following? Check  |        | at apply.                                                  |
|-------------|-----------------------------------------------------------------------|--------|------------------------------------------------------------|
|             | Oil field activities                                                  |        | Urban runoff                                               |
|             | Upstream discharges                                                   |        | Agricultural runoff                                        |
|             | Septic tanks                                                          |        | Other(s), specify: <u>Click to enter text.</u>             |
| Waterbody   | y uses                                                                |        |                                                            |
| Observ      | ed or evidences of the following use                                  | es. Ch | eck all that apply.                                        |
|             | Livestock watering                                                    |        | Contact recreation                                         |
|             | Irrigation withdrawal                                                 |        | Non-contact recreation                                     |
|             | Fishing                                                               |        | Navigation                                                 |
|             | Domestic water supply                                                 |        | Industrial water supply                                    |
|             | Park activities                                                       |        | Other(s), specify: <u>Urban Stormwater</u>                 |
| Waterbody   | y aesthetics                                                          |        |                                                            |
|             | one of the following that best descri<br>rounding area.               | ibes t | he aesthetics of the receiving water and                   |
|             | Wilderness: outstanding natural area; water clarity exceptional       | bea    | uty; usually wooded or unpastured                          |
| $\boxtimes$ | Natural Area: trees and/or nativ<br>(from fields, pastures, dwellings |        | getation; some development evident ater clarity discolored |
|             | Common Setting: not offensive; colored or turbid                      | dev    | eloped but uncluttered; water may be                       |
|             | Offensive: stream does not enhadumping areas; water discolore         |        | aesthetics; cluttered; highly developed                    |
|             |                                                                       |        |                                                            |
|             |                                                                       |        |                                                            |

## **EXHIBIT 1**

Core Data Form





## **TCEQ Core Data Form**

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

## **SECTION I: General Information**

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

| Renewal                      | Core Data   | Form sho   | ould be submi           | tted with the re  | newal form)                                | )                         |                 | Other                                                         |             |               |                 |  |
|------------------------------|-------------|------------|-------------------------|-------------------|--------------------------------------------|---------------------------|-----------------|---------------------------------------------------------------|-------------|---------------|-----------------|--|
| 2. Customer  <br>CN 6053342  |             | · Numbe    | er (if issued)          |                   | Follow this I<br>for CN or RN<br>Central R |                           | <u>in</u>       | 3. Regulated Entity Reference Number (if issued) RN 111525853 |             |               |                 |  |
| ECTIO                        | N II:       | Cus        | tomer                   |                   |                                            |                           |                 |                                                               |             |               |                 |  |
| 4. General Cu                | istomer li  | nformat    | ion                     | 5. Effective      | Date for Cu                                | ustomer li                | nformation      | <b>Updates</b> (mm/dd,                                        | /уууу)      |               |                 |  |
| New Custor                   | mer         |            | ⊠ U                     | pdate to Custor   | ner Informa                                | ation                     | Cha             | nge in Regulated En                                           | tity Own    | ership        |                 |  |
| Change in Le                 | egal Name   | (Verifiabl | le with the Tex         | kas Secretary of  | State or Tex                               | xas Comptro               | oller of Public | c Accounts)                                                   |             |               |                 |  |
| The Custome<br>(SOS) or Texa |             |            | _                       | -                 | ıtomatical                                 | lly based o               | n what is c     | urrent and active                                             | with th     | ne Texas Sec  | retary of State |  |
| 6. Customer                  | Legal Nan   | ne (If an  | individual, pri         | nt last name firs | st: eg: Doe, J                             | John)                     |                 | <u>If new Customer,</u>                                       | enter pre   | evious Custon | ner below:      |  |
| 7 Coves Deveo                | pment Ltd   |            |                         |                   |                                            |                           |                 |                                                               |             |               |                 |  |
| 7. TX SOS/CP                 | A Filing N  | umber      |                         | 8. TX State       | <b>Гах ID</b> (11 d                        | 11 digits) 9. Federal Tax |                 |                                                               |             |               |                 |  |
| 0805823346                   |             |            |                         | 32098006995       |                                            |                           |                 | (9 digits)                                                    |             | applicable)   |                 |  |
| 11. Type of C                | ustomer:    |            |                         | tion              |                                            |                           | ☐ Indivi        | dual                                                          | Partne      | ership: 🔲 Ge  | neral  Limited  |  |
| Government:                  | City 🗌      | County [   | Federal 🗌               | Local   State     | Other                                      |                           | ☐ Sole P        | roprietorship                                                 | Ot          | her:          |                 |  |
| 12. Number o                 | of Employ   | ees        |                         |                   |                                            |                           |                 | 13. Independe                                                 | ntly Ow     | ned and Op    | erated?         |  |
| ⊠ 0-20 □ 2                   | 21-100 [    | 101-2      | 50 🗌 251-               | 500 🗌 501         | and higher                                 |                           |                 | ⊠ Yes                                                         | □ No        |               |                 |  |
| 14. Customer                 | Role (Pro   | posed or   | Actual) – as i          | t relates to the  | Regulated E                                | ntity listed              | on this form.   | Please check one o                                            | f the follo | owing         |                 |  |
| ⊠Owner<br>☐Occupationa       | al Licensee |            | erator<br>esponsible Pa |                   | ner & Opera<br>/CP/BSA App                 |                           |                 | Other                                                         |             |               |                 |  |
| 15. Mailing                  | 28408 Sv    | veetgum    | Road                    |                   |                                            |                           |                 |                                                               |             |               |                 |  |
| Address:                     |             | T          |                         |                   | State                                      | ТХ                        | ZIP             | 77354                                                         |             | ZIP + 4       | T               |  |
| Addicss.                     | City        | Magno      | olia                    |                   | State                                      | 17                        |                 | ,,,,,,                                                        |             |               |                 |  |
| 16. Country N                |             |            |                         | IJSA)             | State                                      |                           |                 | ddress (if applicab                                           | le)         |               |                 |  |

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

| 18. Telephone Number                             |                     |                     | 19. Extension        | or Code             |                | 20. Fax N      | lumber (if a | ipplicable) |                 |
|--------------------------------------------------|---------------------|---------------------|----------------------|---------------------|----------------|----------------|--------------|-------------|-----------------|
| ( 364 ) 634-1228                                 |                     |                     |                      |                     |                | ( )            | -            |             |                 |
|                                                  |                     |                     |                      |                     |                | ` '            |              |             |                 |
| ECTION III: I                                    | Regul               | ated Ent            | ity Info             | <u>rmatior</u>      | 1              |                |              |             |                 |
| 21. General Regulated En                         | tity Informa        | ation (If 'New Reg  | gulated Entity" is s | selected, a new p   | permit applica | tion is also r | equired.)    |             |                 |
| ☐ New Regulated Entity                           | ⊠ Update to         | Regulated Entity    | Name Upda            | ate to Regulated    | Entity Inform  | ation          |              |             |                 |
| The Regulated Entity Nan<br>as Inc, LP, or LLC). | ne submitte         | ed may be upda      | ted, in order to     | meet TCEQ Co        | re Data Star   | ndards (ren    | noval of or  | ganization  | al endings such |
| 22. Regulated Entity Nam                         | <b>e</b> (Enter nan | ne of the site wher | re the regulated ac  | ction is taking pl  | ace.)          |                |              |             |                 |
| Seven Coves Wastewater Trea                      | atment Plant        |                     |                      |                     |                |                |              |             |                 |
| 23. Street Address of the Regulated Entity:      | 10000 Seve          | en Coves Rd.        |                      |                     |                |                |              |             |                 |
| (No PO Boxes)                                    | City                | MCP.                | Ct                   | <b>T</b> V          | 710            | 7720.          |              | 710 - 1     |                 |
|                                                  | City                | Willis              | State                | TX                  | ZIP            | 77384          |              | ZIP + 4     |                 |
| 24. County                                       | Montgome            | ry                  |                      |                     |                |                |              |             |                 |
|                                                  |                     | If no Stre          | et Address is pro    | ovided, fields      | 25-28 are re   | quired.        |              |             |                 |
| 25. Description to                               |                     |                     |                      |                     |                |                |              |             |                 |
| Physical Location:                               | Approximat          | tely 0.6 miles nort | hwest of the inter   | section of Sever    | Coves Rd and   | d Farrell Rd i | n Montgome   | ery County. |                 |
| 26. Nearest City                                 |                     |                     |                      |                     |                | State          |              | Nea         | rest ZIP Code   |
| Willis                                           |                     |                     |                      |                     |                | TX             |              | 7737        | 8               |
| Latitude/Longitude are re                        | equired and         | l may be added      | /updated to me       | et TCEQ Core        | Data Standa    | rds. (Geoc     | oding of th  | e Physical  | Address may be  |
| used to supply coordinate                        | s where no          | ne have been p      | provided or to go    | ain accuracy).      |                |                |              |             |                 |
| 27. Latitude (N) In Decima                       | al:                 | 30.4014             |                      | 28. I               | ongitude (V    | V) In Decim    | nal:         | -95.4528    |                 |
| Degrees                                          | Minutes             |                     | Seconds              | Degr                | ees            | Mi             | inutes       |             | Seconds         |
| 30                                               |                     | 24                  | 05                   |                     | -95            |                | 27           |             | 10              |
| 29. Primary SIC Code                             | 30.                 | Secondary SIC       | Code                 | 31. Prima           | ry NAICS Co    | de             | 32. Seco     | ndary NAIC  | S Code          |
| (4 digits)                                       | (4 c                | ligits)             |                      | <b>(</b> 5 or 6 dig | its)           |                | (5 or 6 dig  | gits)       |                 |
| 4952                                             |                     |                     |                      |                     |                |                |              |             |                 |
| 33. What is the Primary B                        | usiness of          | this entity? (D     | o not repeat the S   | IC or NAICS desc    | ription.)      |                | I            |             |                 |
| Serves to treat residental was                   | stewater            |                     |                      |                     |                |                |              |             |                 |
|                                                  | 28408 Sw            | eetgum Road         |                      |                     |                |                |              |             |                 |
| 34. Mailing                                      |                     |                     |                      |                     |                |                |              |             |                 |
| Address:                                         | <b>a</b> **         |                     |                      |                     |                | 7705:          |              | 715         |                 |
|                                                  | City                | <b>M</b> agnolia    | State                | TX                  | ZIP            | <b>7</b> 7354  |              | ZIP + 4     |                 |
| 35. E-Mail Address:                              | ihg                 | @previllagered.co   | om                   |                     |                |                |              |             |                 |

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

**38. Fax Number** (if applicable)

( ) -

37. Extension or Code

( **3**64 ) **6**34**-1**228

36. Telephone Number

form. See the Core Data Form instructions for additional guidance. ☐ Dam Safety Districts ☐ Edwards Aquifer ☐ Industrial Hazardous Waste ☐ Emissions Inventory Air New Source ☐ OSSF ☐ PWS ☐ Municipal Solid Waste Petroleum Storage Tank Review Air Sludge Storm Water ☐ Title V Air Tires Used Oil ☐ Voluntary Cleanup **⊠** Wastewater ■ Wastewater Agriculture ☐ Water Rights Other: **SECTION IV: Preparer Information** 41. Title: 40. Name: Jonathan D. Liu, P.E. Project Manager 42. Telephone Number 43. Ext./Code 44. Fax Number 45. E-Mail Address (713)942-2700 (713) 942-2799 jdl@as-engineers.com **SECTION V: Authorized Signature** 46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39. Company: Job Title: 7 Coves Development LTD. **Board Member** Name (In Print): Phone: Ismail Hamdi Gurler (346) 634 1228 Signature: Date:

## **EXHIBIT 2**

Plain Language Summary





## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

## ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS 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.

7 Coves Development Ltd. (CN605334285) proposes to operate Seven Coves Wastewater Treatment Plant (RN111525853), a wastewater treatment plant. The facility will be located at approximately 0.6 miles northwest of the intersection of Seven Coves Road and Farrell Rd, in Willis, Montgomery County, Texas 77378. This application is for a new permit to discharge 480,000 gallons per day of treated wastewater effluent via outfall.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD $_5$ ), total suspended solids (TSS), and ammonia nitrogen (NH $_3$ -N). Domestic Wastewater will be treated by an activated sludge process plant and the treatment units include a bar screen, aeration basins, clarifiers, aerobic digesters, and chlorine contact basin..

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

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

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

7 Coves Development Ltd. (CN605334285) propone operar Seven Coves Wastewater Treatment Plant RN111525853, una planta de tratamiento de aguas residuales. La instalación estará ubicada en approximadamenta 0.6 milla al noroests de Seven Coves Road y Farrell Rd., en Willis, Condado de Montgomery, Texas 77378. La solicitud es para la instalación de WWTP por 0.48 MGD. << 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 bioquímica de oxígeno carbonoso (CBOD5), solidos suspendidos totales (TSS), y nitrógeno amoniacal (NH3-N). Las aguas residuales domesticas. estará tratado por por un modo de mezcla completa del proceso de lodos activados, que incluye cribado, balsas de aireación, clarificadores, digestores aerobios y desinfección.

## **EXHIBIT 3**

Public Involvement Plan





## Public Involvement Plan Form for Permit and Registration Applications

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

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

## Section 1. Preliminary Screening

New Permit or Registration Application New Activity – modification, registration, amendment, facility, etc. (see instructions)

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

### Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

TCEQ-20960 (02-09-2023)

## Section 3. Application Information

#### Type of Application (check all that apply):

Air Initial Federal Amendment Standard Permit Title V

Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire

Radioactive Material Licensing Underground Injection Control

Water Quality

Texas Pollutant Discharge Elimination System (TPDES)

Texas Land Application Permit (TLAP)

State Only Concentrated Animal Feeding Operation (CAFO)

Water Treatment Plant Residuals Disposal Permit

Class B Biosolids Land Application Permit

Domestic Septage Land Application Registration

Water Rights New Permit

New Appropriation of Water

New or existing reservoir

Amendment to an Existing Water Right

Add a New Appropriation of Water

Add a New or Existing Reservoir

Major Amendment that could affect other water rights or the environment

## Section 4. Plain Language Summary

| D ' 1       | 1 1     |            | 0 1 1      |             |
|-------------|---------|------------|------------|-------------|
| Provide 3   | hrigt d | accrintion | of planned | activation  |
| I I OVIUE a | титет и | CSCLIDUOL  | от паппси  | activities. |

## Section 5. Community and Demographic Information

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

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

| language notice is n                            | ecessary. Please pro              | ovide the following information.                                                    |  |
|-------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|--|
| (City)                                          |                                   |                                                                                     |  |
| (County)                                        |                                   |                                                                                     |  |
| (Census Tract)<br>Please indicate which<br>City | h of these three is the<br>County | ne level used for gathering the following information.  Census Tract                |  |
| (a) Percent of people                           | e over 25 years of age            | e who at least graduated from high school                                           |  |
| -                                               |                                   | r the specified location ercent of population by race within the specified location |  |
| (d) Percent of Lingui                           | stically Isolated Hous            | seholds by language within the specified location                                   |  |
| (e) Languages comm                              | only spoken in area b             | by percentage                                                                       |  |
| (f) Community and/o                             | or Stakeholder Group              | ps                                                                                  |  |
| (g) Historic public in                          | iterest or involvemen             | nt                                                                                  |  |
|                                                 |                                   |                                                                                     |  |

#### 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

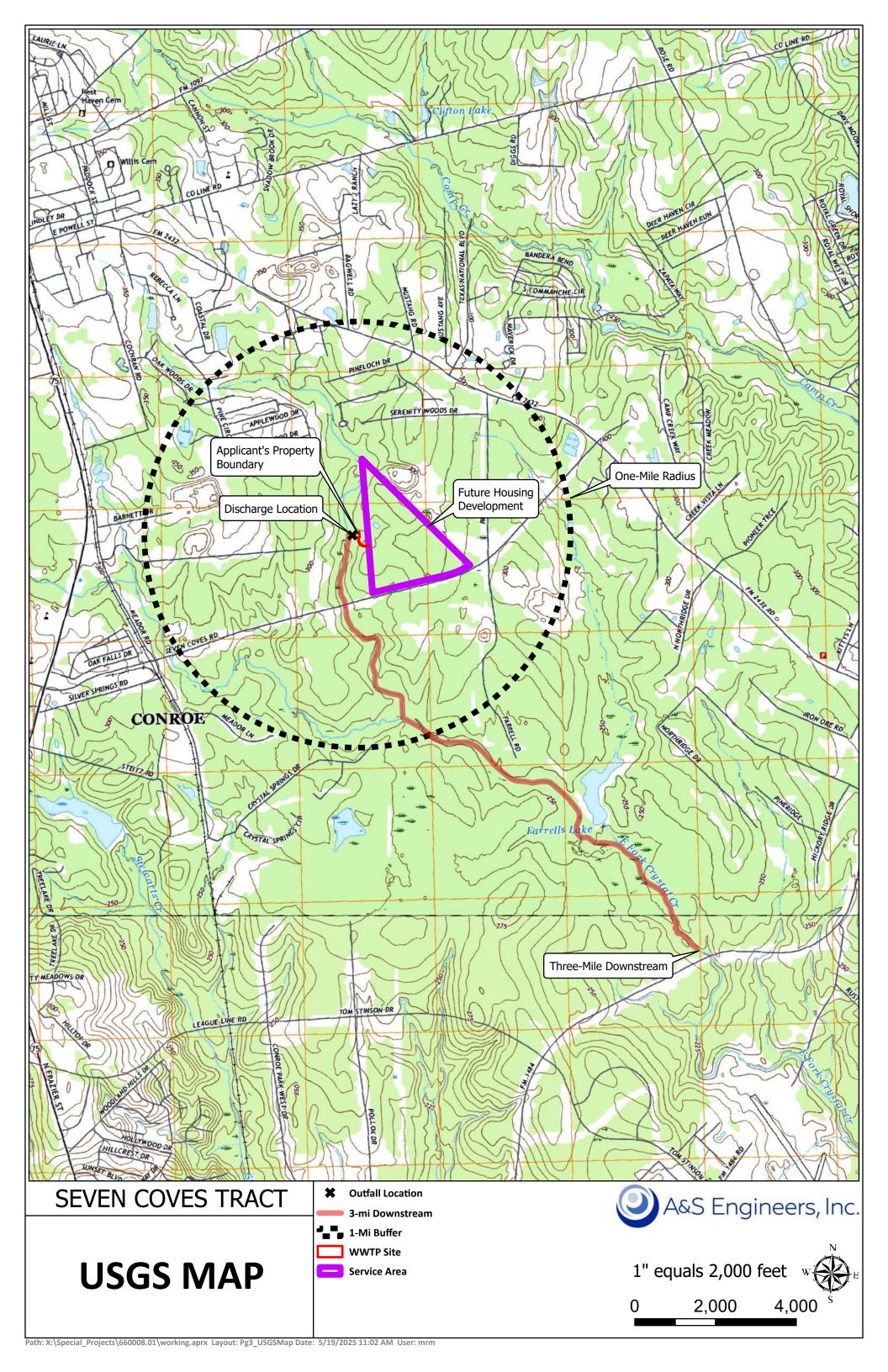
Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

## **EXHIBIT 4**

**USGS MAP** 

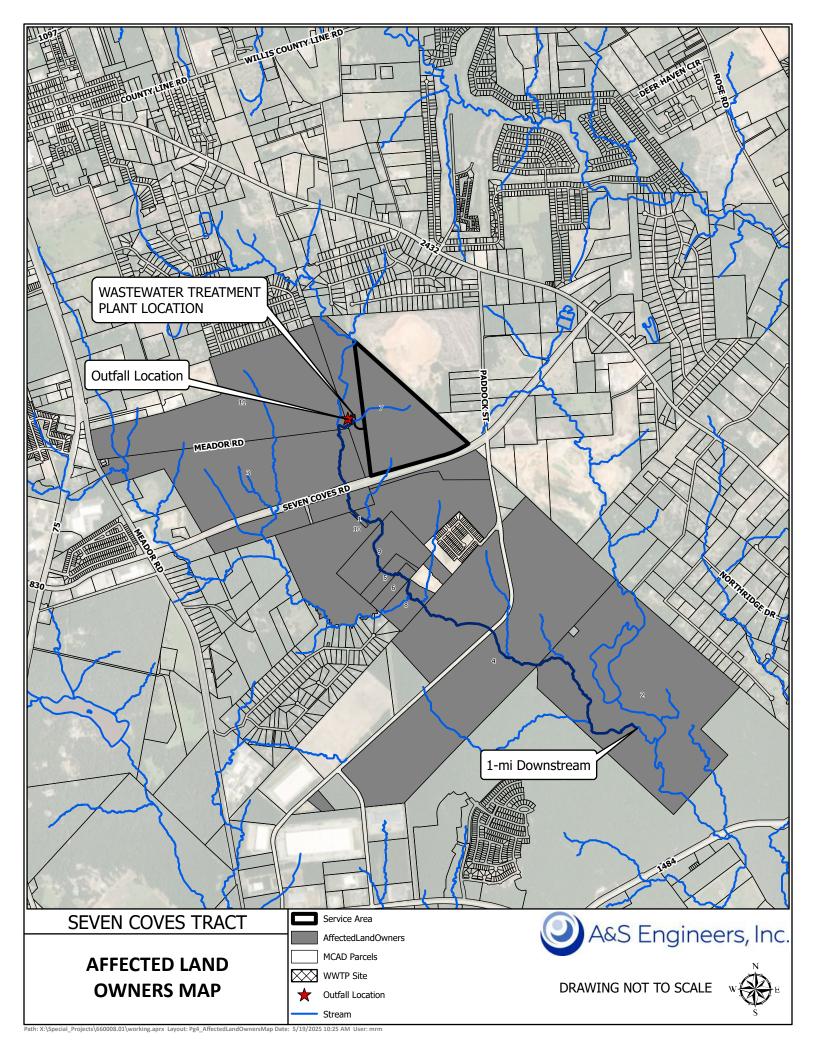




## **EXHIBIT 5**

Landowner Map & List





## Affected Landowners List

| Exhibit ID | Owner Name                         | Mailing Address       | City       | Sate | Zip   | Property Address | MCAD#  |
|------------|------------------------------------|-----------------------|------------|------|-------|------------------|--------|
| 1          | FOSSATI, TARYNN                    | 107 APRIL WATERS DR W | MONTGOMERY | TX   | 77356 |                  | 496584 |
| 2          | DOYLE, DAMEON M                    | 3809 BROWNWIND TRL    | DEER PARK  | TX   | 77536 |                  | 51874  |
| 3          | RMDMG LTD                          | PO BOX 1220           | CONROE     | TX   | 77305 |                  | 42804  |
| 4          | CONROE INDUSTRIAL DEVELOPMENT CORP | PO BOX 3066           | CONROE     | TX   | 77305 |                  | 482226 |
| 5          | ALBITTER FAMILY PROPERTIES LLC     | 15054 CREIGHTON RD    | CONROE     | TX   | 77302 | 10559 FARRELL RD | 46066  |
| 6          | ALBITTER FAMILY PROPERTIES LLC     | 15054 CREIGHTON RD    | CONROE     | TX   | 77302 |                  | 46064  |
| 7          | 7 COVES DEVELOPMENT LTD            | 28408 SWEETGUM RD     | MAGNOLIA   | TX   | 77354 |                  | 46058  |
| 8          | KB HOME LONE STAR LP               | 11320 RICHMOND AVE    | HOUSTON    | TX   | 77082 |                  | 243605 |
| 9          | KB HOME LONE STAR LP               | 11320 RICHMOND AVE    | HOUSTON    | TX   | 77082 | 10551 FARRELL RD | 213983 |
| 10         | MAXEDON CAPITAL INVESTMENTS LLC    | 107 APRIL WATERS DR W | MONTGOMERY | TX   | 77356 | 10201 FARRELL RD | 429682 |
| 11         | MC & GEILLC                        | PO BOX 1220           | CONROE     | TX   | 77305 | 11260 MEADOR RD  | 42802  |

