



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

Johnnie & Donna Armstrong (CN6#####) proposes to operate Armstrong Tract Wastewater Treatment Facility (RN1#####), a 0.60 MGD wastewater treatment plant. The facility will be located at approximately 0.58 miles Northwest of the intersection of FM 971 and County Road 155, in the Extra-Territorial Jurisdiction of the City of Weir, Williamson County, Texas 78626. This is a new application to discharge 600,000 gallons per day of processed wastewater on an intermittent and flow-variable basis.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), total phosphorus (P), and Escherichia Coli. Domestic wastewater will be treated by suspended growth activated sludge process in the extended aeration mode. Wastewater will be pumped into the plant where it will enter the aeration basin through a bar screen. The influent will then pass through the aeration zone into a clarifier. From the clarifier, the effluent will flow to a chlorine contact basin for disinfection. The facility will also use a digester for sludge holding, prior to being hauled off.

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

### AGUAS RESIDUALES DOMÉSTICAS /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.*

Johnnie & Donna Armstrong (CN6#####) propone operar la Planta de Tratamiento de Aguas Residuales de Armstrong RN1#####, una planta de tratamiento de aguas residuales de 0.60 millones de galones por día. La instalación estará ubicada en aproximadamente a 0.58 millas al noroeste de la intersección de FM 971 y County Road 155, en la jurisdicción extraterritorial de la ciudad de Weir, Condado de Williamson, Texas 78626. Esta es una nueva solicitud para descargar 600,000 galones por día de aguas residuales procesadas en de forma intermitente y de flujo variable.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (SST), nitrógeno ammoniacal (NH3-N), fósforo total (P) y Escherichia coli. Las aguas residuales domésticas. estará tratado por mediante un proceso de lodos activados de crecimiento suspendido en el modo de aireación extendida. Las aguas residuales se bombearán a la planta donde ingresarán al estanque de aireación a través de una rejilla de rejas. Luego, el afluente pasará a través de la zona de aireación hacia un clarificador. Desde el clarificador, el efluente fluirá a una cubeta de contacto con cloro para su desinfección. La instalación también utilizará un digestor para almacenar lodos, antes de su transporte.

# 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. WQ0016864001

**SOLICITUD.** Donna F. Armstrong y Johnnie B. Armstrong, Apartado Postal 1069, Taylor, Texas 76574, han solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) la propuesta de Permiso para el Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES), No. WQ0016864001 (ID de la EPA No. TX0148334), para autorizar la descarga de aguas residuales tratadas en un volumen que no exceda un caudal promedio diario de 600,000 galones por día. La planta de tratamiento de aguas residuales domésticas se ubicará a 0.58 millas al noroeste de la intersección de County Road 155 y Farm-to-Market 971, cerca de la ciudad de Weir, en el Condado de Williamson, Texas 78626. La ruta de descarga será desde el sitio de la planta hasta Weir Branch, y de allí hasta San Gabriel/North Fork San Gabriel River. La TCEQ recibió esta solicitud el 20 de agosto de 2025. La solicitud de permiso estará disponible para consulta y copia en la recepción del Ayuntamiento de Weir, ubicada en 2205 South Main Street, Weir, Texas, antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluyendo sus actualizaciones y los avisos correspondientes, están disponibles electrónicamente en la siguiente página web:

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

Este enlace a un mapa electrónico de la ubicación general del sitio o instalación se proporciona como cortesía pública y no forma parte de la solicitud ni del aviso. Para conocer la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.58086,30.678376&level=18>

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

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

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



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

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

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

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

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

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

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

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

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

También se puede obtener información adicional del Donna Armstrong and Johnnie Armstrong a la dirección indicada arriba o llamando Sra. Lauren Crone, P.E., Directora Sénior de Ingeniería de LJA, al 512-439-4700.

Fecha de emisión: 9 de septiembre de 2025

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

**PROPOSED PERMIT NO. WQ0016864001**

**APPLICATION.** Donna F. Armstrong and Johnnie B. Armstrong, P.O. Box 1069, Taylor, Texas 76574, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016864001 (EPA I.D. No. TX0148334) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 600,000 gallons per day. The domestic wastewater treatment facility will be located at 0.58 miles Northwest of the intersection of County Road 155 and Farm-to-Market 971, near the city of Weir, in Williamson County, Texas 78626. The discharge route will be from the plant site to Weir Branch, thence to San Gabriel/ North Fork San Gabriel River. TCEQ received this application on August 20, 2025. The permit application will be available for viewing and copying at Weir City Hall, front desk, 2205 South Main Street, Weir, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.58086,30.678376&level=18>

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Donna F. Armstrong and Johnnie B. Armstrong at the address stated above or by calling Ms. Lauren Crone, P.E., Senior Director, LJA Engineering, at 512-439-4700.

Issuance Date: September 9, 2025

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

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

Transaction Information

**Trace Number:** 582EA000681799

**Date:** 08/20/2025 08:30 AM

**Payment Method:** CC - Authorization 0000020351

**ePay Actor:** LAUREN CRONE

**Actor Email:** lcrone@lja.com

**IP:** 170.55.94.226

**TCEQ Amount:** \$1,650.00

**Texas.gov Fee:** \$37.38

**Texas.gov Price:** \$1,687.38\*

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

Payment Contact Information

**Name:** LAUREN CRONE

**Company:** LJA ENGINEERING INC

**Address:** 7500 RIALTO BOULEVARD BUILDING, AUSTIN, TX 78735

**Phone:** 512-439-4700

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
<a href="#">780143</a>	WW PERMIT - FACILITY WITH FLOW >= .50 & < 1.0 MGD - NEW AND MAJOR AMENDMENTS		\$1,600.00
<a href="#">780144</a>	30 TAC 305.53B WQ NOTIFICATION FEE		\$50.00
TCEQ Amount:			\$1,650.00

ePay AgainExit ePay

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

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
DOMESTIC WASTEWATER PERMIT APPLICATION  
FOR A  
TEXAS POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT**

**FOR**

**ARMSTRONG TRACT WASTEWATER TREATMENT FACILITY**

**AUGUST 2025**

**PREPARED FOR  
Johnnie and Donna Armstrong  
PO Box 1069  
Taylor, Texas 76574**

**PREPARED BY  
LJA Engineering, Inc.  
7500 RIALTO BLVD  
BUILDING II, SUITE 100  
Austin, Texas 78735  
(512) 439-4700**



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**EXHIBIT 1**

ADMINISTRATIVE REPORTS 1.0 AND 1.1



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Johnnie & Donna Armstrong

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

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: [Click to enter text.](#)  
Check/Money Order Amount: \$1,650  
Name Printed on Check: TCEQ  
EPAY      Voucher Number: [Click to enter text.](#)  
Copy of Payment Voucher enclosed?      Yes ☐

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

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

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

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

- ☐ Active      ☒ Inactive

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

- ☒ TPDES Permit  
☐ TLAP  
☐ TPDES Permit with TLAP component  
☐ Subsurface Area Drip Dispersal System (SADDs)

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

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

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

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

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

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

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

Johnnie B Armstrong

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

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?

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

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

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

Prefix: Mr.

Last Name, First Name: Armstrong, Johnnie

Title: Owner

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?

Donna F Armstrong

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

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

CN: Click to enter text.

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

Prefix: Ms.

Last Name, First Name: Armstrong, Donna

Title: Owner

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Landowner

### 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. APPENDIX A

## 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: Ms.

Last Name, First Name: Crone, Lauren

Title: Sr. Director

Credential: P.E.

Organization Name: LJA Engineering

Mailing Address: 7500 Rialto Blvd. Building II. Suite 100 City, State, Zip Code: Austin, TX 78735

Phone No.: 512-439-4700

E-mail Address: lcrone@lja.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title:

Credential: Click to enter text.