FOSSATI, TARYNN DOYLE, DAMEON M RMDMG LTD 107 APRIL WATERS DR W 3809 BROWNWIND TRL PO BOX 1220 MONTGOMERY, TX 77356 DEER PARK, TX 77536 CONROE, TX 77305 CONROE INDUSTRIAL ALBITTER FAMILY PROPERTIES ALBITTER FAMILY PROPERTIES DEVELOPMENT CORP LLC LLC 15054 CREIGHTON RD 15054 CREIGHTON RD PO BOX 3066 CONROE, TX 77302 CONROE, TX 77305 CONROE, TX 77302 7 COVES DEVELOPMENT LTD KB HOME LONE STAR LP KB HOME LONE STAR LP 28408 SWEETGUM RD 11320 RICHMOND AVE 11320 RICHMOND AVE HOUSTON, TX 77082 HOUSTON, TX 77082 MAGNOLIA, TX 77354 MAXEDON CAPITAL MC & GE I LLC INVESTMENTS LLC PO BOX 1220 107 APRIL WATERS DR W CONROE, TX 77305 MONTGOMERY, TX 77356

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## **EXHIBIT 6**

Original Photographs & Map





Picture 1: Map



Picture 2: WWTP Site



Picture 3: Discharge

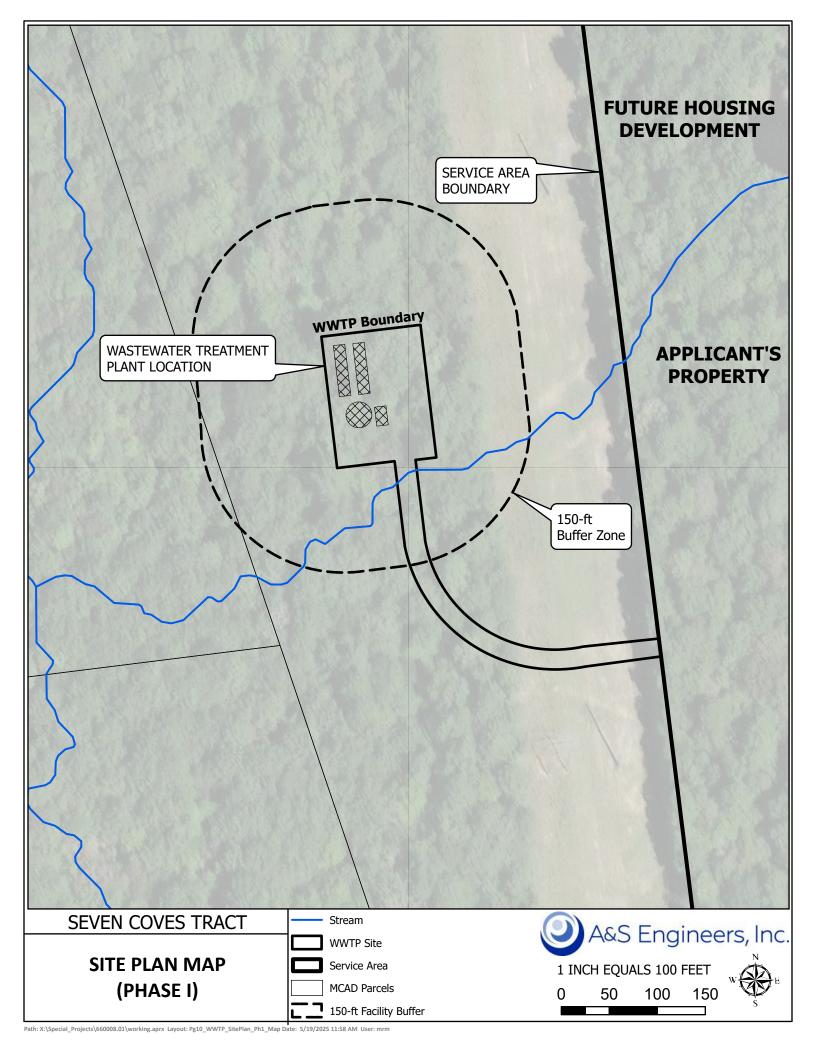


Picture 4: Discharge

# EXHIBIT 7

Buffer Zone Map





# **EXHIBIT 8**

**SPIF** 



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

# FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

| TOPO WEE ONWY                                                                                                                                                                                       |                         |                               |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|-----------|
| TCEQ USE ONLY:                                                                                                                                                                                      | Major Amondra out       | Min ou Amoundmout A           | Torus     |
| Application type:Renewal                                                                                                                                                                            |                         | <del></del>                   | iew       |
| County:                                                                                                                                                                                             |                         | number:                       |           |
| Admin Complete Date:                                                                                                                                                                                |                         |                               |           |
| Agency Receiving SPIF:                                                                                                                                                                              | ***                     | 7. 1 1 7.71 11.0              |           |
| Texas Historical Commission                                                                                                                                                                         |                         |                               |           |
| Texas Parks and Wildlife De                                                                                                                                                                         | partment U.S            | . Army Corps of Engineers     |           |
| This form applies to TPDES permit                                                                                                                                                                   | applications only. (Ins | structions, Page 53)          |           |
| Complete this form as a separate docour agreement with EPA. If any of the is needed, we will contact you to proeach item completely.                                                                | e items are not comple  | tely addressed or further inf | formation |
| Do not refer to your response to an attachment for this form separately application will not be declared admic completed in its entirety including al may be directed to the Water Quality email at |                         |                               |           |

|    |                     | e the name, address, phone and fax number of an individual that can be contacted to a specific questions about the property.                                                                                                                                                                               |
|----|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Prefix (            | (Mr., Ms., Miss): <u>Mr.</u>                                                                                                                                                                                                                                                                               |
|    | First aı            | nd Last Name: <u>Jonathan Liu</u>                                                                                                                                                                                                                                                                          |
|    | Creden              | ntial (P.E, P.G., Ph.D., etc.): <u>P.E.</u>                                                                                                                                                                                                                                                                |
|    | Title: P            | <u>roject Manager</u>                                                                                                                                                                                                                                                                                      |
|    | Mailing             | g Address: <u>10377 Stella Link Dr</u>                                                                                                                                                                                                                                                                     |
|    | City, St            | tate, Zip Code: <u>Houston, TX 77025</u>                                                                                                                                                                                                                                                                   |
|    | Phone               | No.: <u>713-942-2700</u> Ext.: Fax No.:                                                                                                                                                                                                                                                                    |
|    | E-mail              | Address: <u>jdl@as-engineers.com</u>                                                                                                                                                                                                                                                                       |
| 2. | List the            | e county in which the facility is located: <u>Montgomery</u>                                                                                                                                                                                                                                               |
| 3. |                     | property is publicly owned and the owner is different than the permittee/applicant, list the owner of the property.                                                                                                                                                                                        |
|    | <u>Click</u>        | here to enter text.                                                                                                                                                                                                                                                                                        |
|    |                     |                                                                                                                                                                                                                                                                                                            |
|    |                     |                                                                                                                                                                                                                                                                                                            |
| 4. | of efflu<br>dischar | e a description of the effluent discharge route. The discharge route must follow the flow tent from the point of discharge to the nearest major watercourse (from the point of trge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify satisfied segment number.         |
|    |                     | arge into an unnamed tributary then to East Fork Crystal Creek, then into the West                                                                                                                                                                                                                         |
|    |                     | San Jacinto River, then to San Jacinto River.                                                                                                                                                                                                                                                              |
|    |                     |                                                                                                                                                                                                                                                                                                            |
|    |                     |                                                                                                                                                                                                                                                                                                            |
| 5. | plotted<br>route f  | provide a separate 7.5-minute USGS quadrangle map with the project boundaries and a general location map showing the project area. Please highlight the discharge from the point of discharge for a distance of one mile downstream. (This map is ed in addition to the map in the administrative report). |
|    | Provide             | e original photographs of any structures 50 years or older on the property.                                                                                                                                                                                                                                |
|    | Does y              | our project involve any of the following? Check all that apply.                                                                                                                                                                                                                                            |
|    |                     | Proposed access roads, utility lines, construction easements                                                                                                                                                                                                                                               |
|    |                     | Visual effects that could damage or detract from a historic property's integrity                                                                                                                                                                                                                           |
|    |                     | Vibration effects during construction or as a result of project design                                                                                                                                                                                                                                     |
|    |                     | 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): |
|    | Click here to enter text.                                                                                                         |
|    |                                                                                                                                   |
| 2. | Describe existing disturbances, vegetation, and land use:                                                                         |
|    | Click here to enter text.                                                                                                         |
|    |                                                                                                                                   |
| ΤН | LE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR                                                     |
|    | MENDMENTS TO TPDES PERMITS                                                                                                        |
| 3. | List construction dates of all buildings and structures on the property:                                                          |
|    |                                                                                                                                   |
|    |                                                                                                                                   |
|    |                                                                                                                                   |
| 4. | Provide a brief history of the property, and name of the architect/builder, if known.                                             |
|    |                                                                                                                                   |
|    |                                                                                                                                   |
|    |                                                                                                                                   |

# **EXHIBIT 9**

Treatment Process Description and Design Features



# **Treatment Process Description and Design Features**

The proposed Phase I is designed to treat a flow rate 0.08 MGD. The proposed Phase I facility will be a wastewater treatment plant operating as a suspended growth activated sludge process in the single-stage nitrification mode and will be comprised of one (1) onsite grinder pump station, one (1) common headworks with manual bar screen, one (1) aeration basins, one (1) clarifier, one (1) chlorine contact basin, and one (1) aerobic digester. Raw sewage will be pumped from the grinder pump station to the headworks. Then the influent flows to the aeration basin where it will be mixed with return activated sludge to create mixed liquor. The aeration basin will operate in the single –stage nitrification mode to consume organics and break down ammonia. From the aeration basin, the mixed liquor flows to the secondary clarifier for clarification. After clarification, the treated effluent flows to the chorine contact basin for disinfection and the waste activated sludge is pumped to the digester for further treatment before being hauled off. From the chlorine contact basin, the effluent flows over a weir for flow measurement then on to the outfall.

The proposed Phase II is designed to treat a flow rate 0.16 MGD and will expand the existing wastewater treatment plant. The facility will continue to operate as a suspended growth activated sludge process in the single-stage nitrification mode and will be comprised of one (1) onsite grinder lift station, one (1) common headworks with manual bar screens and flow splitting weirs, two (2) aeration basins, one (1) clarifier, one (1) chlorine contact basin, and two (2) aerobic digesters. Raw sewage will be pumped from the lift station to the existing headworks where flow is split into two (2) separate trains. Then the influent flows to the aeration basins where it is mixed with return activated sludge to create mixed liquor. The aeration basins operate in the single –stage nitrification mode to consume organics and break down ammonia. From the aeration basins, the mixed liquor flows to the secondary clarifiers for clarification. After clarification, the treated effluent flows to the chorine contact basin for disinfection and the waste activated sludge is pumped to the digester for further treatment before being hauled off. From the chlorine contact basin, the effluent flows over a weir for flow measurement then on to the outfall.

The final phase of the facility is the proposed operational phase of 0.48 MGD. The proposed facilities for this phase will replace the existing plants with a new proposed plant that is designed and constructed to treat 0.48 MGD and will operate as a suspended growth activated sludge process in single-stage nitrification mode. This phase will include the existing onsite lift station, one (1) headworks with mechanical bar screen and flow splitting weirs, two (2) aeration basins, two (2) clarifiers, two (2) chlorine contact basins, and two (2) aerobic digesters. In this phase, raw sewage will be pumped from the existing onsite lift station to the proposed headworks where flow will be split into two (2) separate trains. Then the influent flows to the aeration basins where it is mixed with return activated sludge to create mixed liquor. The aeration basins operate in the single –stage nitrification mode to consume organics and break down ammonia. From the aeration basins, the mixed liquor flows to the secondary clarifiers for clarification. After clarification, the treated effluent flows to the chorine contact basin for disinfection and the waste activated sludge is pumped to the digester for further treatment before being

hauled off. From the chlorine contact basin, the effluent flows over a weir for flow measurement then on to the outfall.

- An Autodialer will be installed to detect power outages and equipment failure. The Autodialer
  will incorporate high level sensors on the wastewater treatment plant units. Once a problem is
  detected, the Autodialer will call preprogrammed numbers to notify the operations company.
  Once the notification is answered, the operations company will dispatch an operator to the
  facility.
- The facility will include an onsite generator for emergency power outages. The generator will provide sufficient power for the grinder/lift station, blowers, and chemical feed system. An automatic transfer switch will be included to transfer the electrical loads to the generator during an outage.
- The plant features stand-by blowers. The collection system will be new and minimum infiltration
  is anticipated. The plant is to be maintained and operated by personnel licensed by the State of
  Texas.
- The plant is designed to be maintained without bypassing. Replacement or repair of the interior coating system is the only maintenance item that would necessitate bypassing and the epoxy system should last 20-30 years.
- An intruder resistant fence will be placed around the facility.

# EXHIBIT 10

**Treatment Units** 



# DIMENSIONS OF TREATMENT UNITS

# A. WWTP PLANT: 0.08 MGD WWTP Complete Mix Activated Sludge

| Type of Unit     | # of Units | Size (depth, width, length & volume)                                             |
|------------------|------------|----------------------------------------------------------------------------------|
| Aeration Basin   | 1          | 10.5' water depth x 15.0' width x 40.0' length each. Total Volume = 6,300 CF     |
| Clarifier        | 1          | 30' diameter has 707 sq. feet, sidewater depth of 10.5', Volume of 7,422 CF      |
| Chlorine Contact | 1          | Depth = 10.5', width = 5',<br>Length = 25.0', Volume = 1,313 CF                  |
| Digester         | 2          | 10.5' water depth x 15.0' width x 35.0' length each.<br>Total Volume = 11,025 cf |

# B. WWTP PLANT: 0.16 MGD WWTP Complete Mix Activated Sludge

| Type of Unit     | # of Units | Size (depth, width, length & volume)                                             |
|------------------|------------|----------------------------------------------------------------------------------|
| Aeration Basin   | 2          | 10.5' water depth x 15.0' width x 40.0' length each.<br>Total Volume = 12,600 CF |
| Clarifier        | 1          | 30' diameter has 707 sq. feet, sidewater depth of 10.5', Volume of 7,422 CF      |
| Chlorine Contact | 1          | Depth = 10.5', width = 5',<br>Length = 25.0', Volume = 1,313 CF                  |
| Digester         | 3          | 10.5' water depth x 15.0' width x 35.0' length each.<br>Total Volume = 16,538 cf |

# C. WWTP PLANT: 0.48 MGD WWTP Complete Mix Activated Sludge

| Type of Unit     | # of Units | Size (depth, width, length & volume)                                                 |
|------------------|------------|--------------------------------------------------------------------------------------|
| Aeration Basin   | 2          | 10.5' water depth x 25.0' width x 75.0' length each. Volume = 39,375 CF total        |
| Clarifier        | 2          | 50' diameter has 3,927 sq. feet, sidewater depth of 10.5', Volume of 41,232 CF total |
| Chlorine Contact | 2          | Depth = 10.5', width = 5.0',<br>Length = 35.0', Volume = 3,675 CF                    |
| Digester         | 2          | 10.5' water depth x 30.0' width x 75.0' length each. Volume = 47,250 CF total        |

# EXHIBIT 11

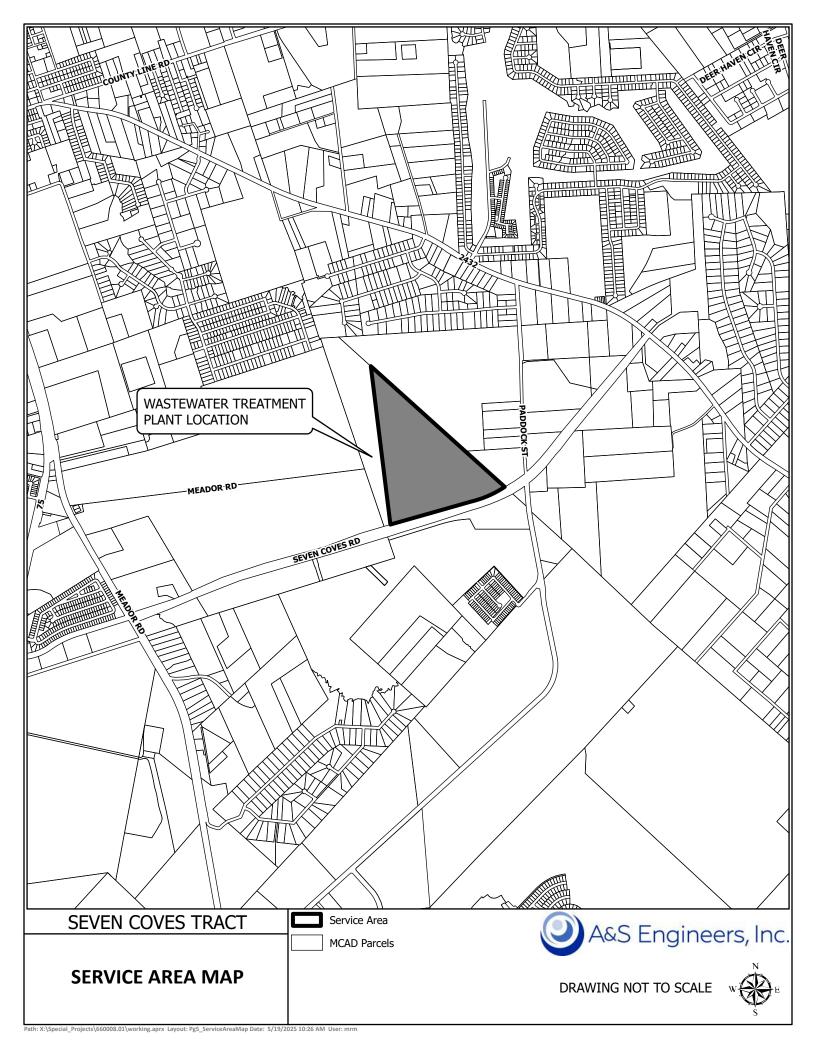
Schematic Flow Diagram Process



# EXHIBIT 12

Service Area Map

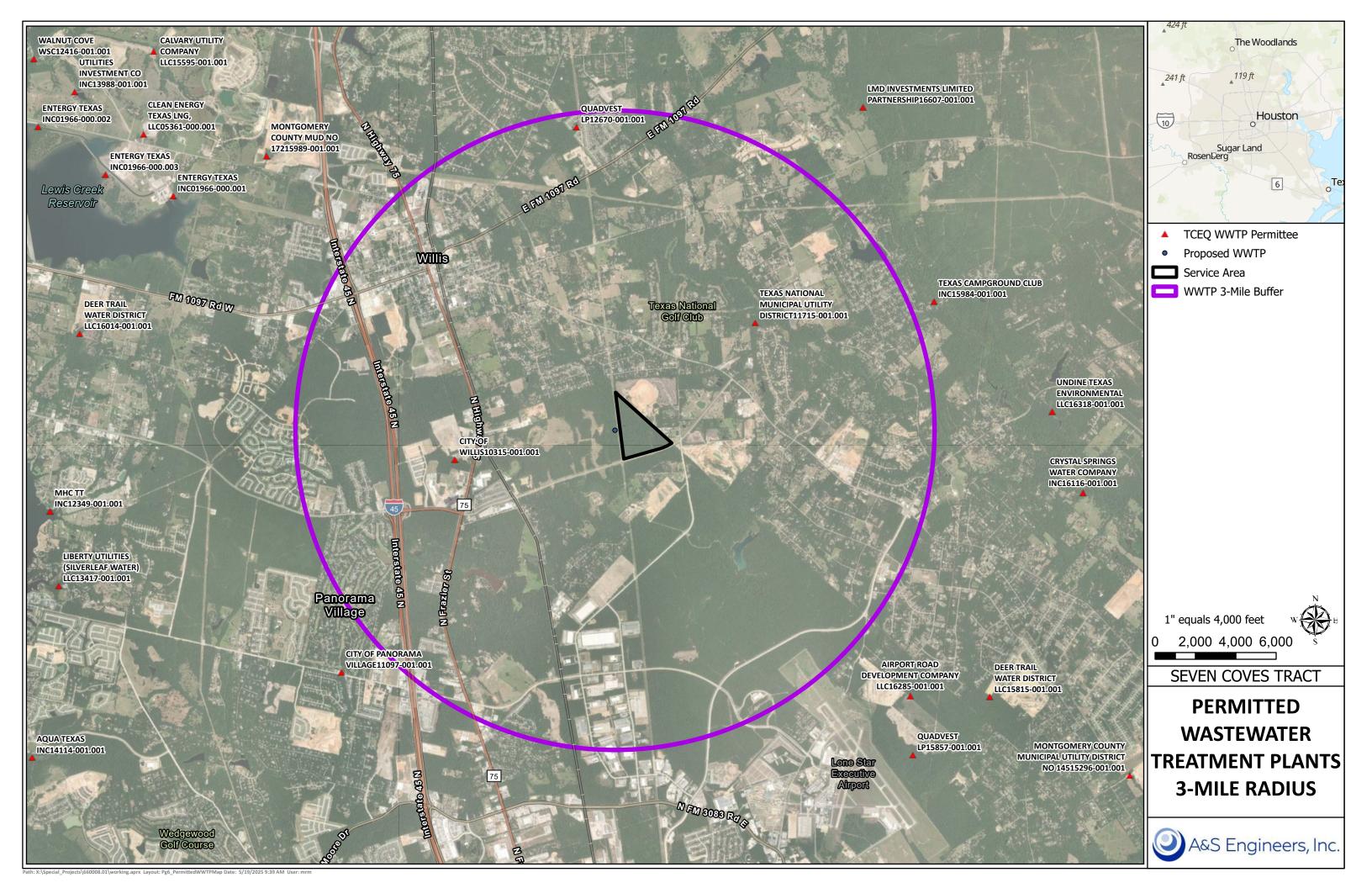




# EXHIBIT 13

Regionalization Map and Letters







June 27, 2025

City of Willis 200 N Bell Street Willis, TX 77378

Attn: City Engineer

Re: 7 Coves Development Ltd.

TCEQ Wastewater Discharge Permit Application Regionalization Inquiry – City of Willis WWTP

A&S Project No. 660008.01

To Whom It May Concern:

7 Coves Development Ltd. has prepared a wastewater discharge permit application for a new domestic wastewater treatment plant in Montgomery County with a ultimate final capacity of 0.48 MGD. One of the items to be addressed by the Texas Commission on Environmental Quality in a wastewater discharge permit application is regionalization. As part of this process, we will investigate the feasibility of obtaining capacity for the 0.48 MGD wastewater flow from a neighboring plant.

| Is it possible for your utility to accept flows from the proposed facility? | _YES | NO |
|-----------------------------------------------------------------------------|------|----|
| If "YES", what is the maximum flow that can be acceptedMGD.                 |      |    |
| By: Date:                                                                   |      |    |
| Please date, sign and return your reply by email to jdl@as-engineers.com    |      |    |
| If you have any questions, please feel free to contact me at 713-942-2700.  |      |    |
| Regards,  Jonathan Liu                                                      |      |    |

Jonathan D. Liu, P.E. Project Manager

| 9589 0710 5270 2283 5177 39 9589 0710 5270 2283 5177 39                                                                                                                                                                                             | PS Form 3811, July 2020 PSN 7530-02-000-9053 | 9590 9402 8867 4005 7765 03<br>2. Article Number (Transfer from service about<br>9589 0710 5270 2283 51                                                                                                                                                                                                                                           | City of Willis 200 N Bell Street Willis, TX 77378 | Attach this card to the back of the mailpiece<br>or on the front if space permits. | <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> </ul> | SENDER: COMPLETE THIS SECTION                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only Fed adductory Information, visit our wates (cell Wannusses com Certified Mail Fee Services A Feet free from off to a supremoded Control of the free free free free free free free fr | 30-02-000-9053                               | 3. Service Type Adult Signature Restricted Delivery OS 7765 O3 Oscinited Auto Behaviored Delivery Pervice labels 1 Collect on Delivery Restricted Delivery Pervice About Type Oscinited Auto Service About Type Oscinited Auto Service About Type Oscinited Auto Service About Type Oscinited Delivery 2289 35177 39 reg Mail Restricted Delivery | D. is delivery address If YES, enter deliver      | the mailpiece,  B. Received by (Printed Name)                                      | n the reverse X to you.                                                                                                                        |                                                |
| RECEIPT  Valuette at 1 (VANALUS) sectors  Performed  Performed  Performed  Performed  Performed                                                                                                                                                     | Domestic Return Receipt                      | Delinery Priority Mail Express® Delinery Registered Mail* Pagistered Mail* Registered Mail Restricted Delivery Delivery Confirmation* Sprature Confirmation* Restricted Delivery Sherry                                                                                                                                                           | is delivery address different from item 17        | C. D                                                                               | ☐ Agent                                                                                                                                        | COMPLETE THIS SECTION ON DELIVERY  A SIGNATURE |





June 27, 2025

NextEra Water Texas, LLC 6710 Spring Stuebner Road, Suite 709 PMB 1051 Spring, Texas 77389

Attn: Caddo Village WWTP Engineer

Re: 7 Coves Development Ltd.

TCEQ Wastewater Discharge Permit Application Regionalization Inquiry – CADDO VILLAGE WWTP

A&S Project No. 660008.01

To Whom It May Concern:

7 Coves Development Ltd. has prepared a wastewater discharge permit application for a new domestic wastewater treatment plant in Montgomery County with a ultimate final capacity of 0.48 MGD. One of the items to be addressed by the Texas Commission on Environmental Quality in a wastewater discharge permit application is regionalization. As part of this process, we will investigate the feasibility of obtaining capacity for the 0.48 MGD wastewater flow from a neighboring plant.

| Is it possible for your utility to accept flows | from the proposed facilities | lity?  | _YES _ | NO |
|-------------------------------------------------|------------------------------|--------|--------|----|
| If "YES", what is the maximum flow that car     | n be accepted                | _MGD.  |        |    |
| By: D                                           | ate:                         |        |        |    |
| Please date, sign and return your reply by em   | ail to jdl@as-engineer       | s.com  |        |    |
| If you have any questions, please feel free to  | contact me at 713-942        | -2700. |        |    |
| Regards,<br>Jonathan Liu                        |                              |        |        |    |

Jonathan D. Liu, P.E. Project Manager

CERTIFIED MAIL

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9589 0710 5270 2283 5177 15 Earth Services & Years (vision box, and lies at approximation from the property of a service of the control of Next Era Water Texas, LLC 6710 Jerring Studener Rad, Suite Ton @ Pros. 1657 Spring, TX 17389 U.S. Postal Service CERTIFIED MAIL RECEIPT Postage and Fees lied Mail Fee

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A&S Engineers, Inc. 10377 Stella Link Road Houston, TX 77025



June 27, 2025

Bleyl Engineering 10515 Rodgers Rd Houston, TX 77070

Attn: District Engineer

Re: 7 Coves Development Ltd.

TCEQ Wastewater Discharge Permit Application

Regionalization Inquiry – Texas National MUD WWTP

A&S Project No. 660008.01

To Whom It May Concern:

7 Coves Development Ltd. has prepared a wastewater discharge permit application for a new domestic wastewater treatment plant in Montgomery County with a ultimate final capacity of 0.48 MGD. One of the items to be addressed by the Texas Commission on Environmental Quality in a wastewater discharge permit application is regionalization. As part of this process, we will investigate the feasibility of obtaining capacity for the 0.48 MGD wastewater flow from a neighboring plant.

| Is it possible for your utility to accept flows from the proposed facility? | YESN | Ю |
|-----------------------------------------------------------------------------|------|---|
| If "YES", what is the maximum flow that can be acceptedMG                   | JD.  |   |
| By: Date:                                                                   |      |   |
| Please date, sign and return your reply by email to jdl@as-engineers.com    | n    |   |
| If you have any questions, please feel free to contact me at 713-942-270    | 0.   |   |
| Regards,<br>Jonathan Liu                                                    |      |   |

Jonathan D. Liu, P.E. Project Manager

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X 77070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Howsto                                                                                  |                                                                                                           |
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| .com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | For delivery information, visit our website at www.usps.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | A   L                                                                                                     |
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| Priority Mail Express® I Registered Mail** Registered Mail** Registered Mail** Registered Mail** Registered Mail** Registered Mail** Registered Confirmation ** Signature Confirmation Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Service Type Adult Signature Restricted Delivery Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery ed Mail Restricted Delivery ed Mail Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 2                                                                                     | 9590 9402 6675 1060 2375<br>2. Article Number (Transfer from service label)<br>9589 0710 5270 2283        |
| elow: D No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D. la delivory address delivery from item 17 If YES, enter delivery address below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 70 this                                                                                 | losis Rodgers Rd<br>Houston, Th. Moto                                                                     |
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| ☐ Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ss on the reverse                                                                       | <ul> <li>Print your name and address on the reverse<br/>so that we can return the card to you.</li> </ul> |
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| APENIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MIGIEST                                                                                 |                                                                                                           |



# EXHIBIT 14

**Design Calculations** 



#### SEVEN COVES

# WASTEWATER TREATMENT PLANT

## WWTP PROCESS SIZING CALCULATIONS

PHASE I: 0.08 MGD 6/24/25

#### I. DESIGN PARAMETERS

| A. | Influ | ent Composition                                                 |   |       |        |
|----|-------|-----------------------------------------------------------------|---|-------|--------|
|    | 1.    | Influent BOD                                                    | = | 300   | mg/l   |
|    | 2.    | Influent TSS                                                    | = | 300   | mg/l   |
|    | 3.    | Influent NH3-N                                                  | = | 75    | mg/l   |
| В. | Hyd   | raulic Considerations                                           |   |       |        |
|    | 1.    | Design Flow after Expansion                                     | = | 0.080 | MGD    |
|    | 2.    | No. 1 Unit Change                                               |   | 56    | gpm    |
|    | 3.    | Hydraulic Peaking Factor for Design                             | = | 4.00  | Q      |
|    | 4.    | Peak Hydraulic Flow                                             | = | 0.32  | MGD    |
|    | 5.    | No. 4 Unit Change                                               |   | 222   | gpm    |
| c. | Influ | ent Composition Mass Loading (based on Raw & Post Primary Split |   |       |        |
|    | 1.    | Mass BOD Loading                                                | = | 200   | lb/day |
|    | 2.    | Mass TSS Loading                                                | = | 200   | lb/day |
|    | 3.    | Mass NH3-N Loading                                              | = | 50    | lb/day |
| D. | Efflu | ent Composition                                                 |   |       |        |
|    | 1.    | Effluent BOD                                                    | = | 0     | mg/l   |
|    | 2.    | Effluent TSS                                                    | = | 0     | mg/l   |
|    | 3.    | Effluent NH3-N                                                  | = | 0     | mg/l   |
|    | 4.    | Effluent TKN                                                    | = | 0     | mg/l   |
|    | 5.    | Phosphorous                                                     | = | 0     | mg/l   |

#### SEVEN COVES

## WASTEWATER TREATMENT PLANT

## II. ACTIVATED SLUDGE

| A. | Aerat  | ion Influent Composition                        |                                                                                                                              |   |               | ٦                                |
|----|--------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---|---------------|----------------------------------|
|    | 1.     | Total Design Flow                               |                                                                                                                              | = | 0.08          | MGD                              |
|    | 2.     | Total Influent BOD                              |                                                                                                                              | = | 200           | lb/day                           |
|    | 3.     | Total Influent TSS                              |                                                                                                                              | = | 200           | lb/day                           |
|    | 4.     | Total Influent NH3-N                            |                                                                                                                              | = | 50            | lb/day                           |
|    |        |                                                 |                                                                                                                              |   |               |                                  |
| В. |        | Organic Loading Criteria                        |                                                                                                                              |   | -             | 1                                |
|    | 1.     | Organic Loading (TCEQ 2                         |                                                                                                                              | = | 35            | lb BOD/1000 cu ft                |
|    | 2.     | Organic Loading to Aera                         |                                                                                                                              | = | 200           | lb/day                           |
|    | 3.     | Aeration Basin Volume I                         | Required                                                                                                                     | = | 5,719         | cu. ft                           |
| C. | Minin  | num Aeration Volume                             |                                                                                                                              |   |               |                                  |
| о. | 1.     |                                                 | ased on controlling criteria                                                                                                 | = | 5,719         | cu. ft                           |
|    | 2.     | Equivalent Loading base                         |                                                                                                                              | = | 35.0          | lb BOD/1000 cu ft                |
|    |        | ,,                                              |                                                                                                                              |   |               | ] ,                              |
|    | Solids | Balance Method                                  |                                                                                                                              |   |               |                                  |
|    | 1.     | (delta X/delta t)                               | = Excess Sludge Produced per Day                                                                                             |   |               |                                  |
|    |        |                                                 | = Xi1 + Xi2 + aSo + a*N - bXv - Xe                                                                                           |   |               |                                  |
|    |        |                                                 | =                                                                                                                            |   |               | _                                |
|    |        |                                                 | 40.032 lbs/day + 64.0512 lbs/day + (0.6 lb VSS produced / lb BOD applied)(200.16 lbs/day) + (0.12 lb/VSS produced / lb NH3-N |   |               |                                  |
|    |        |                                                 | applied)(50.04 lbs/day) - (0.06 lb VSS destroyed / lb MLSS-                                                                  |   |               |                                  |
|    |        |                                                 | day)(1064.8 lbs) + 0 lbs/day                                                                                                 | _ | 166           | lle (day)                        |
|    |        |                                                 |                                                                                                                              | = | 166           | lb/day                           |
|    |        | Where:                                          |                                                                                                                              |   |               |                                  |
|    |        |                                                 | % of Fixed Influent TSS to Aeration Basin                                                                                    | = | 20%           | of TSS                           |
|    |        |                                                 | (Total Influent TSS to Aeration Basin)                                                                                       | = | 200           | lbs/day                          |
|    |        | Xi1 =                                           | Fixed Influent TSS to Aeration Basin                                                                                         | = | 40            | lbs/day                          |
|    |        |                                                 | % of Non-biodegradable Influent VSS                                                                                          | = | 40%           | of VSS                           |
|    |        |                                                 | (Volatile Influent TSS to Aeration Basin)                                                                                    | = | 160           | lbs/day                          |
|    |        | Xi2 =                                           | Non-biodegradable Influent VSS                                                                                               | = | 64            | lbs/day                          |
|    |        | a =                                             | Synthesis Coefficient                                                                                                        | = | 0.60          | lb VSS produced / lb BOD applied |
|    |        | So =                                            | Influent BOD5                                                                                                                | = | 200           | lbs/day                          |
|    |        | a* =                                            | Nitrifier Synthesis Coefficient                                                                                              | = | 0.12          | lb/ VSS produced / lb NH3-N app  |
|    |        | N =                                             | Influent NH3-N                                                                                                               | = | 50            | lbs/day                          |
|    |        | b =                                             | Endogenous Coefficient                                                                                                       | = | 0.06          | lb VSS destroyed / lb MLSS-day   |
|    |        | Xv =                                            | MLVSS in Aeration Basin                                                                                                      | = | 1,065         | lbs                              |
|    |        | Xe =                                            | Effluent TSS (based on effluent 5 mg/L)                                                                                      | = | 0.0           | lbs/day                          |
|    |        |                                                 |                                                                                                                              |   |               |                                  |
|    |        | Find MLSS in Aeration B                         | asin for WWTP                                                                                                                |   |               | ī                                |
|    |        | Ratio of Volatile to Total                      | •                                                                                                                            | = | 0.8           | MLVSS / MLSS                     |
|    |        | Design MLSS Concentra                           |                                                                                                                              | = | 3,000.0       | mg/L                             |
|    |        | Estimated MLVSS Conce                           |                                                                                                                              | = | 2,400.0       | mg/L                             |
|    |        | Design Solid Retention 1                        | Fime (SRT)                                                                                                                   | = | 8.0           | days                             |
|    |        | MLSS in Aeration Basin                          |                                                                                                                              | = | 1,331         | lbs                              |
|    |        | MLVSS in Aeraton Basin                          |                                                                                                                              | = | 1,065         | lbs                              |
|    |        | Verify MLSS Assumption                          | n (SKT x deita X/deita T)                                                                                                    | = | 1,330         | lbs                              |
|    |        | Fixed Influent TSS to Ae                        | ration Racin                                                                                                                 | = | 40            | lbs/day                          |
|    |        |                                                 |                                                                                                                              | = |               | lbs/day                          |
|    |        | Nonbiodegradable Influ                          |                                                                                                                              | = | 64<br>120.096 | lbs/day                          |
|    |        | Growth Due to Synthesi Growth Due to Nitrifiers |                                                                                                                              | = | 6             | lbs/day<br>lbs/day               |
|    |        | Endogenous Destruction                          |                                                                                                                              | = | 64            | lbs/day                          |
|    |        | Lindogenious Destruction                        | ,                                                                                                                            | = | 04            | 10-3/ day                        |

#### SEVEN COVES

## WASTEWATER TREATMENT PLANT

|    |      | Effluent TSS                                             | = | 0       | lbs/day                 |
|----|------|----------------------------------------------------------|---|---------|-------------------------|
|    |      | Excess Sludge Produced per Day                           | = | 166     | lbs/day                 |
|    |      |                                                          |   |         | _                       |
|    |      | Design F:M Ratio                                         | = | 0.15    | lb BOD / lb SS          |
|    |      | Maximum BOD5 Loading Rate                                | = | 28.14   | lbs BOD5 / 1000 cu. Ft. |
|    |      | Required Aeration Basin Volume                           | = | 7,112.0 | cu. Ft.                 |
|    |      | Hydraulic Retention Time                                 | = | 16.0    | hours                   |
|    |      |                                                          |   |         |                         |
|    | 2.   | Required Aeration Basin Volume per Solids Balance Method |   |         | <b>-</b>                |
|    |      | 1331 lbs / (8.34 x 3000 mg/L)*10^6/7.48                  | = | 7,112.0 | cu. Ft.                 |
|    |      |                                                          |   |         |                         |
| D. | Numb | er of Aeration Basin Trains                              |   |         | 1                       |
|    | 1.   | Number of Basins                                         | = | 1.0     | # trains                |
|    | 2.   | Design per Flow Basin                                    | = | 0.080   | MGD                     |
|    |      |                                                          |   |         |                         |
| E. |      | ion Basin Sizing Calculations                            |   |         | 1                       |
|    | 1.   | Minimum Total Volume Required                            | = | 7,112   | cu. ft                  |
|    | 2.   | Assumed Side Water Depth of Aeration Basin               | = | 10.50   | ft.                     |
|    | 3.   | Minimum Total Surface Area Required                      | = | 677     | sq. ft                  |
|    | 4.   | Minimum Total Surface Area Required per Train            | = | 677     | sq. ft                  |
|    |      |                                                          |   |         |                         |
| F. | -    | sed Aeration Basin Configuration                         |   |         |                         |
|    | 1.   | Proposed Basin Dimensions                                |   |         | 1.                      |
|    |      | a. Width                                                 | = | 15.0    | ft.                     |
|    |      | b. Length                                                | = | 40.0    | ft.                     |
|    |      | c. Proposed Length to Width Ratio                        | = | 2.67    |                         |
|    | 2.   | Number of Aeration Basin Trains (from above)             | = | 1       | # trains                |
|    | 3.   | Total Volume of Proposed Basins                          | = | 6,300   | cu. ft                  |
|    | 4.   | Actual Aeration Basin Loading                            | = | 32      | lb BOD5 / 1000 cu. Ft.  |
|    | 5.   | Actual Hydraulic Retention Time                          | = | 14      | hours                   |
|    | 6.   | Actual F:M Ratio                                         | = | 0.17    | lb BOD / lb SS          |
|    | 7.   | Check of Proposed Total Basin Volume                     | = | ОК      | ]                       |