Organization Name: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

Check one or both: ☐ Administrative Contact ☐ Technical Contact

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

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

A. Prefix: Ms.

Last Name, First Name: Crone, Lauren

Title: Sr. Director

Credential: P.E.

Organization Name: LJA Engineering

Mailing Address: 7500 Rialto Blvd. Building II. Suite 100 City, State, Zip Code: Austin, TX 78735

Phone No.: 512-439-4700

E-mail Address: lcrone@lja.com

B. Prefix: [Click to enter text.](#) Last Name, First Name:  
Title: [Click to enter text.](#) Credential: [Click to enter text.](#)  
Organization Name: [Click to enter text.](#)  
Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)  
Phone No.: E-mail Address: [Click to enter text.](#)

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

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

Prefix: Mr. Last Name, First Name: Armstrong, Johnnie  
Title: Owner Credential: [Click to enter text.](#)  
Organization Name: [Click to enter text.](#)  
Mailing Address: PO Box 1069 City, State, Zip Code: Taylor, TX 76574  
Phone No.: 512-635-0255 E-mail Address: fishonja@gmail.com

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

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

Prefix: Mr. Last Name, First Name: Armstrong, Johnnie  
Title: Owner Credential: [Click to enter text.](#)  
Organization Name: [Click to enter text.](#)  
Mailing Address: PO Box 1069 City, State, Zip Code: Taylor, TX 76574  
Phone No.: 512-635-0255 E-mail Address: fishonja@gmail.com

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Crone, Lauren  
Title: Sr. Director Credential: P.E.  
Organization Name: LJA Engineering  
Mailing Address: 7500 Rialto Blvd. Building II, Suite 100 City, State, Zip Code: Austin, TX 78735  
Phone No.: 512-439-4700 E-mail Address: lcrone@lja.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

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

Prefix: Ms.

Last Name, First Name: Crone, Lauren

Title: Sr. Director

Credential: P.E.

Organization Name: LJA Engineering

Mailing Address: 7500 Rialto Blvd. Building II, Suite 100 City, State, Zip Code: Austin, TX 78735

Phone No.: 512-439-4700

E-mail Address: lcrone@lja.com

**D. Public Viewing Information**

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

Public building name: City of Weir City Hall

Location within the building: Front Desk

Physical Address of Building: 2205 S Main St, Weir, Tx 78674

City: Weir

County: Williamson County

Contact (Last Name, First Name): Click to enter text.

Phone No.: 512-863-7984 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### F. Summary of Application in Plain Language Template

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

**Attachment:** APPENDIX B

#### G. Public Involvement Plan Form

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

**Attachment:** APPENDIX C

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

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

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

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

Armstrong Tract Wastewater Treatment Facility

C. Owner of treatment facility: Johnnie and Donna Armstrong

Ownership of Facility: ☐ Public ☒ Private ☐ Both ☐ Federal

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

Prefix: Mr.

Last Name, First Name: Armstrong, Johnnie

Title: Owner

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: PO Box 1069

City, State, Zip Code: Taylor, TX 76574

Phone No.: 512-635-0255

E-mail Address: fishonja@gmail.com

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

**Attachment:** Click to enter text.



E. Owner of effluent disposal site:

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

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

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

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

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

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

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

Phone No.: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

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

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

Phone No.: [Click to enter text.](#)

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

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

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

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

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

☐

Yes

☐

No

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

New Permit: The proposed WWTP is located 0.58 miles Northwest of the intersection of FM 971 and County Road 155. The property is South of Country Road 155 and East of Thomas Ln and FM 1105. The treatment plant will be built approximately 150 feet into the property.