#### SEVEN COVES

## WASTEWATER TREATMENT PLANT

| A. | Nun   | nber of Secondary/Final Clarifiers                                 | 1 |        |            |
|----|-------|--------------------------------------------------------------------|---|--------|------------|
|    | 1.    | Total Flow to Clarifiers                                           | = | 0.08   | MGD        |
|    |       |                                                                    |   |        |            |
| В. |       | ace Area Design (TCEQ 217.154(c)(1))                               |   |        | <b>–</b> 1 |
|    | 1.    | Maximum Surface Loading @ Peak Flow                                | = | 1,200  | gpd/sq.    |
|    | 2.    | Surface Area Required @ Peak Flow per Clarifier                    | = | 267    | sq. ft     |
| c. | Hyd   | raulic Detention Time Design (TCEQ 217.154(c))                     |   |        |            |
|    | 1.    | Minimum Effective Detention Time @ Peak Flow                       | = | 1.80   | Hours      |
|    | 2.    | Volume Required @ Peak Flow per Clarifier                          | = | 3,209  | cu. Ft.    |
|    | 3.    | Surface Area Required @ Peak Flow (From Above) per Clarifier       |   | 267    | sq. ft.    |
| D. | Efflu | uent Weir Design (TCEQ 217.152(c)(4-5))                            |   |        |            |
|    | 1.    | Weir loading for plants 1.0 MGD or less                            | = | 20,000 | gpd/ft     |
|    | 2.    | Weir loading for plants over 1.0 MGD                               | = | 30,000 | gpd/ft     |
|    | 3.    | Controlling Criteria                                               | = | 20,000 | gpd/ft     |
|    | 4.    | Total Length of Weir Required @ Peak Flow per Clarifier            | = | 16.0   | ft         |
| E. | Gl    | ifer Basin Check                                                   |   |        |            |
| E. | 1.    | Number of Clarifiers                                               | = | 1      | # clarifie |
|    | 2.    | Minimum Surface Area (From Above) per Clarifier                    | - | 267    | sq. ft.    |
|    | 3.    | Minimums Volume Time (From Above) per Clarifier                    | = | 3,209  | cu. Ft.    |
|    | 4.    | Minimum Weir Total Length (From Above) per Clarifier               | = | 16.0   | ft         |
|    | 5.    | Clarifier Size (Circular)                                          | = | 30     | ft         |
|    | 6.    | Surface Area Per Clarifier (Circular)                              | = | 707    | sq. ft.    |
|    | 7.    | Total Surface Area                                                 | = | 707    | sq. ft.    |
|    | 8.    | Surface Area Check                                                 | = | ок     | 34. 16.    |
|    | 9.    | Effective Side Water Depth                                         | = | 10.50  | ft.        |
|    | 10.   | Total Clarifer Volume                                              | = | 7,422  | cu. Ft.    |
|    | 11.   | Total Clarifer Hydraulic Detention Time (Using Prop. Surface Area) | = | 4.2    | Hours      |
|    | 12.   | Hydraulic Detention Time Check                                     | = | ОК     | liours     |
|    | 13.   | Design Weir Width - Width of Launder Trough                        | = | 1.0    | ft         |
|    | 14.   | Distance From Outer Concrete Wall                                  | = | 1.0    | ft         |
|    | 15.   | Thickness of Each Launder Trough Walls                             | = | 0.00   | ft         |
|    | 16.   | Subsequent Outer Diameter of Effluent Weir                         | = | 28.0   | ft         |
|    | 17.   | Weir Length per Clarifier                                          | = | 88.0   | ft         |
|    | 18.   | Weir Loading @ Peak Flow per Clarifier                             | = | 3,638  | gpd/ft     |
|    | 19.   | Weir Length (Loading Rate) per Clarifier Check                     | = | ок     | 8,4,11     |
| _  |       | ure Astinsted Chales Flour Pates                                   |   |        |            |
| F. |       | urn Activated Sludge Flow Rates                                    | = | 300    | and/co     |
|    | 1.    | Lower Limit Underflow Rate (TCEQ 217.152)                          | = | 200    | gpd/sq f   |
|    | 2.    | Minimum Total RAS Flow Rate                                        | = | 98     | gpm        |
|    | 3.    | Upper Limit Underflow Rate (TCEQ 217.152)                          | = | 400    | gpd/sq f   |

#### SEVEN COVES

## WASTEWATER TREATMENT PLANT

| IV. | DISIN | NFECTIO | ON/ CHLORINE CONTACT BASIN                                     |   |          |               |
|-----|-------|---------|----------------------------------------------------------------|---|----------|---------------|
|     | A.    | 1.      | Minimum Effective Detention Time @ Peak Flow Ch. 217.281(b)(1) | = | 20       | minutes       |
|     |       | 2.      | Required Volume @ Peak Flow                                    | = | 4,444    | Gallons       |
|     |       | 3.      | Unit Change                                                    | = | 594      | cu. Ft.       |
|     |       | 4.      | Proposed Basin Dimensions                                      |   |          |               |
|     |       |         | Number of Proposed Basins                                      | = | 1        |               |
|     |       |         | Length of Each Basin                                           | = | 25       |               |
|     |       |         | Width of Each Basin                                            | = | 5        |               |
|     |       |         | Side Water Depth of Each Basin                                 | = | 10.5     |               |
|     |       | 4.      | Total Volume of Proposed Basin                                 | = | 1,313    | cu. Ft        |
|     |       | 5.      | Check of Proposed Total Basin Volume                           | = | ок       | mins          |
|     |       | 6.      | Hydraulic Detetion Time at Design Flow                         | = | 176.7    | mins          |
|     |       | 7.      | Hydraulic Detetion Time at Peak Flow                           | = | 44.2     | mins          |
|     |       | 8.      | CHECK                                                          | = | ОК       |               |
|     |       |         |                                                                |   |          |               |
|     | В.    |         | rine Contact Basin Air                                         |   |          |               |
|     |       | 1.      | Air Required (CCB Volume * 20 SCFM/1000 CF)                    | = | 26.3     | scfm          |
| V.  | SOLII | DS HAN  | DLING                                                          |   |          |               |
|     | A.    | Dige    | ster Sizing                                                    |   |          |               |
|     |       | 1.      | Percent Biodegradeable Volitile Solids in WAS, %               | = | 70%      |               |
|     |       | 2.      | Percent Destruction, %                                         | = | 30%      |               |
|     |       | 3.      | Digested Solids Production, Ibs/day                            | = | 158      | lbs/day       |
|     |       | 4.      | Solids from Clarifier                                          | = | 200      | lbs/day       |
|     |       | 5.      | Average Solids                                                 | = | 179      | lbs/day       |
|     |       | 6.      | Assumed Dig. Conc., mg/l                                       | = | 15,000   | mg/L          |
|     |       | 7.      | Req'd. Retention Time, days (TCEQ 217.249 (t)(4)(b))           | = | 40       | days          |
|     |       | 8.      | Req'd. Volume, cf                                              | = | 7,658    | cu. ft        |
|     |       | 9.      | Volume to Loading Ratio. cf/lb BOD/day                         | = | 38.3     | cf/lb BOD/day |
|     | В.    |         | ster Design                                                    |   |          |               |
|     |       | 1.      | Proposed Digester Dimensions                                   |   |          |               |
|     |       |         | Width of Each Digester                                         | = | 15       |               |
|     |       |         | Length of Each Digester                                        | = | 35       |               |
|     |       |         | Side Water Depth of Each Digester                              | = | 10.5     |               |
|     |       | 2.      | Number of Digesters                                            | = | 2        |               |
|     |       | 3.      | Total Digester Volume                                          | = | 11,025   | cu. ft        |
|     |       | 3.      | Actual Digester Storage Capacity                               | = | 58       | days          |
|     |       | 3.      | Digester Volume check                                          | = | OK       |               |
|     | C.    | Dige    | ster Air                                                       |   |          |               |
|     |       | 1.      | Air Required (Digester Volume x 20scfm/1000cf)                 | = | 221      | scfm          |
|     |       |         |                                                                |   | <u> </u> |               |

#### SEVEN COVES

## WASTEWATER TREATMENT PLANT

## VI. AIRFLOW CALCULATIONS

| A.      | Aerat    | tion Air Requirements TCEQ 217.155 (b) (2) (c)                                         |        | _                 | _                                       |
|---------|----------|----------------------------------------------------------------------------------------|--------|-------------------|-----------------------------------------|
|         | 1.       | Total Influent BOD <sub>5</sub>                                                        | =      | 200               | lb/day                                  |
|         | 2.       | Total Influent NH3-N                                                                   | =      | 50                | lb/day                                  |
|         | 3.       | BOD5 Removal                                                                           | =      | 200               | lb/day                                  |
|         | 4.       | Nh3-N Removal                                                                          | =      | 50                | lb/day                                  |
|         | 5.       | Oxygen Required for Carbonaceous Demand TCEQ 217.155 (a) (3)                           | =      | 1.2               | lbs O <sub>2</sub> /lb BOD <sub>5</sub> |
|         | 6.       | Oxygen Required for Carbonaceous Demand TCEQ 217.155 (a) (3)                           | =      | 4.3               | lbs O <sub>2</sub> /lb NH3-N            |
|         | 7.       | Oxygen Required per Pound of BOD                                                       | =      | 2.3               |                                         |
|         | 8.       | Depth of Submergence of Diffusers                                                      | =      | 9.00              | ft                                      |
|         | 9.       | Diffuser Type (Coarse or Fine)                                                         | =      | Fine              |                                         |
|         | 10.      | Clean Water Transfer Efficiency of Fine Bubble Diffuser                                | =      | 1.50%             | per ft of submergence                   |
|         | 11.      | Clean Water Transfer Efficiency @ Stated Depth                                         | =      | 18.0%             |                                         |
|         | 12.      | Wastewater Transfer Efficiency Coeficient for Fine Bubble Diffusers                    | =      | 0.45              |                                         |
|         | 13.      | Wastewater Transfer Efficiency                                                         | =      | 8.1%              |                                         |
|         | 14.      | Manufacturer Proposed SOTE                                                             | =      | 30.0%             |                                         |
|         | 15.      | Maximum Clean Water Transfer Efficiency TCEQ 217.155 (b) (2) (A) (iii)                 | =      | 26.0%             |                                         |
|         | 16.      | Check if Over Regulated Maximum                                                        | =      | ОК                |                                         |
|         | 17.      | Density of Air @ 20 Deg C                                                              | =      | 0.075             |                                         |
|         | 18.      | Ratio of Oxygen to Air                                                                 | =      | 0.230             |                                         |
|         | 19.      | Diffuser Submergence Correction Factor                                                 | =      | 1.690             |                                         |
|         | 20.      | Minimum Air Required for Mixing                                                        | =      | 72.000            | scfm                                    |
|         | 21.      | Air Required for Treatment                                                             | =      | 382               |                                         |
|         | 22.      | Manufacturer Proposed Air Required for Treatment                                       | =      | 136               | scfm                                    |
|         | 1.       | Return Scum                                                                            | _      | 30                | T <sub>ccfm</sub>                       |
|         |          | Scum Pump (1)                                                                          | =      | 20                | scfm                                    |
|         |          | RAS (1)                                                                                | =      | 20                | scfm                                    |
|         |          | WAS (1)                                                                                | =      | 20                | scfm                                    |
|         |          | Transfer (1)                                                                           | =      | 20                | scfm                                    |
|         | 2.       | Total Airlifts Air Requirement                                                         | =      | 80                | scfm                                    |
| _       | Total    | Air Paguirad                                                                           | =      | 709               | scfm                                    |
| C.      |          | Air Required                                                                           | -<br>- |                   |                                         |
| D.      |          | of Design Flow TCEQ 217.155 (b)(5)(c)(iii) for Air Piping                              | =      | 1,064<br><b>2</b> | scfm                                    |
| E.<br>F | -        | osed Number of Blowers vidual Blower Capacity @ Design Pressure/Largest Out of Service | =      | 709               | # of blowers<br>scfm                    |
| G.      |          | psed Maximum Air Loss in Air Piping (Calculated Separately)                            | =      | 1                 |                                         |
|         | -        |                                                                                        | =      | 4.9               | psig                                    |
| Н       | Desig    | n Pressure of Blower                                                                   | =      | 4.9               | psig                                    |
| CHLC    | ORINE DO | DSAGE CALCULATIONS                                                                     |        |                   | 7                                       |
| A.      | Chlor    | ine Dosage Rate TCEQ 217.272 (b)                                                       | =      | 8.0               | mg/l                                    |
|         | 1.       | Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)                 | =      | 5                 | lbs/day                                 |
|         | 2.       | Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a)                   | =      | 21                | lbs/day                                 |
|         | 3.       | System Set-up (Vacuum or Manifold)                                                     | =      | Vacuum            |                                         |
|         | 4.       | Minimum Ambient TemperatureTCEQ 217.275 (a) (1)                                        | =      | 55                | Degrees F                               |
|         | 5.       | Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1)                       | =      | 55                | lbs/day                                 |
|         | 6.       | Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1)                          | =      | 440               | lbs/day                                 |
|         | 7.       | Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)                           | =      | 1                 | # of cylinders                          |
|         | 8.       | Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b)                          | =      | 1                 | # of cylinders                          |
|         | 9.       | Method of Chlorine Storage ("ton" or "150's")                                          | =      | 150-lb            |                                         |
|         |          |                                                                                        |        | 1                 | L                                       |

10. Peak Withdrawal Rate

VII.

#### SEVEN COVES

# WASTEWATER TREATMENT PLANT

## WWTP PROCESS SIZING CALCULATIONS

PHASE II: 0.16 MGD 6/24/25

#### I. DESIGN PARAMETERS

| Α. | Influ | ent Composition                                         |          |       |        |
|----|-------|---------------------------------------------------------|----------|-------|--------|
|    | 1.    | Influent BOD                                            | =        | 300   | mg/l   |
|    | 2.    | Influent TSS                                            | =        | 300   | mg/l   |
|    | 3.    | Influent NH3-N                                          | =        | 75    | mg/l   |
| В. | Hydr  | aulic Considerations                                    |          |       |        |
|    | 1.    | Design Flow after Expansion                             | =        | 0.160 | MGD    |
|    | 2.    | No. 1 Unit Change                                       |          | 111   | gpm    |
|    | 3.    | Hydraulic Peaking Factor for Design                     | =        | 4.00  | Q      |
|    | 4.    | Peak Hydraulic Flow                                     | =        | 0.64  | MGD    |
|    | 5.    | No. 4 Unit Change                                       |          | 444   | gpm    |
| C. | Influ | ent Composition Mass Loading (based on Raw & Post Prima | ry Split |       |        |
|    | 1.    | Mass BOD Loading                                        | =        | 400   | lb/day |
|    | 2.    | Mass TSS Loading                                        | =        | 400   | lb/day |
|    | 3.    | Mass NH3-N Loading                                      | =        | 100   | lb/day |
| D. | Efflu | ent Composition                                         |          |       |        |
|    | 1.    | Effluent BOD                                            | =        | 0     | mg/l   |
|    | 2.    | Effluent TSS                                            | =        | 0     | mg/l   |
|    | 3.    | Effluent NH3-N                                          | =        | 0     | mg/l   |
|    | 4.    | Effluent TKN                                            | =        | 0     | mg/l   |
|    | 5.    | Phosphorous                                             | =        | 0     | mg/l   |
|    |       |                                                         |          |       |        |

#### SEVEN COVES

## WASTEWATER TREATMENT PLANT

## II. ACTIVATED SLUDGE

| A. | Aerati | ion Influent Composition                        |        |                                                                                              |   |                | <u>-</u>                         |
|----|--------|-------------------------------------------------|--------|----------------------------------------------------------------------------------------------|---|----------------|----------------------------------|
|    | 1.     | Total Design Flow                               |        |                                                                                              | = | 0.16           | MGD                              |
|    | 2.     | Total Influent BOD                              |        |                                                                                              | = | 400            | lb/day                           |
|    | 3.     | Total Influent TSS                              |        |                                                                                              | = | 400            | lb/day                           |
|    | 4.     | Total Influent NH3-N                            |        |                                                                                              | = | 100            | lb/day                           |
|    |        |                                                 |        |                                                                                              |   |                |                                  |
| В. | TCEQ   | Organic Loading Criteria                        |        |                                                                                              |   | į              | <u>-</u>                         |
|    | 1.     | Organic Loading (TCEQ 2                         | 217.15 | 4)                                                                                           | = | 35             | lb BOD/1000 cu ft                |
|    | 2.     | Organic Loading to Aera                         | ition  |                                                                                              | = | 400            | lb/day                           |
|    | 3.     | Aeration Basin Volume F                         | Requi  | ed                                                                                           | = | 11,438         | cu. ft                           |
|    |        |                                                 |        |                                                                                              |   |                |                                  |
| C. | Minim  | num Aeration Volume                             |        |                                                                                              |   |                | <b>-</b>                         |
|    | 1.     | Min Aeration Volume Ba                          | ased o | n controlling criteria                                                                       | = | 11,438         | cu. ft                           |
|    | 2.     | Equivalent Loading base                         | d on I | ⁄lin Volume                                                                                  | = | 35.0           | lb BOD/1000 cu ft                |
|    |        |                                                 |        |                                                                                              |   |                |                                  |
|    |        | Balance Method                                  |        |                                                                                              |   |                |                                  |
|    | 1.     | (delta X/delta t)                               | =      | Excess Sludge Produced per Day                                                               |   |                |                                  |
|    |        |                                                 | =      | Xi1 + Xi2 + aSo + a*N - bXv - Xe                                                             |   |                |                                  |
|    |        |                                                 | =      | 80.064 lbs/day + 128.1024 lbs/day + (0.6 lb VSS produced / lb BOD                            |   |                | 7                                |
|    |        |                                                 |        | applied)(400.32 lbs/day) + (0.12 lb/VSS produced / lb NH3-N                                  |   |                |                                  |
|    |        |                                                 |        | applied)(100.08 lbs/day) - (0.06 lb VSS destroyed / lb MLSS-<br>day)(2128.8 lbs) + 0 lbs/day |   |                |                                  |
|    |        |                                                 |        |                                                                                              | = | 333            | lb/day                           |
|    |        |                                                 |        |                                                                                              |   |                |                                  |
|    |        | Where:                                          |        |                                                                                              |   |                | _                                |
|    |        |                                                 | % (    | f Fixed Influent TSS to Aeration Basin                                                       | = | 20%            | of TSS                           |
|    |        |                                                 | (To    | tal Influent TSS to Aeration Basin)                                                          | = | 400            | lbs/day                          |
|    |        | Xi1 =                                           | Fix    | ed Influent TSS to Aeration Basin                                                            | = | 80             | lbs/day                          |
|    |        |                                                 | % (    | f Non-biodegradable Influent VSS                                                             | = | 40%            | of VSS                           |
|    |        |                                                 | (Vo    | latile Influent TSS to Aeration Basin)                                                       | = | 320            | lbs/day                          |
|    |        | Xi2 =                                           | No     | n-biodegradable Influent VSS                                                                 | = | 128            | lbs/day                          |
|    |        | a =                                             | Syr    | thesis Coefficient                                                                           | = | 0.60           | lb VSS produced / lb BOD applied |
|    |        | So =                                            | Inf    | uent BOD5                                                                                    | = | 400            | lbs/day                          |
|    |        | a* =                                            | Nit    | ifier Synthesis Coefficient                                                                  | = | 0.12           | lb/ VSS produced / lb NH3-N app  |
|    |        | N =                                             | Inf    | uent NH3-N                                                                                   | = | 100            | lbs/day                          |
|    |        | b =                                             | End    | logenous Coefficient                                                                         | = | 0.06           | lb VSS destroyed / lb MLSS-day   |
|    |        | Xv =                                            |        | VSS in Aeration Basin                                                                        | = | 2,129          | lbs                              |
|    |        | Xe =                                            | Eff    | uent TSS (based on effluent 5 mg/L)                                                          | = | 0.0            | lbs/day                          |
|    |        |                                                 |        |                                                                                              |   |                |                                  |
|    |        | Find MLSS in Aeration B                         |        |                                                                                              |   |                | 7                                |
|    |        | Ratio of Volatile to Total                      | -      | ended Solids                                                                                 | = | 0.8            | MLVSS / MLSS                     |
|    |        | Design MLSS Concentrat<br>Estimated MLVSS Conce |        |                                                                                              | = | 3,000.0        | mg/L                             |
|    |        |                                                 |        |                                                                                              | = | 2,400.0        | mg/L                             |
|    |        | Design Solid Retention T                        | ime (  | ori)                                                                                         | = | 8.0            | days                             |
|    |        | MLSS in Aeration Basin MLVSS in Aeraton Basin   |        |                                                                                              | = | 2,661<br>2,129 | lbs                              |
|    |        | Verify MLSS Assumption                          |        | v dolta V/dolta T)                                                                           | = |                | lbs                              |
|    |        | verny iviess Assumption                         | ואכןי  | A delica /y delica 1 j                                                                       | - | 2,661          |                                  |
|    |        | Fixed Influent TSS to Aer                       | ration | Rasin                                                                                        | = | 80             | lbs/day                          |
|    |        | Nonbiodegradable Influe                         |        |                                                                                              | = | 128            | lbs/day                          |
|    |        | Growth Due to Synthesis                         |        | -                                                                                            | = | 240.192        | lbs/day                          |
|    |        | Growth Due to Nitrifiers                        |        |                                                                                              | = | 12             | lbs/day                          |
|    |        | Endogenous Destruction                          |        |                                                                                              | = | 128            | lbs/day                          |
|    |        |                                                 |        |                                                                                              |   | 1              | 1                                |

#### SEVEN COVES

#### WASTEWATER TREATMENT PLANT

|    |        | Effluent TSS                                             | = | 0        | lbs/day                 |
|----|--------|----------------------------------------------------------|---|----------|-------------------------|
|    |        | Excess Sludge Produced per Day                           | = | 333      | lbs/day                 |
|    |        |                                                          |   |          | _                       |
|    |        | Design F:M Ratio                                         | = | 0.15     | lb BOD / lb SS          |
|    |        | Maximum BOD5 Loading Rate                                | = | 28.15    | lbs BOD5 / 1000 cu. Ft. |
|    |        | Required Aeration Basin Volume                           | = | 14,218.6 | cu. Ft.                 |
|    |        | Hydraulic Retention Time                                 | = | 16.0     | hours                   |
|    |        |                                                          |   |          |                         |
|    | 2.     | Required Aeration Basin Volume per Solids Balance Method |   |          | _                       |
|    |        | 2661 lbs / (8.34 x 3000 mg/L)*10^6/7.48                  | = | 14,218.6 | cu. Ft.                 |
|    |        |                                                          |   |          |                         |
| D. | Numb   | er of Aeration Basin Trains                              |   |          | -                       |
|    | 1.     | Number of Basins                                         | = | 2.0      | # trains                |
|    | 2.     | Design per Flow Basin                                    | = | 0.080    | MGD                     |
|    |        |                                                          |   |          |                         |
| E. | Aerati | ion Basin Sizing Calculations                            |   |          | 1                       |
|    | 1.     | Minimum Total Volume Required                            | = | 14,219   | cu. ft                  |
|    | 2.     | Assumed Side Water Depth of Aeration Basin               | = | 10.50    | ft.                     |
|    | 3.     | Minimum Total Surface Area Required                      | = | 1,354    | sq. ft                  |
|    | 4.     | Minimum Total Surface Area Required per Train            | = | 677      | sq. ft                  |
|    |        |                                                          |   |          |                         |
| F. | Propo  | sed Aeration Basin Configuration                         |   |          |                         |
|    | 1.     | Proposed Basin Dimensions                                |   | <b>r</b> | 1                       |
|    |        | a. Width                                                 | = | 15.0     | ft.                     |
|    |        | b. Length                                                | = | 40.0     | ft.                     |
|    |        | c. Proposed Length to Width Ratio                        | = | 2.67     |                         |
|    | 2.     | Number of Aeration Basin Trains (from above)             | = | 2        | # trains                |
|    | 3.     | Total Volume of Proposed Basins                          | = | 12,600   | cu. ft                  |
|    | 4.     | Actual Aeration Basin Loading                            | = | 32       | lb BOD5 / 1000 cu. Ft.  |
|    | 5.     | Actual Hydraulic Retention Time                          | = | 14       | hours                   |
|    | 6.     | Actual F:M Ratio                                         | = | 0.17     | lb BOD / lb SS          |
|    | 7.     | Check of Proposed Total Basin Volume                     | = | ОК       |                         |
|    |        |                                                          |   |          |                         |

#### SEVEN COVES

#### WASTEWATER TREATMENT PLANT

| III. | SECC | ONDARY                                   | /FINAL CLARIFICATION                                               |   |        |              |  |  |  |  |  |  |
|------|------|------------------------------------------|--------------------------------------------------------------------|---|--------|--------------|--|--|--|--|--|--|
|      | Α.   | Number of Secondary/Final Clarifiers = 1 |                                                                    |   |        |              |  |  |  |  |  |  |
|      |      | 1.                                       | Total Flow to Clarifiers                                           | = | 0.16   | MGD          |  |  |  |  |  |  |
|      |      |                                          |                                                                    |   |        | <del></del>  |  |  |  |  |  |  |
|      | В.   | Surfa                                    | ace Area Design (TCEQ 217.154(c)(1))                               |   |        |              |  |  |  |  |  |  |
|      |      | 1.                                       | Maximum Surface Loading @ Peak Flow                                | = | 1,200  | gpd/sq. ft   |  |  |  |  |  |  |
|      |      | 2.                                       | Surface Area Required @ Peak Flow per Clarifier                    | = | 533    | sq. ft       |  |  |  |  |  |  |
|      | c.   | Hvdr                                     | raulic Detention Time Design (TCEQ 217.154(c))                     |   |        |              |  |  |  |  |  |  |
|      | C.   | 1.                                       | Minimum Effective Detention Time @ Peak Flow                       | = | 1.80   | Hours        |  |  |  |  |  |  |
|      |      | 2.                                       | Volume Required @ Peak Flow per Clarifier                          | = | 6,417  | cu. Ft.      |  |  |  |  |  |  |
|      |      | 3.                                       | Surface Area Required @ Peak Flow (From Above) per Clarifier       |   | 533    | sq. ft.      |  |  |  |  |  |  |
|      |      |                                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                 |   |        |              |  |  |  |  |  |  |
|      | D.   | Efflu                                    | ent Weir Design (TCEQ 217.152(c)(4-5))                             |   |        |              |  |  |  |  |  |  |
|      |      | 1.                                       | Weir loading for plants 1.0 MGD or less                            | = | 20,000 | gpd/ft       |  |  |  |  |  |  |
|      |      | 2.                                       | Weir loading for plants over 1.0 MGD                               | = | 30,000 | gpd/ft       |  |  |  |  |  |  |
|      |      | 3.                                       | Controlling Criteria                                               | = | 20,000 | gpd/ft       |  |  |  |  |  |  |
|      |      | 4.                                       | Total Length of Weir Required @ Peak Flow per Clarifier            | = | 32.0   | ft           |  |  |  |  |  |  |
|      |      |                                          |                                                                    |   |        |              |  |  |  |  |  |  |
|      | E.   | Clari                                    | fer Basin Check                                                    |   |        | _            |  |  |  |  |  |  |
|      |      | 1.                                       | Number of Clarifiers                                               | = | 1      | # clarifiers |  |  |  |  |  |  |
|      |      | 2.                                       | Minimum Surface Area (From Above) per Clarifier                    | = | 533    | sq. ft.      |  |  |  |  |  |  |
|      |      | 3.                                       | Minimums Volume Time (From Above) per Clarifier                    | = | 6,417  | cu. Ft.      |  |  |  |  |  |  |
|      |      | 4.                                       | Minimum Weir Total Length (From Above) per Clarifier               | = | 32.0   | ft           |  |  |  |  |  |  |
|      |      | 5.                                       | Clarifier Size (Circular)                                          | = | 30     | ft           |  |  |  |  |  |  |
|      |      | 6.                                       | Surface Area Per Clarifier (Circular)                              | = | 707    | sq. ft.      |  |  |  |  |  |  |
|      |      | 7.                                       | Total Surface Area                                                 | = | 707    | sq. ft.      |  |  |  |  |  |  |
|      |      | 8.                                       | Surface Area Check                                                 | = | ОК     |              |  |  |  |  |  |  |
|      |      | 9.                                       | Effective Side Water Depth                                         | = | 10.50  | ft.          |  |  |  |  |  |  |
|      |      | 10.                                      | Total Clarifer Volume                                              | = | 7,422  | cu. Ft.      |  |  |  |  |  |  |
|      |      | 11.                                      | Total Clarifer Hydraulic Detention Time (Using Prop. Surface Area) | = | 2.1    | Hours        |  |  |  |  |  |  |
|      |      | 12.                                      | Hydraulic Detention Time Check                                     | = | ОК     |              |  |  |  |  |  |  |
|      |      | 13.                                      | Design Weir Width - Width of Launder Trough                        | = | 1.0    | ft           |  |  |  |  |  |  |
|      |      | 14.                                      | Distance From Outer Concrete Wall                                  | = | 1.0    | ft           |  |  |  |  |  |  |
|      |      | 15.                                      | Thickness of Each Launder Trough Walls                             | = | 0.00   | ft           |  |  |  |  |  |  |
|      |      | 16.                                      | Subsequent Outer Diameter of Effluent Weir                         | = | 28.0   | ft           |  |  |  |  |  |  |
|      |      | 17.                                      | Weir Length per Clarifier                                          | = | 88.0   | ft           |  |  |  |  |  |  |
|      |      | 18.                                      | Weir Loading @ Peak Flow per Clarifier                             | = | 7,276  | gpd/ft       |  |  |  |  |  |  |
|      |      | 19.                                      | Weir Length (Loading Rate) per Clarifier Check                     | = | ОК     |              |  |  |  |  |  |  |
|      | F.   | Retu                                     | rn Activated Sludge Flow Rates                                     |   |        |              |  |  |  |  |  |  |
|      |      | 1.                                       | Lower Limit Underflow Rate (TCEQ 217.152)                          | = | 200    | gpd/sq ft    |  |  |  |  |  |  |
|      |      | 2.                                       | Minimum Total RAS Flow Rate                                        | = | 98     | gpm          |  |  |  |  |  |  |
|      |      | 3.                                       | Upper Limit Underflow Rate (TCEQ 217.152)                          | = | 400    | gpd/sq ft    |  |  |  |  |  |  |
|      |      | 4.                                       | Maximum Total RAS Flow Rate                                        | = | 196    | gpm          |  |  |  |  |  |  |
|      |      |                                          |                                                                    |   |        | <b></b>      |  |  |  |  |  |  |

#### SEVEN COVES

#### WASTEWATER TREATMENT PLANT

| Α. | 1.              | Minimum Effective Detention Time @ Peak Flow Ch. 217.281(b)(1) | = | 20     | minutes     |  |  |  |  |  |  |  |
|----|-----------------|----------------------------------------------------------------|---|--------|-------------|--|--|--|--|--|--|--|
|    | 2.              | Required Volume @ Peak Flow                                    | = | 8,889  | Gallons     |  |  |  |  |  |  |  |
|    | 3.              | Unit Change                                                    | = | 1,188  | cu. Ft.     |  |  |  |  |  |  |  |
|    | 4.              | Proposed Basin Dimensions                                      |   | ,      |             |  |  |  |  |  |  |  |
|    |                 | Number of Proposed Basins                                      | = | 1      |             |  |  |  |  |  |  |  |
|    |                 | Length of Each Basin                                           | = | 25     |             |  |  |  |  |  |  |  |
|    |                 | Width of Each Basin                                            | = | 5      |             |  |  |  |  |  |  |  |
|    |                 | Side Water Depth of Each Basin                                 | = | 10.5   |             |  |  |  |  |  |  |  |
|    | 4.              | Total Volume of Proposed Basin                                 | = | 1,313  | cu. Ft      |  |  |  |  |  |  |  |
|    | 5.              | Check of Proposed Total Basin Volume                           | = | ок     | mins        |  |  |  |  |  |  |  |
|    | 6.              | Hydraulic Detetion Time at Design Flow                         | = | 88.4   | mins        |  |  |  |  |  |  |  |
|    | 7.              | Hydraulic Detetion Time at Peak Flow                           | = | 22.1   | mins        |  |  |  |  |  |  |  |
|    | 8.              | CHECK                                                          | = | ок     |             |  |  |  |  |  |  |  |
| В. | Chlo            | rine Contact Basin Air                                         |   |        |             |  |  |  |  |  |  |  |
|    | 1.              | Air Required (CCB Volume * 20 SCFM/1000 CF)                    | = | 26.3   | scfm        |  |  |  |  |  |  |  |
| so | SOLIDS HANDLING |                                                                |   |        |             |  |  |  |  |  |  |  |
| A. | Dige            | ester Sizing                                                   |   |        |             |  |  |  |  |  |  |  |
|    | 1.              | Percent Biodegradeable Volitile Solids in WAS, %               | = | 70%    |             |  |  |  |  |  |  |  |
|    | 2.              | Percent Destruction, %                                         | = | 30%    |             |  |  |  |  |  |  |  |
|    | 3.              | Digested Solids Production, Ibs/day                            | = | 316    | lbs/day     |  |  |  |  |  |  |  |
|    | 4.              | Solids from Clarifier                                          | = | 400    | lbs/day     |  |  |  |  |  |  |  |
|    | 5.              | Average Solids                                                 | = | 358    | lbs/day     |  |  |  |  |  |  |  |
|    | 6.              | Assumed Dig. Conc., mg/l                                       | = | 15,000 | mg/L        |  |  |  |  |  |  |  |
|    | 7.              | Req'd. Retention Time, days (TCEQ 217.249 (t)(4)(b))           | = | 40     | days        |  |  |  |  |  |  |  |
|    | 8.              | Req'd. Volume, cf                                              | = | 15,316 | cu. ft      |  |  |  |  |  |  |  |
|    | 9.              | Volume to Loading Ratio. cf/lb BOD/day                         | = | 38.3   | cf/lb BOD/d |  |  |  |  |  |  |  |
| В. | Dige            | ester Design                                                   |   |        |             |  |  |  |  |  |  |  |
|    | 1.              | Proposed Digester Dimensions                                   |   |        | _           |  |  |  |  |  |  |  |
|    |                 | Width of Each Digester                                         | = | 15     |             |  |  |  |  |  |  |  |
|    |                 | Length of Each Digester                                        | = | 35     |             |  |  |  |  |  |  |  |
|    |                 | Side Water Depth of Each Digester                              | = | 10.5   |             |  |  |  |  |  |  |  |
|    | 2.              | Number of Digesters                                            | = | 3      |             |  |  |  |  |  |  |  |
|    | 3.              | Total Digester Volume                                          | = | 16,538 | cu. ft      |  |  |  |  |  |  |  |
|    | 3.              | Actual Digester Storage Capacity                               | = | 43     | days        |  |  |  |  |  |  |  |
|    | 3.              | Digester Volume check                                          | = | ОК     |             |  |  |  |  |  |  |  |
| c. | Dige            | ester Air                                                      |   |        |             |  |  |  |  |  |  |  |
|    |                 |                                                                |   |        |             |  |  |  |  |  |  |  |