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

☐

Yes

☐

No

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

New Permit: From the proposed treatment plant, effluent will be routed via gravity line approximately 1020 feet to the southwest to the discharge point into Weir Branch. From there, the effluent will then travel for 2.25 miles along Weir Branch until it joins the San Gabriel/ North Fork San Gabriel River (Segment 1248).

City nearest the outfall(s): Weir

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

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

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

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

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

☐ Yes ☐ No

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

[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 **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

[Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

## Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
- Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.
- ☒ Attachment 1 for Individuals as co-applicants
- ☒ Other Attachments. Please specify: Appendix A – Core Data Form; Appendix B – Plain Language Summary; Appendix C – Public Involvement Plan Form; Appendix D – USGS Maps; Appendix E – Affected Landowners Map; Appendix F – Original Photographs; Appendix G – Buffer Zone Map; Appendix H – SPIF Map; Appendix I – Process Flow Diagram; Appendix J – Site Drawing; Appendix K – Design Calculations; Appendix L – FEMA Flood Maps; Appendix M – Wind Roses; Appendix N – Sewage Solids Management Plan; Appendix O – Regionalization & 3 Mile Service Letters

## 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: Johnnie Armstrong

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): Johnnie Armstrong

Signatory title: Owner

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

(Use blue ink)

Subscribed and Sworn to before me by the said \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[SEAL]

\_\_\_\_\_  
County, Texas

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

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

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

Applicant: Donna Armstrong

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): Donna Armstrong

Signatory title: Owner

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

(Use blue ink)

Subscribed and Sworn to before me by the said \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[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. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☒ The applicant's property boundaries
- ☒ The facility site boundaries within the applicant's property boundaries
- ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. ☒ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses: Williamson Central Appraisal District

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☒ No

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

Click to enter text.

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

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

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

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

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

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

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

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

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

☒ Yes ☐ No

# **DOMESTIC WASTEWATER PERMIT APPLICATION**

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

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

**Attachment:** APPENDIX H



# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

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

Full legal name (Last Name, First Name, Middle Initial): Armstrong, Johnnie B

Driver's License or State Identification Number: 06217842

Date of Birth: 01/12/1953

Mailing Address: PO Box 1069

City, State, and Zip Code: Taylor, Texas 76574

Phone Number: 512-635-0255 Fax Number: Click to enter text.

E-mail Address: fishonja@gmail.com

CN: Click to enter text.

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

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

Full legal name (Last Name, First Name, Middle Initial): Armstrong, Donna F

Driver's License or State Identification Number: o8o66894

Date of Birth: 09/26/1958

Mailing Address: PO Box 1069

City, State, and Zip Code: Taylor, Texas 76574

Phone Number: 512-635-0510 Fax Number: Click to enter text.

E-mail Address: islandtimeda@gmail.com

CN: Click to enter text.

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## **Things to Know:**

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

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

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

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

Summary of Application (in Plain Language) ☒ Yes

**EXHIBIT 2**

DOMESTIC TECHNICAL REPORTS 1.0 AND 1.1

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.10

2-Hr Peak Flow (MGD): 0.40

Estimated construction start date: 6/1/2026

Estimated waste disposal start date: 6/1/2027

#### B. Interim II Phase

Design Flow (MGD): 0.20

2-Hr Peak Flow (MGD): 0.80

Estimated construction start date: 6/1/2028

Estimated waste disposal start date: 6/1/2029

#### C. Final Phase

Design Flow (MGD): 0.60

2-Hr Peak Flow (MGD): 2.40

Estimated construction start date: 6/1/2030

Estimated waste disposal start date: 6/1/2031

#### D. Current Operating Phase

Provide the startup date of the facility: N/A New WWTP

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

#### A. Current Operating Phase

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

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

The facility is to be constructed in three separate phases with a total design flow of 600,000 gpd. Phases I and II of the facility will treat 100,000 gpd each, and phase III will treat 400,000 gpd. Phase I will treat 100,000 gpd and operate as a suspended-growth activated sludge process in extended aeration mode. For phase I, the influent will flow into the headworks chamber where the bar screen is located. From there, water will flow to an aeration basin to begin the activated sludge process. After this zone, water flows into the clarifier for primary treatment and solids settling. A return activated sludge line will take solids back to the aeration basin for further treatment. Water leaving the clarifier travels to a filtration basin and then to a chlorine contact basin for disinfection. Treated effluent will be discharged into Weir Branch. Phase II will treat an additional 100,000 gpd and operate as a suspended-growth activated sludge process in extended aeration mode as well. Influent flows into the headworks chamber to the bar screen. Water will then flow to an aeration basin to begin the activated sludge process. Water then flows into the clarifier for primary treatment and settling. A return activated sludge line will take solids back to the aeration basin for further treatment. Water leaving the clarifier travels to a filtration basin and then to chlorine contact basin for disinfection. Effluent will then be discharged into Weir Branch. Phase III will treat an additional 400,000 gpd and will operate as a suspended-growth activated sludge process in extended aeration mode. Screening occurs in the headworks chamber at the bar screen. The aeration basin follows in treatment to begin the activated sludge process. Water flows out of the aeration basin and then into the clarifier for primary treatment and settling. A return activated sludge line returns to the aeration basin for further treatment. Water leaving the clarifier travels to a filtration basin and then to chlorine contact basin for disinfection. Treated effluent will be discharged into Weir Branch. This facility will also use a digester for sludge holding, prior to being hauled off.

## B. Treatment Units

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

**Table 1.0(1) - Treatment Units**

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Clarifier	3 (1 per phase)	Ph I: 17' DIA x 10' D Ph II: 17' DIA x 10' D Ph III: 34' DIA x 10' D
Aeration Basin	3 (1 per phase)	Ph I: 54' L x 25' W x 12' D Ph II: 54' L x 25' W x 12' D Ph III: 54' L x 25' W x 12' D
Aerobic Digester	3 (1 per phase)	Ph I: 34' L x 20' W x 12' D Ph II: 34' L x 20' W x 12' D Ph III: 80' L x 50' W x 12' D
Chlorine Contact Chamber	3 (1 per phase)	Ph I: 17' L x 3' W x 15' D Ph II: 17' L x 3' W x 15' D Ph III: 40' L x 5' W x 15' D

## C. Process Flow Diagram

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

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

- Latitude: 30.678376
- Longitude: -97.580867

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

- Latitude: N/A
- Longitude: N/A

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

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

Attachment: Appendix J

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

Armstrong Tract: The facility will serve the Armstrong Tract subdivision in Williamson County which is approximately 277 acres. The area is currently undeveloped but will contain single family residential lots equaling roughly 2,448 LUEs.

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
Armstrong Tract Wastewater Treatment Facility	Johnnie & Donna Armstrong	Privately Owned	2,448 LUEs
		Choose an item.	
		Choose an item.	
		Choose an item.	

### Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

[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.**

### A. Summary transmittal

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

☐ Yes ☒ No

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

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

[Click to enter text.](#)

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

A 150' buffer zone inside the applicant's property boundary will surround the treatment plant.



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

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

☐ Yes ☒ No

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

Click to enter text.

### D. Grit and grease treatment

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

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

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

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

Click to enter text.

## E. Stormwater management

### 1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

### 2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

### 3. Conditional exclusion

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### 4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### 5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

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

Click to enter text.

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

## 2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☐ Yes ☒ No

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

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

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

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

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

\*TPDES permits only

†TLAP permits only

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

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

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

Facility Operator Name: Crossroads Utility ServicesFacility Operator's License Classification and Level: Wastewater Operator AFacility Operator's License Number: OC0000182

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

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

Check all that apply. See instructions for guidance

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

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

Check all that apply. See instructions for guidance.