#### SEVEN COVES

#### WASTEWATER TREATMENT PLANT

## VI. AIRFLOW CALCULATIONS

| Total Influence NDO,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A.   | Aerat  | ion Air Requirements TCEQ 217.155 (b) (2) (c)                                |   |         |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|------------------------------------------------------------------------------|---|---------|-----------------------------------------|
| 3. BOOS Removal 4. NN-34 Removal 5. Oxygen Required for Carthoniceous Exemand TEXEQ 217.155 (p) (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | 1.     | Total Influent BOD <sub>5</sub>                                              | = | 400     | lb/day                                  |
| A. Nh3 H Removed   Content   Conte   |      | 2.     | Total Influent NH3-N                                                         | = | 100     | lb/day                                  |
| 5. Organ Required for Carbonaceous Demand TCQ 227.355 (a) [b] = 4.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | 3.     | BOD5 Removal                                                                 | = | 400     | lb/day                                  |
| 6. Oxygen Required for Carbonaceous Demand TCKQ 217.155 (a) (b)  7. Oxygen Required for Carbonaceous Demand TCKQ 217.155 (a) (b)  8. Depth of Submergence Off Diffusors  9. 00 ft  9. 00 ft  9. 00 ft  10. Clean Water Transfer Efficiency of Fire Bubble Diffusor  11. Clean Water Transfer Efficiency of Stated Depth  12. Water Transfer Efficiency of Stated Depth  13. Water Transfer Efficiency of Stated Depth  14. Manufacture Proposed SOTE  15. Maximum Clean Water Transfer Efficiency Confocute for Fine Bubble Diffusors  16. Clean Water Transfer Efficiency Confocute for Fine Bubble Diffusors  17. Deptistion of Water Transfer Efficiency CCCQ 217.155 (b) (2) (A) (lin)  18. The State of Oxygen to Air  19. Diffusor Submergence Correction Factor  19. Diffusor Submergence Correction Factor  20. Minimum Air Required for Mixing  21. Air Required for Mixing  22. Manufacture Proposed Air Required for Treatment  22. Manufacture Proposed Air Required for Treatment  23. Air Required for Transfer Efficiency TCCQ 217.155 (b) (2) (A) (lin)  24. Air Required for Mixing  25. Air Required for Mixing  26. Clear Submergence Correction Factor  27. Air Required for Mixing  28. Air Required for Mixing  29. Air Required for Mixing  29. Air Required for Mixing  20. Minimum Air Required for Mixing  20. Minimum Air Required for Mixing  21. Air Required for Mixing  22. Total Air Required for Mixing  23. Air Required for Mixing  24. Air Required for Mixing  25. Total Air Required for Mixing  26. Transfer (1)  27. Total Air Required for Mixing  28. Total Air Required for Mixing  29. Air Required for Mixing  29. Air Required for Mixing  20. Submergence, etc.)***  10. South Pump (1)  20. Total Air Required for Mixing  21. Air Required for Mixing  22. Total Air Required for Mixing  23. Total Air Required for Mixing  24. Air Required for Mixing  25. Total Air Required for Total for Page for Air Piping  27. Total Air Required for Total for Page for Air Piping  28. Total Air Required for Total for Air Piping  29. Lipidia for Air Piping (Calculated Separat |      | 4.     | Nh3-N Removal                                                                | = | 100     | lb/day                                  |
| 7. Dosgen Required per Pound of BIOD  8. Depth of Submergence of Diffusers  9. Diffuser Type (Cleans or Frien)  10. Clean Water Transfer Efficiency of Enableb Diffuser  11. Clean Water Transfer Efficiency of Stated Depth  12. Waterwater Transfer Efficiency of Stated Depth  13. Waterwater Transfer Efficiency of Stated Depth  14. Waterwater Transfer Efficiency of Stated Depth  15. Waterwater Transfer Efficiency of Stated Depth  16. Check Transfer Efficiency of Stated Depth  17. Desty Mater Transfer Efficiency (Stated Depth  18. Waterwater Transfer Efficiency (Stated Depth  18. Waterwater Transfer Efficiency (Stated Depth  18. Maintum Clean Water Transfer Efficiency (Stated Depth  18. Maintum Clean Water Transfer Efficiency (Stated Depth  18. Maintum Clean Water Transfer Efficiency (Stated Depth  18. Depth (State |      | 5.     | Oxygen Required for Carbonaceous Demand TCEQ 217.155 (a) (3)                 | = | 1.2     | lbs O <sub>2</sub> /lb BOD <sub>5</sub> |
| 8. Depth of Submergence of Diffusers 9. Oil fluser Type (Consec or Fine) 10. Clean Water Transfer Efficiency of Fine Bubble Diffuser 11. Clean Water Transfer Efficiency of State Depth 12. Wastewater Transfer Efficiency Coefficient for Fine Bubble Diffusers 13. Wastewater Transfer Efficiency 14. Manufacturer Proposed SOTE 15. Masimum Clean Water Transfer Efficiency (Coefficient for Fine Bubble Diffusers 16. Check & Over Regulated Maximum 17. Density of Air @ 20 Deg C 18. Ratio of Over Regulated Maximum 18. Ratio of Over Regulated Maximum 19. Diffuser Submergence Correction Factor 19. Diffuser Submergence Correction Factor 20. Minimum Air Required for Mixing 21. Air Required for Treatment 22. Manufacturer Proposed Air Required for Treatment 23. Air Required Sor Treatment 24. Air Required Sor Treatment 25. Air Required Sor Treatment 26. Air Required Sor Treatment 27. Transfer [1] 28. Total Air Required Correction Siste Submergence, etc.)****  1. Return Soun 29. Transfer [1] 20. Softm 21. Air Required Sor Treatment 20. Softm 21. Air Required Sor Treatment 22. Total Air Required Sor Treatment 23. Softm 24. Transfer [1] 25. Total Air Required Sor Treatment 26. Total Air Required Sor Treatment 27. Total Air Required Soft Softm 28. Transfer [1] 29. Softm 20. Softm 20. Softm 20. Softm 20. Softm 20. Softm 21. Air Required Soft Softm 22. Total Air Required Soft Soft Soft Softm 23. System of Blowers 24. Air Disposed National Air Sos in Air Piping (Calculated Separately) 29. Design Pressure/Largest Out of Service 20. Softm 21. Calculated Chlorine Dosage Rate (ECQ 217.275 (a) [1] 20. Chlorine Dosage Rate (ECQ 217.272 (a) [1] 21. Calculated Chlorine Dosage Rate (ECQ 217.272 (a) [1] 22. Calculated Chlorine Dosage Rate (ECQ 217.272 (a) [1] 23. Method of Chlorine Storage Rate (ECQ 217.272 (a) [1] 24. Minimum Air Dosa Rate (ECQ 217.272 (a) [1] 25. Max Withdrawal Rate for One Ton Cylinder Effect, Air TCCQ 217.272 (b) [1] 26. Max Withdrawal Rate for One Ton Cylin |      | 6.     | Oxygen Required for Carbonaceous Demand TCEQ 217.155 (a) (3)                 | = | 4.3     | lbs O <sub>2</sub> /lb NH3-N            |
| 9. Diffuser Type (Coarse or Fine) 10. Clean Water Transfer Efficiency of Fine Bubble Diffuser 11. Clean Water Transfer Efficiency of Fine Bubble Diffuser 12. Wastewater Transfer Efficiency Coefficient for Fine Bubble Diffusers 13. Wastewater Transfer Efficiency Coefficient for Fine Bubble Diffusers 14. Manufacturer Proposed SOTE 15. Maximum Clean Water Transfer Efficiency TCEQ 217.155 (b) (2) (A) (iii) 16. Check if Over Regulated Maximum 17. Density of Air (@ 2) Dong C 18. Ratio of Ougen to Air 19. Diffuser Submargence Correction Factor 19. Diffuser Submargence Correction Factor 20. Minimum Air Required for Mining 21. Air Required for Freatment 22. Manufacturer Proposed Air Required for Treatment 23. Air Required for Freatment 24. Air Required For Proposed Air Required for Treatment 25. Air Required For Must Be Verified Depending on Size, Submergence, etc.]****  18. Ratio Sourh Pump (1) 18. RAS (1) 29. Total Air Required 20. In Individual Maximum Clean Suprement 20. Sourh Pump (1) 20. Total Air Required 21. Total Air Required 22. Total Air Required For Mining 23. Sourh Pump (1) 24. Total Air Required 25. Total Air Required For Mining 26. Total Air Required For Mining 27. Total Air Required For Freatment 28. Air Required For Mining 29. Sourh Pump (1) 20. Softm 20. Softm 20. Softm 21. Transfer (1) 21. Total Air Required 22. Total Air Required For Freatment 23. Softm 24. Total Air Required 25. Total Air Required For Freatment 26. Total Air Required For Freatment 27. Total Air Required For Freatment 28. Air Required For Freatment 29. Softm 20. Softm 20. Softm 20. Softm 20. Softm 21. Total Air Required For Freatment 29. Softm 20. Softm 20. Total Air Required For Freatment 20. Softm 21. Total Air Required 20. Softm 21. Diffuser Softm 22. Total Air Required For Freatment 29. Softm 20. Softm 2 |      | 7.     | Oxygen Required per Pound of BOD                                             | = | 2.3     |                                         |
| 1.0   Clean Water Transfer Efficiency of Fine Bubble Diffuser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | 8.     | Depth of Submergence of Diffusers                                            | = | 9.00    | ft                                      |
| 11. Clean Water Transfer Efficiency @ Stated Depth 12. Wastewater Transfer Efficiency General State of the State of Stat |      | 9.     | Diffuser Type (Coarse or Fine)                                               | = | Fine    |                                         |
| 12. Wastewater Transfer Efficiency Coefficient for Fine Bubble Diffusers  13. Wastewater Transfer Efficiency  14. Manufacturer Proposed SOTE  15. Maximum Clean Water Transfer Efficiency TCEQ 217.155 (b) (2) (A) (iii)  16. Check if Over Regulated Maximum  17. Density of Jair (P.) 20 Drug C  18. Ratio of Owygen to Air  19. Diffuser Submergence Correction Factor  19. Diffuser Submergence Correction Factor  20. Minimum Air Required for Minling  21. Air Required for Treatment  22. Manufacturer Proposed Air Required for Treatment  23. Air Required for Treatment  24. Response Must be Verified Depending on Size, Submergence, etc.)****  1. Return Scum  Scum Pump (1)  RAS (1)  RAS (1)  Transfer (1)  2. Total Airlifts **Requirement  2. Total Airlifts Air Requirement  3. System Set-up (Vaccuum or Manifold)  4. Chlorine Dosage Rate PCEQ 217.272 (b)  1. Calculated Chlorine Dosage Rate P Peak Flow Eq. K.1 TCEQ 217.272 (a)  2. Calculated Chlorine Dosage Rate P Peak Flow Eq. K.1 TCEQ 217.272 (a)  3. System Set-up (Vaccuum or Manifold)  4. Minimum Ambient Temperature TCEQ 217.273 (b) (1)  5. Max Withdrawaki Rate for One Tot One Cylinder TCEQ 217.273 (b)  7. Required Number of 10 Fore One Cylinder TCEQ 217.273 (b)  8. Required Number of 10 Fore One Cylinder Sci. A.3 TCEQ 217.273 (b)  9. Method of Chlorine Sto |      | 10.    | Clean Water Transfer Efficiency of Fine Bubble Diffuser                      | = | 1.50%   | per ft of submergence                   |
| 13. Wastewater Transfer Efficiency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | 11.    | Clean Water Transfer Efficiency @ Stated Depth                               | = | 18.0%   |                                         |
| 14.   Manufacturer Proposed SOTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | 12.    | Wastewater Transfer Efficiency Coeficient for Fine Bubble Diffusers          | = | 0.45    |                                         |
| 15. Maximum Clean Water Transfer Efficiency TCEQ 217.155 (b) (2) (A) (iii) = 26.0% (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | 13.    | Wastewater Transfer Efficiency                                               | = | 8.1%    |                                         |
| 16. Check if Over Regulated Maximum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | 14.    | Manufacturer Proposed SOTE                                                   | = | 30.0%   |                                         |
| 17. Density of Air @ 20 Deg C  18. Ratio of Oxogen to Air  19. Diffuser Submergence Correction Factor  20. Minimum Air Required for Mining  21. Air Required for Treatment  22. Manufacturer Proposed Air Required for Treatment  23. Air Required for Treatment  24. Air Required Submergence Oxogen to Size, Submergence, etc.)****  15. Return Scum  Scum Pump (1)  RAS (1)  RAS (1)  Transfer (1)  27. Total Air Requirement  28. Total Air Requirement  CC. Tota |      | 15.    | Maximum Clean Water Transfer Efficiency TCEQ 217.155 (b) (2) (A) (iii)       | = | 26.0%   |                                         |
| 18. Ratio of Oxygen to Air  19. Diffuser Submergence Correction Factor  20. Minimum Air Required for Mixing  21. Air Required for Treatment  22. Manufacturer Proposed Air Required for Treatment  23. Manufacturer Proposed Air Required for Treatment  24. Air Required for Treatment  25. Manufacturer Proposed Air Required for Treatment  26. Air Required Manufacturer Proposed Air Required for Treatment  27. Return Scum  28. Air Hits ****(Flowrates Must Be Verified Depending on Size, Submergence, etc.)****  10. Return Scum  20. scfm  20. scfm  20. scfm  20. scfm  20. scfm  20. scfm  21. Total Air Hard Air |      | 16.    | Check if Over Regulated Maximum                                              | = | ОК      |                                         |
| 19. Diffuser Submergence Correction Factor 20. Minimum Air Required for Mixing 21. Air Required for Treatment 22. Manufacturer Proposed Air Required for Treatment 22. Manufacturer Proposed Air Required for Treatment 23. Air Required From Must Be Verified Depending on Size, Submergence, etc.)***  1. Return Scum  Scum Pump (1)  RAS (1)  WAS (1)  Transfer (1)  2. Total Air Required  D. 150% of Design Flow TCEQ 217.155 (b)[5](c)[iii] for Air Piping  E. Proposed Number of Blowers  F Individual Blower Capacity @ Design Pressure/Largest Out of Service  G. Proposed Maximum Air Loss in Air Piping (Calculated Separately)  H. Design Pressure of Blower  CHIORINE DOSAGE CALCULATIONS  A. Chlorine Dosage Rate CEQ 217.272 (b)  1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)  2. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)  3. System Set-up (Vacuum or Manifold)  4. Minimum Ambient Temperaturer CEQ 217.273 (b) (b)  5. Max Withdrawal Rate for One 150-ib Cylinder TCEQ 217.273 (b)  8. Required Number of Tone Ton Cylinders TCEQ 217.273 (b)  8. Required Number of Chlorine Storage ("150" or "150")  9. Method of Chlorine Storage ("150" or "150")  150-lb  Individual Scrim  1 1 af of cylinders  2 1 1 af of cylinders  3 Method of Chlorine Storage ("150" or "150")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | 17.    | Density of Air @ 20 Deg C                                                    | = | 0.075   |                                         |
| 20. Minimum Air Required for Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | 18.    | Ratio of Oxygen to Air                                                       | = | 0.230   |                                         |
| 21. Air Required for Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 19.    | Diffuser Submergence Correction Factor                                       | = | 1.690   |                                         |
| 2.2.   Manufacturer Proposed Air Required for Treatment   =   272   scfm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | 20.    | Minimum Air Required for Mixing                                              | = | 144.000 | scfm                                    |
| B. Airlifts ****[Flowrates Must Be Verified Depending on Size, Submergence, etc.]***  1. Return Scum Scum Pump (1) RAS (1) RAS (1) Transfer (1)  2. Total Airlifts Air Requirement = 1,202 scfm 80 scfm  CC. Total Air Required = 1,202 scfm 80 scfm  150% of Design Flow TCEQ 217.155 (b)(5)(c)(iii) for Air Piping = 1,803 scfm  E. Proposed Number of Blowers F Involvidual Blower Capacity @ Design Pressure/Largest Out of Service F Involvidual Blower Capacity @ Design Pressure/Largest Out of Service G. Proposed Maximum Air Loss in Air Piping (Calculated Separately) = 1, 803 scfm  E. Design Pressure of Blower  F CHLORINE DOSAGE CALCULATIONS A. Chlorine Dosage Rate ECEQ 217.272 (b) 1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a) 2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a) 3. System Set-up (Vacuum or Manifold) 4. Minimum Ambient Temperature TCEQ 217.275 (a) (1) 5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) 6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.273 (b) 7. Required Number of 150-lb Cylinder TCEQ 217.273 (b) 8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) 9. Method of Chlorine Storage ("ton" or "150's")  |      | 21.    | Air Required for Treatment                                                   | = | 765     |                                         |
| 1. Return Scum    Scum Pump (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 22.    | Manufacturer Proposed Air Required for Treatment                             | = | 272     | scfm                                    |
| 1. Return Scum    Scum Pump (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |        |                                                                              |   |         |                                         |
| Scum Pump (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | В.   | Airlif | ts ****(Flowrates Must Be Verified Depending on Size, Submergence, etc.)**** |   |         |                                         |
| RAS (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | 1.     | Return Scum                                                                  |   |         | 7                                       |
| WAS (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |        | Scum Pump (1)                                                                | = | 20      | scfm                                    |
| Transfer (1) 2. Total Air Requirement = 1,202 scfm  C. Total Air Required D. 150% of Design Flow TCEQ 217.155 (b)(5)(c)(iii) for Air Piping E. Proposed Number of Blowers Involvidual Blower Capacity @ Design Pressure/Largest Out of Service E. Proposed Maximum Air Loss in Air Piping (Calculated Separately) E. Proposed Maximum Air Loss in Air Piping (Calculated Separately) E. Design Pressure of Blower  CHLORINE DOSAGE CALCULATIONS  A. Chlorine Dosage Rate TCEQ 217.272 (b) 1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a) 2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a) 3. System Set-up (Vacuum or Manifold) 4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1) 5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) 6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.273 (b) 7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) 8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) 9. Method of Chlorine Storage ("ton" or "150's")  E. Total Air Required Sumber of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) 9. Method of Chlorine Storage ("ton" or "150's")  E. Total Air Required Sumber of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)  E. J. 200 Scfm  E. J.202 Scfm  E. J |      |        |                                                                              | = | 20      | scfm                                    |
| 2. Total Airlifts Air Requirement  = 1,202 scfm  D. 150% of Design Flow TCEQ 217.155 (b)(5)(c)(iii) for Air Piping = 1,803 scfm  E. Proposed Number of Blowers = 2 # of blowers  F. Invdividual Blower Capacity @ Design Pressure/Largest Out of Service = 1,202 scfm  G. Proposed Maximum Air Loss in Air Piping (Calculated Separately) = 1 psig  H. Design Pressure of Blower  CHLORINE DOSAGE CALCULATIONS  A. Chlorine Dosage Rate TCEQ 217.272 (b) = 1 libs/day  2. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a) = 1 libs/day  2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a) = 43 lbs/day  3. System Set-up (Vacuum or Manifold) = Vacuum  4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1) = 55 Degrees F  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |        | WAS (1)                                                                      | = | 20      | scfm                                    |
| C. Total Air Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |        | Transfer (1)                                                                 | = | 20      | scfm                                    |
| D. 150% of Design Flow TCEQ 217.155 (b)(5)(c)(iii) for Air Piping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | 2.     | Total Airlifts Air Requirement                                               | = | 80      | scfm                                    |
| E. Proposed Number of Blowers  F Invdividual Blower Capacity @ Design Pressure/Largest Out of Service  G. Proposed Maximum Air Loss in Air Piping (Calculated Separately)  H Design Pressure of Blower   CHLORINE DOSAGE CALCULATIONS  A. Chlorine Dosage Rate TCEQ 217.272 (b)  1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)  2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a)  3. System Set-up (Vacuum or Manifold)  4. Minimum Ambient Temperaturer CEQ 217.275 (a) (1)  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1)  6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.273 (b)  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)  8. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)  9. Method of Chlorine Storage ("ton" or "150's")  = 150-lb  2 # of blowers  1 # of cylinders  1 # of cylinders  1 # of cylinders  1 # of cylinders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | c.   | Total  | Air Required                                                                 | = | 1,202   | scfm                                    |
| F Invidividual Blower Capacity @ Design Pressure/Largest Out of Service  G. Proposed Maximum Air Loss in Air Piping (Calculated Separately)  H Design Pressure of Blower  CHLORINE DOSAGE CALCULATIONS  A. Chlorine Dosage Rate TCEQ 217.272 (b)  1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)  2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a)  3. System Set-up (Vacuum or Manifold)  4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1)  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1)  6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.273 (b)  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b)  9. Method of Chlorine Storage ("ton" or "150's")  = 150-lb  1 # of cylinders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D.   | 150%   | of Design Flow TCEQ 217.155 (b)(5)(c)(iii) for Air Piping                    | = | 1,803   | scfm                                    |
| G. Proposed Maximum Air Loss in Air Piping (Calculated Separately) = 1 psig  H Design Pressure of Blower = 4.9 psig  CHLORINE DOSAGE CALCULATIONS  A. Chlorine Dosage Rate TCEQ 217.272 (b) = 8.0 mg/l  1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a) = 11 lbs/day  2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a) = 43 lbs/day  3. System Set-up (Vacuum or Manifold) = Vacuum  4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1) = 55 Degrees F  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) = 55 lbs/day  6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E.   | Propo  | osed Number of Blowers                                                       | = | 2       | # of blowers                            |
| ## Design Pressure of Blower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | F    | Invdi  | vidual Blower Capacity @ Design Pressure/Largest Out of Service              | = | 1,202   | scfm                                    |
| CHLORINE DOSAGE CALCULATIONS  A. Chlorine Dosage Rate TCEQ 217.272 (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G.   | Propo  | osed Maximum Air Loss in Air Piping (Calculated Separately)                  | = | 1       | psig                                    |
| A. Chlorine Dosage Rate TCEQ 217.272 (b)  1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)  2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a)  3. System Set-up (Vacuum or Manifold)  4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1)  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1)  6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1)  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b)  9. Method of Chlorine Storage ("ton" or "150's")  =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | н    | Desig  | n Pressure of Blower                                                         | = | 4.9     | psig                                    |
| A. Chlorine Dosage Rate TCEQ 217.272 (b)  1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)  2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a)  3. System Set-up (Vacuum or Manifold)  4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1)  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1)  6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1)  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b)  9. Method of Chlorine Storage ("ton" or "150's")  =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |        |                                                                              |   |         | _                                       |
| 1. Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a) = 11 lbs/day 2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a) = 43 lbs/day 3. System Set-up (Vacuum or Manifold) = Vacuum 4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1) = 55 Degrees F 5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) = 55 lbs/day 6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day 7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders 8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders 9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CHLC | RINE D | DSAGE CALCULATIONS                                                           |   |         | 7                                       |
| 2. Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a) = 43 lbs/day  3. System Set-up (Vacuum or Manifold) = Vacuum  4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1) = 55 lbs/day  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) = 55 lbs/day  6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A.   | Chlor  | ine Dosage Rate TCEQ 217.272 (b)                                             | = | 8.0     | mg/I                                    |
| 3. System Set-up (Vacuum or Manifold) = Vacuum 4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1) = 55 Degrees F 5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) = 55 lbs/day 6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day 7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders 8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders 9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | 1.     | Calculated Chlorine Dosage Rate @ Design Flow Eq. K.1 TCEQ 217.272 (a)       | = | 11      | lbs/day                                 |
| 4. Minimum Ambient TemperatureTCEQ 217.275 (a) (1) = 55 Degrees F  5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) = 55 lbs/day  6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | 2.     | Calculated Chlorine Dosage Rate @ Peak Flow Eq. K.1 TCEQ 217.272 (a)         | = | 43      | lbs/day                                 |
| 5. Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1) = 55 lbs/day 6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day 7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders 8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders 9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | 3.     | System Set-up (Vacuum or Manifold)                                           | = | Vacuum  |                                         |
| 6. Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1) = 440 lbs/day  7. Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders  9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | 4.     | Minimum Ambient TemperatureTCEQ 217.275 (a) (1)                              | = | 55      | Degrees F                               |
| 7.       Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)       =       1       # of cylinders         8.       Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b)       =       1       # of cylinders         9.       Method of Chlorine Storage ("ton" or "150's")       =       150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | 5.     | Max Withdrawal Rate for One 150-lb Cylinder TCEQ 217.274 (a) (1)             | = | 55      | lbs/day                                 |
| 8. Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b) = 1 # of cylinders 9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | 6.     | Max Withdrawal Rate for One Ton Cylinder TCEQ 217.274 (a) (1)                | = | 440     | lbs/day                                 |
| 9. Method of Chlorine Storage ("ton" or "150's") = 150-lb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | 7.     | Required Number of 150-lb Cylinders Eq. K.3 TCEQ 217.273 (b)                 | = | 1       | # of cylinders                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 8.     | Required Number of One Ton Cylinders Eq. K.3 TCEQ 217.273 (b)                | = | 1       | # of cylinders                          |
| 10. Peak Withdrawal Rate = 55 lbs/day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | 9.     | Method of Chlorine Storage ("ton" or "150's")                                | = | 150-lb  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | 10.    | Peak Withdrawal Rate                                                         | = | 55      | lbs/day                                 |

VII.

Domestic Wastewater Permit Application

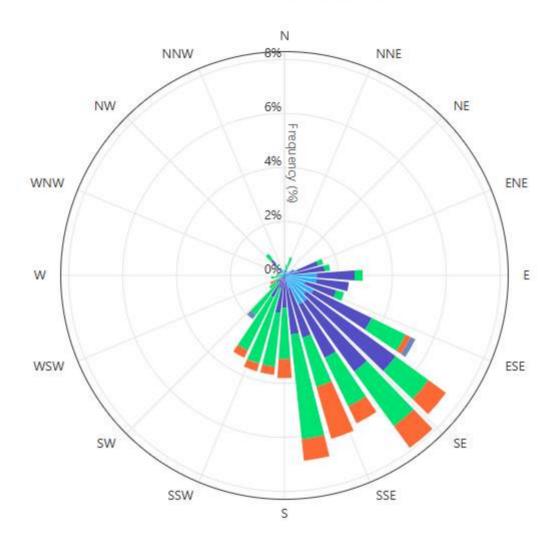
# EXHIBIT 15

Wind Rose



# CONROE MONTGOMERY COUNTY AP (TX) Wind Rose

June 01, 2025 - June 27, 2025 Sub-Interval: January 1 - December 31, 0 - 24



## Wind Speed (mph)

0 1.3 - 4

9 4 - 8

8 - 13

13 - 19

9 19 - 25

9 25 - 32

9 32 - 39

39 - 47

47 -

# CONROE MONTGOMERY COUNTY AP (TX)- Wind Frequency Table (percentage)

Latitude: 30.3611 Longitude: -95.4176 Elevation: 228 ft.

Element : Mean Wind Speed

Start Date: June 01, 2025 End Date: June 27, 2025

# of Days: 27 of 27 # obs : poss : 614 of 648 Sub Interval Windows End Start

Date January 1 December 31

Hour 0 24 Click and drag to zoom

Domestic Wastewater Permit Application

# EXHIBIT 16

Solids Management Plan



## SLUDGE MANAGEMENT PLAN

# Proposed Phase I – <u>0.08</u> MGD

# 1. Type of Treatment Process

#### **AERATION BASINS**

The proposed facility is a <u>0.08</u> million gallons per day (MGD) conventional activated sludge process utilizing an aeration basin. The following table shows the process design and sludge generation calculations for the design flow of this facility.

BOD = 300 mg/l x 8.34 lbs/gal x 0.08 MGD = 200 lbs BOD per Day

# 2. Dimensions and Capacities

#### AEROBIC DIGESTER

The treatment facility has solids holding tanks with maximum total volume of 11,025 cubic feet. The tanks are 15-feet W by 35-feet L with 10.5 foot side water depth.

The total Digester capacity of <u>11,025</u> cubic feet is greater than the required digester capacity based on 20 cubic feet per lb. of BOD times <u>200</u> lbs of BOD loading for the 0.08 MGD WWTP.

# 3. Sludge Generation Calculations

Sludge generation calculations showing the amount of solids generated at 100%, 75%, 50% and 25% of design flow are included in the following tables. These represent the solids that must be wasted from the activated sludge process and that must be stabilized in the aerobic digester.

| Solids @ 100% | Solids @ 75% | Solids @ 50% | Solids @ 25% |
|---------------|--------------|--------------|--------------|
| Qavg lb/day   | Qavg lb/day  | Qavg lb/day  | Qavg lb/day  |
| 200           | 150          | 100          | 50           |

# 4. Operating Range of Mixed Liquor Suspended Solids

It is anticipated that the MLSS for all phases will be approximately 2,400 mg/l on the average. The range for MLSS is anticipated to be between 2,000 and 4,000 mg/l during various stages of loading.

#### 5. Solids Removal Procedures

## **Conventional Aerated Mixed Liquor WWTP**

The removal of waste activated sludge from the proposed conventional aerated mixed liquor activated sludge WWTP is achieved by wasting sludge from the clarifier and transferred by airlift pump to the aerobic digester. Additional thickening of sludge prior to transfer to the digester by periodically, (two or three times per week) having the air supply and mixing in the aerobic digester shut off allowing solids to settle to the bottom of the digester. The supernatant liquor is decanted by an adjustable decant airlift pump located in each digester and is returned to influent grinder pump station via the plant drain system. After sufficient digestion, sludge is hauled in liquid form by a licensed transporter. The liquid sludge is transported to registered site.

## 6. Quantity of Solids to be Removed and Solids Removal Schedule

The quantity of solids to be removed at various plant loadings are presented in the following table. The quantities shown in the tabulation are monthly quantities based upon the influent BOD of 300 mg/l and TSS of 300 mg/l. If the strength of the influent wastewater varies significantly, solids removal quantities will be different.

| PHASE I | @100% Flow |         | @75%   | Flow    | ow @50% Flow      |         | @25% Flow |            |
|---------|------------|---------|--------|---------|-------------------|---------|-----------|------------|
|         | Capacity   |         | Capaci | ty      | Capacity Capacity |         | ty        |            |
| 80.0    | %          | Gal/Day | %      | Gal/Day | %                 | Gal/Day | %         | Gal/Day    |
| MGD     | Solids     | -       | Solids | -       | Solids            | -       | Solids    |            |
|         | 2.5        | 2,000   | 2.5    | 1,500   | 2.5               | 1,000   | 2.5       | <u>500</u> |

## Sludge Age

The sludge age based on having  $\underline{11,025}$  cubic feet ( $\underline{82,473}$  gallons) of total digester capacity, 2.5% solids and the above generated sludge volume is  $\underline{41}$  days for 100% flow capacity,  $\underline{55}$  days for 75% capacity,  $\underline{82}$  days for 50% capacity, and 165 days for 25% capacity.