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

### C. Sewage Sludge or Biosolids Management

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

## Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Preparer	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): WWTS will transport to a disposal facility

### D. Disposal site

Disposal site name: WWTS – Austin Wastewater Processing Facility

TCEQ permit or registration number: MSW # 2384, Type V

County where disposal site is located: Travis

### E. Transportation method

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

Name of the hauler: Wastewater Transport Services

Hauler registration number: 24343

Sludge is transported as a:

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

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

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

### B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

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

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

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

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

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



[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

#### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

**A. Additional authorizations**

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

☐ Yes ☒ No

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

Click to enter text.

**B. Permittee enforcement status**

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

**Section 13. RCRA/CERCLA Wastes (Instructions Page 55)****A. RCRA hazardous wastes**

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

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

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

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

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

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

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

### CERTIFICATION:

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

Printed Name: Johnnie Armstrong

Title: Owner

Signature: 

Date: Aug 6, 2025

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

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

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

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

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

### CERTIFICATION:

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

Printed Name: Donna Armstrong

Title: Owner

Signature: Donna Armstrong

Date: August 6, 2025

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

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

#### A. Justification of permit need

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

The wastewater treatment plant will serve the proposed residential development. The use of a central collection treatment and disposal system is being preferred to an equivalent number of private residential septic tank / drain field units. Design flows are based on Living Unit Equivalents (LUEs) or connections associated with the service area. A basis of 245 gallons of wastewater per day per connection (maximum 30-day wet weather average) was assumed for flow projections. The ultimate flow is based on the total number of LUEs (2,448 LUEs). It is estimated that there will be 408 LUEs constructed in 2028, and additional 408 constructed in 2031, and the final additional 1,632 LUEs constructed in 2035. The total flow needed at full build would be 2,448 connections x 245 gal/day/connection = 600,000 gal/day assumed.

#### B. Regionalization of facilities

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

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

##### 1. Municipally incorporated areas

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

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

☐ Yes ☒ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

##### 2. Utility CCN areas

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

☐ Yes ☒ No

---

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

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

**Attachment:**

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

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

☒ Yes ☐ No

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

**Attachment:** Appendix O

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

**Attachment:** Appendix O

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:** Appendix O

## Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☐ Yes ☒ No

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

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

### A. Current organic loading

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

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

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

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

Click to enter text.



## B. Proposed organic loading

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

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision	0.600	400
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	0.600	
AVERAGE BOD <sub>5</sub> from all sources		400

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

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

Biochemical Oxygen Demand (5-day), mg/l: 5.0

Total Suspended Solids, mg/l: 5.0

Ammonia Nitrogen, mg/l: 2.0

Total Phosphorus, mg/l: 1.0

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

Other: Click to enter text.

### B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 5.0

Total Suspended Solids, mg/l: 5.0

Ammonia Nitrogen, mg/l: 2.0  
Total Phosphorus, mg/l: 1.0  
Dissolved Oxygen, mg/l: [Click to enter text.](#)  
Other: [Click to enter text.](#)

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: 5.0  
Total Suspended Solids, mg/l: 5.0  
Ammonia Nitrogen, mg/l: 2.0  
Total Phosphorus, mg/l: 1.0  
Dissolved Oxygen, mg/l: [Click to enter text.](#)  
Other: [Click to enter text.](#)

**D. Disinfection Method**

Identify the proposed method of disinfection.

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

Dechlorination process: [Click to enter text.](#)

☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow

☐ Other: [Click to enter text.](#)

## Section 4. Design Calculations (Instructions Page 58)

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

**Attachment:** [Appendix K](#)

## Section 5. Facility Site (Instructions Page 59)

**A. 100-year floodplain**

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

FEMA FIRM PANELS: 48491C0315F, 48491C0325F, and 48491C0320F (Appendix L)  
effective 12/20/2019

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

☐ Yes ☒ No

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

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

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

#### B. Wind rose

Attach a wind rose: [Appendix M](#)

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

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

#### B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

**Attachment:** [Appendix N](#)

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

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

### Section 1. Domestic Drinking Water Supply (Instructions Page 63)

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

☐ Yes ☒ No

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

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

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

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

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

### Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

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

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

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

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

### Section 4. Description of Immediate Receiving Waters (Instructions Page 63)

Name of the immediate receiving waters: Weir Branch

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

#### B. Flow characteristics

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

☒ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

### C. Downstream perennial confluences

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

San Gabriel/ North Fork San Gabriel River (Segment 1248)

### D. Downstream characteristics

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

☒ Yes ☐ No

If yes, discuss how.