## 7. Identification of Disposal Site

The disposal of sludge from the WWTP will be contracted to a sludge management and disposal contractor for either further treatment or disposal. The sludge will be hauled to either to treatment facility permitted to handle sludge or a registered land fill or a land application site. Solids documentation will be assured by measuring the volume of each sludge withdrawal and measuring the sludge solids concentrations. All required data will be included in the annual sludge report to the TCEQ.

## **SLUDGE MANAGEMENT PLAN**

# Proposed Phase I – <u>0.16</u> MGD

# 1. Type of Treatment Process

### **AERATION BASINS**

The proposed facility is a <u>0.16</u> million gallons per day (MGD) conventional activated sludge process utilizing an aeration basin. The following table shows the process design and sludge generation calculations for the design flow of this facility.

BOD = 300 mg/l x 8.34 lbs/gal x 0.16 MGD = 400 lbs BOD per Day

# 2. Dimensions and Capacities

#### AEROBIC DIGESTER

The treatment facility has solids holding tanks with maximum total volume of 16,538 cubic feet. The tanks are 15-feet W by 35-feet L with 10.5 foot side water depth.

The total Digester capacity of <u>16,538</u> cubic feet is greater than the required digester capacity based on 20 cubic feet per lb. of BOD times <u>400</u> lbs of BOD loading for the 0.16 MGD WWTP.

# 3. Sludge Generation Calculations

Sludge generation calculations showing the amount of solids generated at 100%, 75%, 50% and 25% of design flow are included in the following tables. These represent the solids that must be wasted from the activated sludge process and that must be stabilized in the aerobic digester.

| Solids @ 100% | Solids @ 75% | Solids @ 50% | Solids @ 25% |
|---------------|--------------|--------------|--------------|
| Qavg lb/day   | Qavg lb/day  | Qavg lb/day  | Qavg lb/day  |
| 400           | 300          | 200          | 100          |

# 4. Operating Range of Mixed Liquor Suspended Solids

It is anticipated that the MLSS for all phases will be approximately 2,400 mg/l on the average. The range for MLSS is anticipated to be between 2,000 and 4,000 mg/l during various stages of loading.

#### 5. Solids Removal Procedures

## **Conventional Aerated Mixed Liquor WWTP**

The removal of waste activated sludge from the proposed conventional aerated mixed liquor activated sludge WWTP is achieved by wasting sludge from the clarifier and transferred by airlift pump to the aerobic digester. Additional thickening of sludge prior to transfer to the digester by periodically, (two or three times per week) having the air supply and mixing in the aerobic digester shut off allowing solids to settle to the bottom of the digester. The supernatant liquor is decanted by an adjustable decant airlift pump located in each digester and is returned to influent grinder pump station via the plant drain system. After sufficient digestion, sludge is hauled in liquid form by a licensed transporter. The liquid sludge is transported to registered site.

# 6. Quantity of Solids to be Removed and Solids Removal Schedule

The quantity of solids to be removed at various plant loadings are presented in the following table. The quantities shown in the tabulation are monthly quantities based upon the influent BOD of 300 mg/l and TSS of 300 mg/l. If the strength of the influent wastewater varies significantly, solids removal quantities will be different.

| PHASE I | @100% Flow |         | @75%   | 5% Flow   @50% Flow |        | Flow     | @25% Flow |         |
|---------|------------|---------|--------|---------------------|--------|----------|-----------|---------|
|         | Capacity   |         | Capaci | apacity Capacity    |        | Capacity |           |         |
| 0.16    | %          | Gal/Day | %      | Gal/Day             | %      | Gal/Day  | %         | Gal/Day |
| MGD     | Solids     | -       | Solids | -                   | Solids | -        | Solids    | -       |
|         | 2.5        | 4,000   | 2.5    | 3,000               | 2.5    | 2,000    | 2.5       | 1,000   |

## Sludge Age

The sludge age based on having  $\underline{16,538}$  cubic feet ( $\underline{123,704}$  gallons) of total digester capacity, 2.5% solids and the above generated sludge volume is  $\underline{31}$  days for 100% flow capacity,  $\underline{41}$  days for 75% capacity,  $\underline{62}$  days for 50% capacity, and 124 days for 25% capacity.

## 7. Identification of Disposal Site

The disposal of sludge from the WWTP will be contracted to a sludge management and disposal contractor for either further treatment or disposal. The sludge will be hauled to either to treatment facility permitted to handle sludge or a registered land fill or a land application site. Solids documentation will be assured by measuring the volume of each sludge withdrawal and measuring the sludge solids concentrations. All required data will be included in the annual sludge report to the TCEQ.

## SLUDGE MANAGEMENT PLAN

# Proposed Phase I – <u>0.48</u> MGD

# 1. Type of Treatment Process

### **AERATION BASINS**

The proposed facility is a <u>0.48</u> million gallons per day (MGD) conventional activated sludge process utilizing an aeration basin. The following table shows the process design and sludge generation calculations for the design flow of this facility.

BOD = 300 mg/l x 8.34 lbs/gal x 0.48 MGD = 1,201 lbs BOD per Day

# 2. Dimensions and Capacities

#### AEROBIC DIGESTER

The treatment facility has solids holding tanks with maximum total volume of <u>47,250</u> cubic feet. The tanks are <u>30</u>-feet W by <u>75</u>-feet L with <u>10.5</u> foot side water depth.

The total Digester capacity of <u>47,250</u> cubic feet is greater than the required digester capacity based on 20 cubic feet per lb. of BOD times <u>1,201</u> lbs of BOD loading for the 0.48 MGD WWTP.

# 3. Sludge Generation Calculations

Sludge generation calculations showing the amount of solids generated at 100%, 75%, 50% and 25% of design flow are included in the following tables. These represent the solids that must be wasted from the activated sludge process and that must be stabilized in the aerobic digester.

| Solids @ 100% | Solids @ 75% | Solids @ 50% | Solids @ 25% |
|---------------|--------------|--------------|--------------|
| Qavg lb/day   | Qavg lb/day  | Qavg lb/day  | Qavg lb/day  |
| 1,201         | 901          | 601          | 300          |

# 4. Operating Range of Mixed Liquor Suspended Solids

It is anticipated that the MLSS for all phases will be approximately 2,400 mg/l on the average. The range for MLSS is anticipated to be between 2,000 and 4,000 mg/l during various stages of loading.

#### 5. Solids Removal Procedures

## **Conventional Aerated Mixed Liquor WWTP**

The removal of waste activated sludge from the proposed conventional aerated mixed liquor activated sludge WWTP is achieved by wasting sludge from the clarifier and transferred by airlift pump to the aerobic digester. Additional thickening of sludge prior to transfer to the digester by periodically, (two or three times per week) having the air supply and mixing in the aerobic digester shut off allowing solids to settle to the bottom of the digester. The supernatant liquor is decanted by an adjustable decant airlift pump located in each digester and is returned to influent grinder pump station via the plant drain system. After sufficient digestion, sludge is hauled in liquid form by a licensed transporter. The liquid sludge is transported to registered site.

## 6. Quantity of Solids to be Removed and Solids Removal Schedule

The quantity of solids to be removed at various plant loadings are presented in the following table. The quantities shown in the tabulation are monthly quantities based upon the influent BOD of 300 mg/l and TSS of 300 mg/l. If the strength of the influent wastewater varies significantly, solids removal quantities will be different.

| PHASE I | @100% Flow |         | @75%   | ⊚75% Flow   @50% F |        | Flow    | @25%   | Flow    |
|---------|------------|---------|--------|--------------------|--------|---------|--------|---------|
|         | Capacity   |         | Capaci | cy Capacity Capa   |        | Capaci  | ty     |         |
| 0.48    | %          | Gal/Day | %      | Gal/Day            | %      | Gal/Day | %      | Gal/Day |
| MGD     | Solids     | -       | Solids | -                  | Solids | -       | Solids | -       |
|         | 2.5        | 12,000  | 2.5    | 9,000              | 2.5    | 6,000   | 2.5    | 3,000   |

## Sludge Age

The sludge age based on having <u>47,250</u> cubic feet (<u>353,430 gallons</u>) of total digester capacity, 2.5% solids and the above generated sludge volume is <u>29</u> days for 100% flow capacity, <u>39</u> days for 75% capacity, <u>59</u> days for 50% capacity, and 118 days for 25% capacity.

## 7. Identification of Disposal Site

The disposal of sludge from the WWTP will be contracted to a sludge management and disposal contractor for either further treatment or disposal. The sludge will be hauled to either to treatment facility permitted to handle sludge or a registered land fill or a land application site. Solids documentation will be assured by measuring the volume of each sludge withdrawal and measuring the sludge solids concentrations. All required data will be included in the annual sludge report to the TCEQ.

Domestic Wastewater Permit Application

# EXHIBIT 17

**Population Projections** 



# POPULATION PROJECTIONS

# **City of Willis Population Projection**

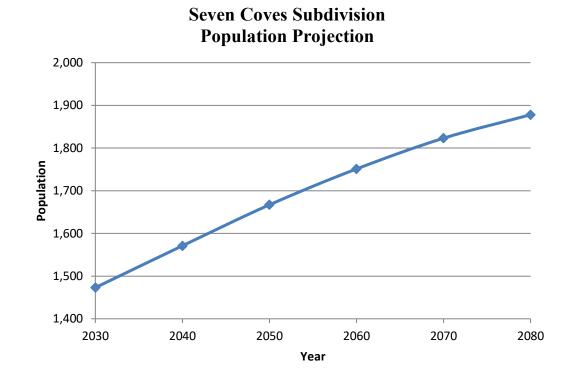
| Year       | 2030  | 2040  | 2050  | 2060  | 2070  | 2080  |
|------------|-------|-------|-------|-------|-------|-------|
| Population | 6,593 | 7,061 | 7,519 | 7,913 | 8,252 | 8,507 |
| % Increase |       | 7%    | 6%    | 5%    | 4%    | 3%    |

# **Seven Coves Subdivision Population Projection**

| Year       | 2030  | 2040  | 2050  | 2060  | 2070  | 2080  |
|------------|-------|-------|-------|-------|-------|-------|
|            |       |       |       |       |       |       |
| Population | 1,473 | 1,571 | 1,667 | 1,751 | 1,823 | 1,878 |

## Notes:

- (1) Data retrieved from TWDB 2026 Regional Water Plan.
- (2) Willis TX is the nearest city to the Seven Coves Subdivision and is used to be representative of the population growth in the area.
- (3) The population projections do not take into account surrounding residential or commercial developments that would require additional regional sewer capacity.





August 21, 2025

Texas Commission on Environmental Quality Applications Review and Processing Team (MC 148) 12100 Park 35 Circle Austin, Texas 78753

Attn: Rachel Ellis

Re: Application for New Domestic Wastewater Discharge Permit

TPDES Permit No. WQ0016859001

7 Coves Development, Ltd. (CN606416790); Seven Coves WWTP (RN112264528)

**Response to Notice of Deficiency** 

Dear Ms. Ellis:

We have received your comments on the above referenced permit application and provide the following responses:

- 1. Core Data Form (CDF)
  - a. The Core Data Form has been updated to only include the location description and attached.
- 2. Admin Report, Bilingual Notice Requirements, Section 8/E, item 5
  - a. The blank has been completed; the required language is Spanish, and the updated 10053 Page 7 is attached.
- 3. Administrative Report 1.0, Section 9 item D
  - a. The owner of the land has been revised to 7 Coves Development Ltd., and the updated 10053 Page 7 is attached.
- 4. USGS Map
  - a. The revised USGS Map is attached.
- 5. Landowner Map
  - a. The parcel in question was incorrectly highlighted as it is not adjacent to the discharge route. Revised Landowner Map is attached.
- 6. NORI
  - a. Please update the facility location to match revised Core Data Form "The domestic wastewater treatment facility will be located approximately 0.6 miles northwest of the intersection of Seven Coves Rd. and Farrell Rd. in Montgomery County, Texas 77378."
  - b. Please revise the contact number at the bottom of the notice to 713-942-2700.
- 7. Spanish NORI Spanish NORI is attached.



If you have any questions or comments, please feel free to call me at (713) 942-2700.

Sincerely,

Jonathan D. Liu, P.E. Project Engineer

Enclosures: Core Data Form

10053 Page 7 USGS Map

Landowner Map Spanish NORI

| c. | Che         | eck the box next to the appropriate permit typ                                                | e.     |                                           |
|----|-------------|-----------------------------------------------------------------------------------------------|--------|-------------------------------------------|
|    | $\boxtimes$ | TPDES Permit                                                                                  |        |                                           |
|    |             | TLAP                                                                                          |        |                                           |
|    |             | TPDES Permit with TLAP component                                                              |        |                                           |
|    |             | Subsurface Area Drip Dispersal System (SAD                                                    | DS)    |                                           |
| d. | Che         | eck the box next to the appropriate application                                               | ı typ  | e                                         |
|    | $\boxtimes$ | New                                                                                           |        |                                           |
|    |             | Major Amendment <u>with</u> Renewal                                                           |        | Minor Amendment <u>with</u> Renewal       |
|    |             | Major Amendment <u>without</u> Renewal                                                        |        | Minor Amendment <u>without</u> Renewal    |
|    |             | Renewal without changes                                                                       |        | Minor Modification of permit              |
| e. | For         | amendments or modifications, describe the p                                                   | ropo   | sed changes: Click to enter text.         |
| f. | For         | existing permits:                                                                             |        |                                           |
| •• |             | mit Number: Click to enter text.                                                              |        |                                           |
|    |             | A I.D. (TPDES only): TX Click to enter text.                                                  |        |                                           |
|    |             | •                                                                                             |        |                                           |
|    | Exp         | piration Date: Click to enter text.                                                           |        |                                           |
| Se | ctio        | on 3. Facility Owner (Applicant) a (Instructions Page 26)                                     | nd     | Co-Applicant Information                  |
| A. | The         | e owner of the facility must apply for the per                                                | mit.   |                                           |
|    | Wha         | at is the Legal Name of the entity (applicant) a                                              | pply   | ing for this permit?                      |
|    | 7 Cc        | oves Development Ltd                                                                          |        |                                           |
|    |             | e legal name must be spelled exactly as filed w<br>legal documents forming the entity.)       | ith tì | he Texas Secretary of State, County, or i |
|    |             | he applicant is currently a customer with the T<br>nay search for your CN on the TCEQ website |        |                                           |
|    |             | CNT- COC 41 C 700                                                                             |        |                                           |

CN: <u>606416790</u>

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

Last Name, First Name: Gurler, Ismail Prefix: Mr.

Credential: Click to enter text. Title: Board Member

**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.)* 

|    | 3.                                                                                                                                                                    | Do the location |                      | t these            | schools attend                   | d a bilingual (     | educa         | tion progi        | ram a       | t another          |   |  |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|--------------------|----------------------------------|---------------------|---------------|-------------------|-------------|--------------------|---|--|--|--|--|
|    |                                                                                                                                                                       |                 | Yes                  |                    | No                               |                     |               |                   |             |                    |   |  |  |  |  |
|    | 4.                                                                                                                                                                    |                 |                      |                    | uired to provid<br>ement under 1 |                     |               |                   | gram b      | out the school has | 3 |  |  |  |  |
|    |                                                                                                                                                                       |                 | Yes                  |                    | No                               |                     |               |                   |             |                    |   |  |  |  |  |
|    | 5.                                                                                                                                                                    |                 |                      |                    | estion 1, 2, 3, e is required b  |                     |               |                   |             | tive language are  |   |  |  |  |  |
| F. | Su                                                                                                                                                                    | mmary           | of Applica           | tion in            | Plain Langua                     | ge 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.   |                 |                      |                    |                                  |                     |               |                   |             |                    |   |  |  |  |  |
|    | At                                                                                                                                                                    | tachme          | achment: Exhibit 2   |                    |                                  |                     |               |                   |             |                    |   |  |  |  |  |
| G. | G. Public Involvement Plan Form                                                                                                                                       |                 |                      |                    |                                  |                     |               |                   |             |                    |   |  |  |  |  |
|    | Complete the Public Involvement Plan Form (TCEQ Form 20960) for each application for a <b>new permit or major amendment to a permit</b> and include as an attachment. |                 |                      |                    |                                  |                     |               |                   |             |                    |   |  |  |  |  |
|    | At                                                                                                                                                                    | tachme          | <b>nt:</b> Exhibit 3 | 1                  |                                  |                     |               |                   |             |                    |   |  |  |  |  |
|    |                                                                                                                                                                       |                 |                      |                    |                                  |                     |               |                   |             |                    |   |  |  |  |  |
| Se | cti                                                                                                                                                                   | on 9.           | Regula<br>Page 2     |                    | ntity and P                      | ermitted (          | Site 1        | Informa           | ıtion       | (Instructions      |   |  |  |  |  |
| Α. |                                                                                                                                                                       |                 |                      | regula             | ted by TCEQ, ]                   | provide the R       | Regula        | ted Entity        | Num         | ber (RN) issued to | ) |  |  |  |  |
|    |                                                                                                                                                                       |                 | TCEQ's Ce            |                    |                                  | ://www15.tc         | eq.tex        | as.gov/cr         | pub/        | to determine if    |   |  |  |  |  |
| B. | Na                                                                                                                                                                    | me of p         | roject or si         | te (the 1          | name known l                     | y the comm          | unity         | where loca        | ated):      |                    |   |  |  |  |  |
|    | Sev                                                                                                                                                                   | en Cove         | s Wastewate          | er Treatr          | <u>nent Plant</u>                |                     |               |                   |             |                    |   |  |  |  |  |
| C. | Ow                                                                                                                                                                    | ner of          | treatment f          | acility:           | 7 Coves Devel                    | <u>opment Ltd.</u>  |               |                   |             |                    |   |  |  |  |  |
|    | Ow                                                                                                                                                                    | nership         | of Facility          | : 🗆 ]              | Public                           | Private             |               | Both              |             | Federal            |   |  |  |  |  |
| D. | Ow                                                                                                                                                                    | ner of l        | land where           | treatme            | ent facility is o                | or will be:         |               |                   |             |                    |   |  |  |  |  |
|    | Pre                                                                                                                                                                   | efix: Clic      | ck to enter          | text.              | Last Nan                         | ne, First Nam       | e: <u>7 C</u> | <u>oves Deve</u>  | <u>lopm</u> | <u>ent Ltd.</u>    |   |  |  |  |  |
|    | Tit                                                                                                                                                                   | le: Click       | k to enter te        | ext.               | Credenti                         | al: Click to e      | nter te       | ext.              |             |                    |   |  |  |  |  |
|    | Or                                                                                                                                                                    | ganizati        | ion Name: <u>7</u>   | <sup>7</sup> Coves | Development                      | <u>Ltd.</u>         |               |                   |             |                    |   |  |  |  |  |
|    | Ma                                                                                                                                                                    | iling Ac        | ldress: <u>284</u>   | 08 Swee            | etgum Road                       | City, State,        | Zip C         | ode: <u>Magn</u>  | olia, T     | <u>ΓΧ, 77354</u>   |   |  |  |  |  |
|    | Ph                                                                                                                                                                    | one No.         | : <u>(364) 634 1</u> | 228                | E-mail A                         | ddress: <u>ihg@</u> | previ         | <u>llagered.c</u> | <u>om</u>   |                    |   |  |  |  |  |
|    |                                                                                                                                                                       |                 |                      |                    | ame person as<br>easement. See   |                     |               | or co-app         | olican      | t, attach a lease  |   |  |  |  |  |
|    |                                                                                                                                                                       | Attach          | ment: Click          | to ente            | er text.                         |                     |               |                   |             |                    |   |  |  |  |  |

F.



# **TCEQ Core Data Form**

TCEQ Use Only

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.)

| 1:8:J New Pe                                             | ermit, Regis | tration or A | Authorization        | (Core Data Form                       | should be                                             | submitted    | with the prog         | ram application.)                                |             |               |                        |  |  |
|----------------------------------------------------------|--------------|--------------|----------------------|---------------------------------------|-------------------------------------------------------|--------------|-----------------------|--------------------------------------------------|-------------|---------------|------------------------|--|--|
| D Renewal                                                | (Core Data   | Form shou    | uld be submi         | itted with the rene                   | ewal form)                                            |              | D Other               |                                                  |             |               |                        |  |  |
| 2. Customer                                              | Reference    | Number       | (if issued)          | _                                     | Follow this li                                        |              | <u> </u>              | 3. Regulated Entity Reference Number (if issued) |             |               |                        |  |  |
| CN 60641679                                              | 90           |              |                      | -                                     |                                                       | Registry**   |                       | RN 112264528                                     |             |               |                        |  |  |
| ECTIO                                                    | N II:        | Custo        | omer                 | Informa                               | ation                                                 |              |                       |                                                  |             |               |                        |  |  |
| 4. General Cu                                            | ıstomer In   | formation    | 1                    | 5. Effective D                        | ve Date for Customer Information Updates (mm/dd/yyyy) |              |                       |                                                  |             |               |                        |  |  |
| D New Custor ☐ Change in L                               |              | (Verifiable  |                      | Update to Custom<br>as Secretary of S |                                                       |              |                       | ange in Regulated En                             | tity Owne   | ership        |                        |  |  |
| The Custome                                              | er Name s    | ubmitted     | here may l           | be updated aut                        | omatically                                            | y based o    | on what is o          | current and active                               | with the    | e Texas Secr  | etary of State         |  |  |
| (SOS) or Texa                                            | as Compti    | oller of P   | ublic Acco           | unts (CPA).                           |                                                       |              |                       |                                                  |             |               |                        |  |  |
| 6. Customer                                              | Legal Nan    | ne {If an in | ndividual, prii      | nt last name first:                   | eg: Doe, Jo                                           | ohn)         |                       | if new Customer,                                 | enter pro   | evious Custom | er below:              |  |  |
| 7 Coves Develo                                           | opment Ltd   |              |                      |                                       |                                                       |              |                       |                                                  |             |               |                        |  |  |
| 7. TX SOS/CP                                             | A Filing N   | umber        |                      | 8. TX State Ta                        | <b>x ID</b> (11 di                                    | igits)       |                       | 9. Federal Tax ID 1                              |             |               | Number (if             |  |  |
| 0805823346                                               |              |              |                      | 32098006995                           |                                                       |              | (9 digits)            |                                                  | applicable) |               |                        |  |  |
|                                                          |              |              |                      |                                       |                                                       |              |                       |                                                  |             |               |                        |  |  |
| 11. Type of C                                            | ustomer:     | 1            | 1:8:J Corporation    | on                                    |                                                       |              | D Indivi              | dual Partnership: <b>D</b> Genera                |             |               | neral <b>D</b> Limited |  |  |
| Government:                                              | City D       | County D F   | Federal D เ          | _ocal D State D                       | <b>)</b> Other                                        |              | D Sole                | Proprietorship                                   | D Ot        | her:          |                        |  |  |
| 12. Number o                                             | of Employe   | ees          |                      |                                       |                                                       |              |                       | 13. Independently Owned and Operated?            |             |               |                        |  |  |
| 1:8:J 0-20 D 21-100 D 101-250 D 251-500 D 501 and higher |              |              |                      |                                       |                                                       |              |                       | 1:8:J <b>Yes</b>                                 |             |               |                        |  |  |
| 14. Customer                                             | Role (Prop   | posed or A   | ctual) - as it       | relates to the R                      | egulated Er                                           | ntity listed | on this form.         | Please check one of                              | the follow  | ving          |                        |  |  |
| 1:8:Jowner                                               | al Licensee  | D Opera      | ator<br>sponsible Pa |                                       | er & Opera                                            |              |                       | D Other:                                         |             |               |                        |  |  |
| оссирацопа                                               |              |              |                      | vo                                    | , rook App                                            | люан         |                       |                                                  |             |               |                        |  |  |
| 15. Mailing                                              | 28408 Sv     | veetgum R    | load, Ste B3         |                                       |                                                       |              |                       |                                                  |             |               |                        |  |  |
| Address:                                                 |              | 1            |                      |                                       | T                                                     | 1            |                       |                                                  |             | 1             | T                      |  |  |
|                                                          | City         | Magnolia     | а                    |                                       | State                                                 | TX           | ZIP                   | 77354                                            |             | ZIP+4         |                        |  |  |
| 16. Country I                                            | Mailing Inf  | formation    | (if outside          | USA)                                  | I                                                     | <u> </u>     | 17. E-Mail A          | ddress (if applicable                            | e)          | ı             | I                      |  |  |
|                                                          |              |              |                      |                                       |                                                       | i            | ihg@previllagered.com |                                                  |             |               |                        |  |  |
|                                                          |              |              |                      |                                       |                                                       | ı            |                       |                                                  |             |               |                        |  |  |

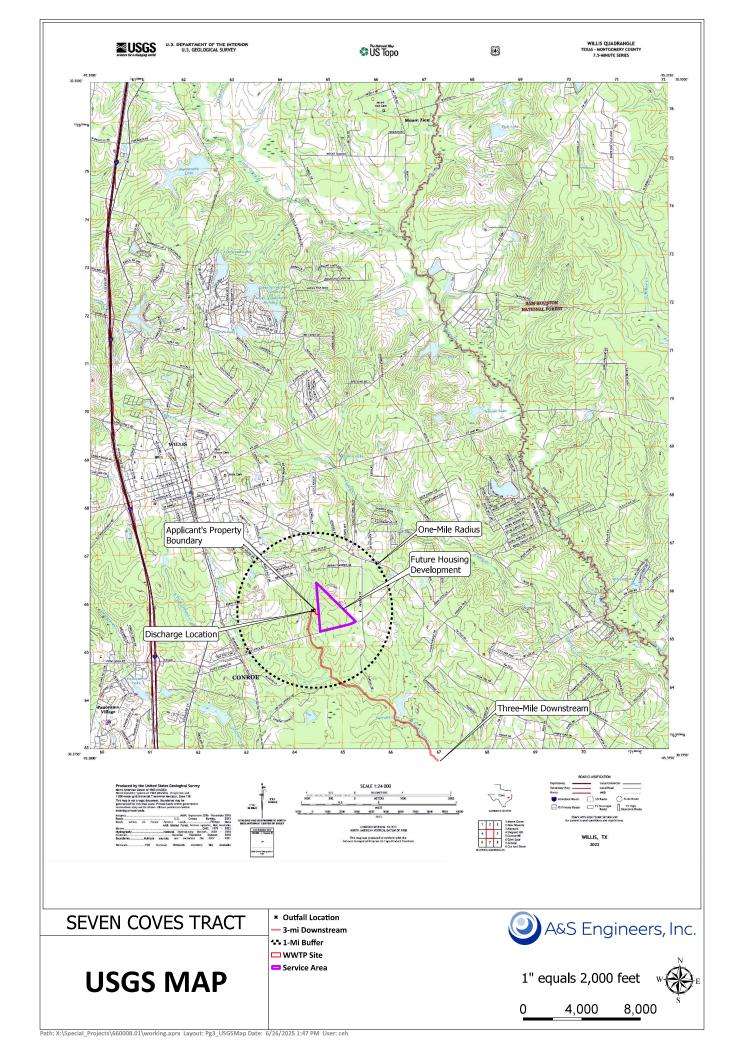
TCEQ-10400 (11/22) Page 1 of 3

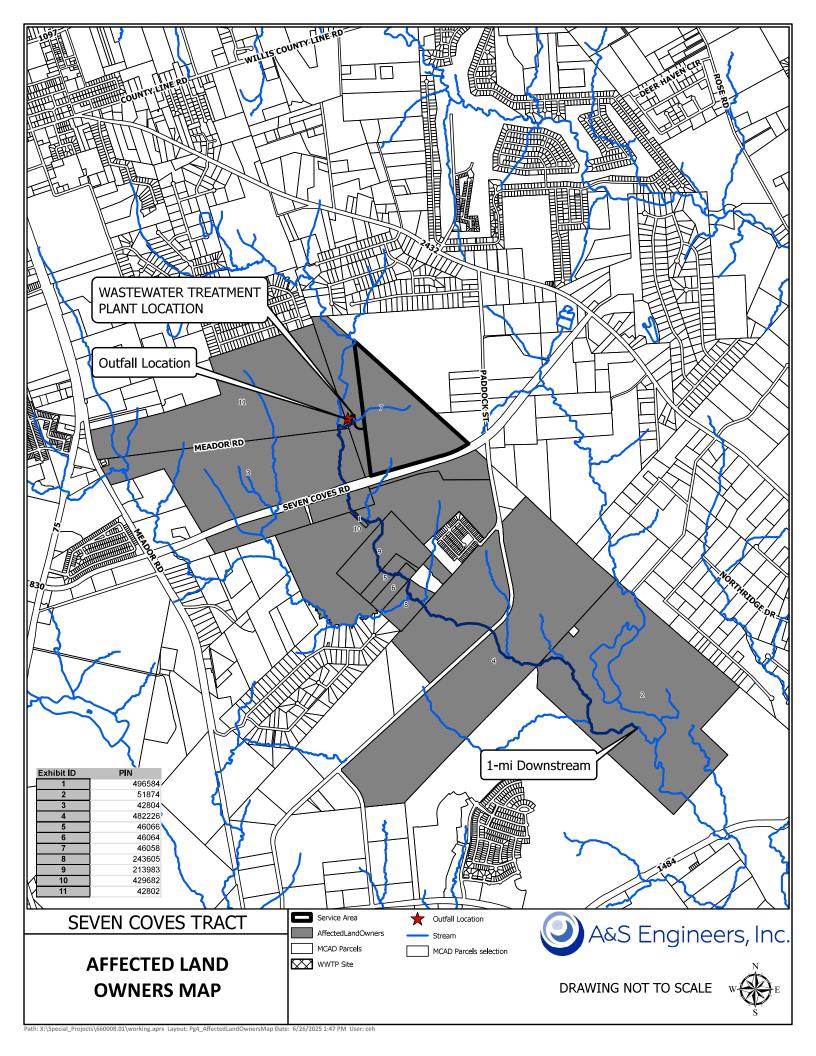
| 18. Telephone Number                                              |                       |                     | 19. Extension or        | Code                        |         |          | 20. Fax Number (if applicable) |                                |             |                 |  |
|-------------------------------------------------------------------|-----------------------|---------------------|-------------------------|-----------------------------|---------|----------|--------------------------------|--------------------------------|-------------|-----------------|--|
| ( 364 ) 634-1228                                                  |                       |                     |                         |                             |         |          | ( ) -                          |                                |             |                 |  |
| ECTION III: I                                                     | Regula                | ted Ent             | ity Inform              | nation                      |         |          |                                |                                |             |                 |  |
| 21. General Regulated En                                          | tity Informa          | tion (If 'New Reg   | ulated Entity" is selec | ted, a new pe               | ermit ( | applicat | tion is als                    | so required.)                  |             |                 |  |
| ☐ New Regulated Entity                                            | Update to             | Regulated Entity    | Name 🔲 Update t         | o Regulated E               | ntity   | Informa  | ation                          |                                |             |                 |  |
| The Regulated Entity Nanas Inc, LP, or LLC).                      | ne submitte           | d may be updat      | ted, in order to mee    | et TCEQ Core                | e Dat   | a Stan   | dards (                        | removal of or                  | rganization | al endings such |  |
| 22. Regulated Entity Nam                                          | i <b>e</b> (Enter nam | e of the site wher  | e the regulated action  | is taking pla               | ce.)    |          |                                |                                |             |                 |  |
| Seven Coves Wastewater Tre                                        | atment Plant          |                     |                         |                             |         |          |                                |                                |             |                 |  |
| 23. Street Address of                                             |                       |                     |                         |                             |         |          |                                |                                |             |                 |  |
| the Regulated Entity:                                             |                       |                     |                         |                             |         |          |                                |                                |             |                 |  |
| (No PO Boxes)                                                     | City                  |                     | State                   |                             | ZIP     |          |                                |                                | ZIP + 4     |                 |  |
| 24. County                                                        | Montgomer             | У                   |                         | I                           |         |          | 1                              | l                              |             |                 |  |
|                                                                   |                       | If no Stree         | et Address is provid    | ed, fields 2                | 5-28    | are red  | quired.                        |                                |             |                 |  |
| 25. Description to                                                |                       |                     |                         |                             |         |          |                                |                                |             |                 |  |
| Physical Location:                                                | Approximate           | ely 0.6 miles nortl | nwest of the intersecti | ion of Seven (              | Coves   | Rd and   | l Farrell F                    | Rd in Montgom                  | ery County. |                 |  |
| 26. Nearest City                                                  |                       |                     |                         |                             |         |          | State                          |                                | Nea         | rest ZIP Code   |  |
| Willis                                                            |                       |                     |                         |                             |         |          | TX                             |                                | 7737        | 78              |  |
| Latitude/Longitude are re<br>used to supply coordinate            | -                     | -                   |                         |                             | ata S   | itanda   | rds. (Ge                       | cocoding of th                 | ne Physical | Address may be  |  |
| 27. Latitude (N) In Decima                                        | al:                   | 30.4014             |                         | 28. Lo                      | ongit   | ude (W   | /) In De                       | cimal:                         | -95.4528    |                 |  |
| Degrees                                                           | Minutes               |                     | Seconds Degrees         |                             |         |          |                                | Minutes                        | Seconds     |                 |  |
| 30                                                                |                       | 24                  | 05                      |                             |         |          | 27                             | 10                             |             |                 |  |
| 29. Primary SIC Code 30. Secondary SIC Code (4 digits) (4 digits) |                       |                     | Code                    | 31. Primar<br>(5 or 6 digit | -       | ICS Co   | de                             | <b>32. Seco</b><br>(5 or 6 dig | ndary NAIO  | CS Code         |  |
| 4952                                                              |                       |                     |                         |                             |         |          |                                |                                |             |                 |  |
| 33. What is the Primary B                                         | Business of t         | his entity? (Do     | not repeat the SIC or   | · NAICS descri              | ption   | .)       |                                |                                |             |                 |  |
| Serves to treat residental was                                    | stewater              |                     |                         |                             |         |          |                                |                                |             |                 |  |
| 24 Moiling                                                        | 28408 Swe             | etgum Road          |                         |                             |         |          |                                |                                |             |                 |  |
| 34. Mailing                                                       |                       |                     |                         |                             |         |          |                                |                                |             |                 |  |
| Address:                                                          | City                  | <b>M</b> agnolia    | State                   | TX                          | 7       | ZIP      | <b>7</b> 7354                  |                                | ZIP + 4     |                 |  |
| 35. E-Mail Address:                                               | ihg@                  | previllagered.co    | om                      |                             |         |          |                                |                                |             |                 |  |
| 36. Telephone Number                                              |                       |                     | 37. Extension or 0      | Code                        |         | 38. Fa   | ax Num                         | <b>ber</b> (if applicat        | ole)        |                 |  |
| ( <b>3</b> 64 ) <b>6</b> 34 <b>-1</b> 228                         |                       |                     |                         |                             |         | ( )      | ) -                            |                                |             |                 |  |
| ( 304 ) 004-1220                                                  | 04 ) 634-1228         |                     |                         |                             | (       |          |                                |                                |             |                 |  |

TCEQ-10400 (11/22) Page 2 of 3 form. See the Core Data Form instructions for additional guidance. Districts ☐ Dam Safety ☐ Edwards Aquifer ☐ Industrial Hazardous Waste ☐ Emissions Inventory Air New Source ☐ PWS ☐ Municipal Solid Waste ☐ OSSF Petroleum Storage Tank Review Air Sludge Storm Water ☐ Title V Air Tires Used Oil ☐ Voluntary Cleanup ■ Wastewater Agriculture ☐ Water Rights Other: **SECTION IV: Preparer Information** 41. Title: 40. Name: Jonathan D. Liu, P.E. **Project Manager** 42. Telephone Number 43. Ext./Code 44. Fax Number 45. E-Mail Address (713) 942-2700 (713) 942-2799 jdl@as-engineers.com **SECTION V: Authorized Signature** 46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39. Company: Job Title: 7 Coves Development LTD. **Board Member** Name (In Print): Phone: Ismail Hamdi Gurler (346) 634 1228 Signature: Date:

|    | 3.                                                                                                                                                                  | Do the locatio        |                       | s at these        | schools attend                           | l a bilingual       | educa         | tion prog        | ram a           | t another             |  |  |  |  |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-------------------|------------------------------------------|---------------------|---------------|------------------|-----------------|-----------------------|--|--|--|--|--|
|    |                                                                                                                                                                     |                       | Yes                   |                   | No                                       |                     |               |                  |                 |                       |  |  |  |  |  |
|    | 4.                                                                                                                                                                  |                       |                       |                   | uired to provid<br>ement under 1         |                     |               |                  | gram l          | out the school has    |  |  |  |  |  |
|    |                                                                                                                                                                     |                       | Yes                   |                   | No                                       |                     |               |                  |                 |                       |  |  |  |  |  |
|    | 5.                                                                                                                                                                  |                       |                       |                   | nestion 1, 2, 3, a is required by        |                     |               |                  |                 | tive language are     |  |  |  |  |  |
| F. | Su                                                                                                                                                                  | mmary                 | of Appli              | cation in         | Plain Langua                             | ge 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. |                       |                       |                   |                                          |                     |               |                  |                 |                       |  |  |  |  |  |
|    | At                                                                                                                                                                  | Attachment: Exhibit 2 |                       |                   |                                          |                     |               |                  |                 |                       |  |  |  |  |  |
| G. | G. Public Involvement Plan Form                                                                                                                                     |                       |                       |                   |                                          |                     |               |                  |                 |                       |  |  |  |  |  |
|    |                                                                                                                                                                     |                       |                       |                   | ment Plan Fori<br><b>lment to a pe</b> i |                     |               |                  |                 | plication for a<br>t. |  |  |  |  |  |
|    | At                                                                                                                                                                  | tachme                | nt: <u>Exhib</u>      | <u>it 3</u>       |                                          |                     |               |                  |                 |                       |  |  |  |  |  |
|    |                                                                                                                                                                     |                       |                       |                   |                                          |                     |               |                  |                 |                       |  |  |  |  |  |
| Se | cti                                                                                                                                                                 | on 9.                 | Regu<br>Page          |                   | ntity and P                              | ermitted (          | Site          | Informa          | ation           | (Instructions         |  |  |  |  |  |
| Α. |                                                                                                                                                                     |                       | is curren<br>RN 11152 |                   | ted by TCEQ, ]                           | provide the F       | Regula        | ited Entity      | / Num           | ber (RN) issued to    |  |  |  |  |  |
|    |                                                                                                                                                                     |                       |                       |                   | egistry at <u>http</u><br>d by TCEQ.     | ://www15.tc         | <u>eq.tex</u> | as.gov/cr        | <u>pub/</u> †   | to determine if       |  |  |  |  |  |
| B. | Na                                                                                                                                                                  | me of p               | roject or             | site (the         | name known b                             | y the comm          | unity         | where loc        | ated):          |                       |  |  |  |  |  |
|    | Sev                                                                                                                                                                 | <u>ven Cove</u>       | es Wastew             | ater Treatr       | <u>ment Plant</u>                        |                     |               |                  |                 |                       |  |  |  |  |  |
| C. | Ov                                                                                                                                                                  | vner of               | treatmen              | t facility:       | <u> 7 Coves Devel</u>                    | <u>opment Ltd.</u>  |               |                  |                 |                       |  |  |  |  |  |
|    | Ov                                                                                                                                                                  | vnership              | of Facil              | ity: 🗆            | Public 🗵                                 | Private             |               | Both             |                 | Federal               |  |  |  |  |  |
| D. | Ov                                                                                                                                                                  | vner of l             | land whe              | re treatm         | ent facility is o                        | or will be:         |               |                  |                 |                       |  |  |  |  |  |
|    | Pre                                                                                                                                                                 | efix: Clio            | ck to ente            | er text.          | Last Nan                                 | ne, First Nam       | e: <u>7 C</u> | oves Deve        | <u>elopm</u>    | <u>ent Ltd.</u>       |  |  |  |  |  |
|    | Tit                                                                                                                                                                 | le: Click             | k to enter            | text.             | Credenti                                 | al: Click to e      | nter te       | ext.             |                 |                       |  |  |  |  |  |
|    | Or                                                                                                                                                                  | ganizati              | ion Name              | e: <u>7 Coves</u> | Development                              | <u>Ltd.</u>         |               |                  |                 |                       |  |  |  |  |  |
|    | Ma                                                                                                                                                                  | iling Ac              | ddress: <u>2</u>      | 8408 Swee         | etgum Road                               | City, State,        | Zip C         | ode: <u>Magr</u> | <u>iolia, T</u> | ΓX, 77354             |  |  |  |  |  |
|    | Ph                                                                                                                                                                  | one No.               | : <u>(364) 6</u> 3    | 4 1228            | E-mail A                                 | ddress: <u>ihg@</u> | previ         | llagered.c       | <u>com</u>      |                       |  |  |  |  |  |
|    |                                                                                                                                                                     |                       |                       |                   | ame person as<br>easement. See           |                     |               | or co-ap         | plican          | t, attach a lease     |  |  |  |  |  |
|    |                                                                                                                                                                     | Attach                | ment: Cl              | ick to ente       | er text.                                 |                     |               |                  |                 |                       |  |  |  |  |  |

F.





# 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. WQoo16859001

**SOLICITUD.** 7 Coves Development Ltd., 28408 Sweetgum Road, Magnolia, Texas 77354, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para el propuesto Permiso No. WQ000016859001 (EPA I.D. No. TX 0148300) 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 480,000 galones por día. La planta estará ubicada aproximadamente 0.6 milla al noroeste de la intersección de Seven Coves Road Y Farrell Road en el Condado de Montgomery, Texas 77384. La ruta de descarga estará del sitio de la planta a [pending RWA]. La TCEQ recibió esta solicitud el Agosto 4, 2025. La solicitud para el permiso estará disponible para leerla y copiarla en RF Meador Branch Library, Public Records Viewing Area, 709 West Montgomery Street, Willis, 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: <a href="https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications">https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications</a>.

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=-95.4528,30.4014&level=18

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

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

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

## OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO

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

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

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

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

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

INFORMACION DISPONIBLE EN LINEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en <a href="https://www.tceq.texas.gov/goto/cid">www.tceq.texas.gov/goto/cid</a>. Para buscar en la base de datos, utilizar el numero de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN DE LA TCEQ. Todos los comentarios escrito del público y solicitudes deben ser presentadas electronicmanete via <a href="http://www14.tceq.texas.gov/epic/eComment/">http://www14.tceq.texas.gov/epic/eComment/</a> o por escrito dirigidos a la Comision de Texas de Calidad Ambiental, Oficial de la Secretaria (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 mas información acerca de esta solicitud de permiso o el proceso de permisos, llama al programa de educación publica de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Espanol, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del 7 Coves Development, Ltd. a la dirección indicada arriba o llamando a Mr. Jonathan Liu, P.E., A&S Engineers, Inc. al 713-942-2700.

| Fecha de emisión <i>Date notice issue</i> | Fecha de emisión | Date | e not | ice 1 | issuec | Ī |
|-------------------------------------------|------------------|------|-------|-------|--------|---|
|-------------------------------------------|------------------|------|-------|-------|--------|---|