Weir Branch flows into the San Gabriel/ North Fork San Gabriel River (Segment 1248) approximately 2.25 miles past the proposed discharge point.

### E. Normal dry weather characteristics

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

This is an intermittent stream that appears to be dry often, and the streambed is typically dry during normal dry weather conditions.

Date and time of observation: 8/01/2025 at 12 pm

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

### A. Upstream influences

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

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

### B. Waterbody uses

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation     |
| <input type="checkbox"/> Irrigation withdrawal         | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing                       | <input type="checkbox"/> Navigation             |

☐ Domestic water supply

☐ Industrial water supply

☐ Park activities

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

### C. Waterbody aesthetics

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

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



**APPENDIX A**  
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

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

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		3/22/1996	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Armstrong, Johnnie					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>	PO Box 1069				
	City	Taylor	State	TX	ZIP 76574
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)		
			fishonja@gmail.com		

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 512 ) 635-0255		(     ) -     -

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
Armstrong Tract Wastewater Treatment Facility								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	6601 FM 971							
	<b>City</b>	Georgetown	<b>State</b>	TX	<b>ZIP</b>	78626	<b>ZIP + 4</b>	
<b>24. County</b>	Williamson County							

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

<b>25. Description to Physical Location:</b>	The proposed WWTP is located 0.58 miles Northwest of the intersection of FM 971 and County Road 155. The property is South of Country Road 155 and East of Thomas Ln and FM 1105. The treatment plant will be built approximately 150 feet into the property.							
<b>26. Nearest City</b>					<b>State</b>	<b>Nearest ZIP Code</b>		
Weir					TX	78626		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		30.678376			<b>28. Longitude (W) In Decimal:</b>		-97.580867	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	40	49.26	97	34	42.35			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4952			22132					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Wastewater Treatment Facility								
<b>34. Mailing Address:</b>	PO Box 1069							
	<b>City</b>	Taylor	<b>State</b>	TX	<b>ZIP</b>	78626	<b>ZIP + 4</b>	
<b>35. E-Mail Address:</b>	fishonja@gmail.com							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>				<b>38. Fax Number (if applicable)</b>			
( 512 ) 635-0255					(     ) -     -			

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


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

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Lauren Crone, P.E.	<b>41. Title:</b>	Senior Director
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 512 ) 439-4700		( ) -	lcrone@lja.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.

<b>Company:</b>		<b>Job Title:</b>	Owner
<b>Name (In Print):</b>	Johnnie Armstrong	<b>Phone:</b>	( 512 ) 635- 0255
<b>Signature:</b>		<b>Date:</b>	Aug. 4, 2025



# 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

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

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		3/22/1996	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Armstrong, Donna					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>		PO Box 1069			
City		Taylor		State	TX
ZIP		76574		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				islandtimeda@gmail.com	

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 512 ) 635-0510		(   ) -

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
Armstrong Tract Wastewater Treatment Facility								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	6601 FM 971							
	<b>City</b>	Georgetown	<b>State</b>	TX	<b>ZIP</b>	78626	<b>ZIP + 4</b>	
<b>24. County</b>	Williamson County							

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

<b>25. Description to Physical Location:</b>	The proposed WWTP is located 0.58 miles Northwest of the intersection of FM 971 and County Road 155. The property is South of Country Road 155 and East of Thomas Ln and FM 1105. The treatment plant will be built approximately 150 feet into the property.							
<b>26. Nearest City</b>					<b>State</b>	<b>Nearest ZIP Code</b>		
Weir					TX	78626		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		30.678376			<b>28. Longitude (W) In Decimal:</b>		-97.580867	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	40	49.26	97	34	42.35			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4952			22132					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Wastewater Treatment Facility								
<b>34. Mailing Address:</b>	PO Box 1069							
	<b>City</b>	Taylor	<b>State</b>	TX	<b>ZIP</b>	78626	<b>ZIP + 4</b>	
<b>35. E-Mail Address:</b>	islandtimeda@gmail.com							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>				<b>38. Fax Number (if applicable)</b>			
( 512 ) 635-0510					(   ) -			

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

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

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Lauren Crone, P.E.	<b>41. Title:</b>	Senior Director
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 512 ) 439-4700		( ) -	lcrone@lja.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.

<b>Company:</b>		<b>Job Title:</b>	Owner
<b>Name (In Print):</b>	Donna Armstrong	<b>Phone:</b>	( 512 ) 635- 0510
<b>Signature:</b>	<i>Donna Armstrong</i>	<b>Date:</b>	<i>August 6, 2025</i>

## **APPENDIX B**

### 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**

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

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

Johnnie & Donna Armstrong (CN6#####) proposes to operate Armstrong Tract Wastewater Treatment Facility (RN1#####), a 0.60 MGD wastewater treatment plant. The facility will be located at approximately 0.58 miles Northwest of the intersection of FM 971 and County Road 155, in the Extra-Territorial Jurisdiction of the City of Weir, Williamson County, Texas 78626. This is a new application to discharge 600,000 gallons per day of processed wastewater on an intermittent and flow-variable basis.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), total phosphorus (P), and Escherichia Coli. Domestic wastewater will be treated by suspended growth activated sludge process in the extended aeration mode. Wastewater will be pumped into the plant where it will enter the aeration basin through a bar screen. The influent will then pass through the aeration zone into a clarifier. From the clarifier, the effluent will flow to a chlorine contact basin for disinfection. The facility will also use a digester for sludge holding, prior to being hauled off.

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

### AGUAS RESIDUALES DOMÉSTICAS /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.*

Johnnie & Donna Armstrong (CN6#####) propone operar la Planta de Tratamiento de Aguas Residuales de Armstrong RN1#####, una planta de tratamiento de aguas residuales de 0.60 millones de galones por día. La instalación estará ubicada en aproximadamente a 0.58 millas al noroeste de la intersección de FM 971 y County Road 155, en la jurisdicción extraterritorial de la ciudad de Weir, Condado de Williamson, Texas 78626. Esta es una nueva solicitud para descargar 600,000 galones por día de aguas residuales procesadas en de forma intermitente y de flujo variable.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (SST), nitrógeno ammoniacal (NH3-N), fósforo total (P) y Escherichia coli. Las aguas residuales domésticas. estará tratado por mediante un proceso de lodos activados de crecimiento suspendido en el modo de aireación extendida. Las aguas residuales se bombearán a la planta donde ingresarán al estanque de aireación a través de una rejilla de rejas. Luego, el afluente pasará a través de la zona de aireación hacia un clarificador. Desde el clarificador, el efluente fluirá a una cubeta de contacto con cloro para su desinfección. La instalación también utilizará un digestor para almacenar lodos, antes de su transporte.

## **APPENDIX C**

### **PUBLIC INVOLVEMENT PLAN**



Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

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

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

### Section 1. Preliminary Screening

New Permit or Registration Application

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

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

### Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

### Section 3. Application Information

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

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

#### Water Quality

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

#### Water Rights New Permit

    New Appropriation of Water  
    New or existing reservoir

#### Amendment to an Existing Water Right

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

### Section 4. Plain Language Summary

Provide a brief description of planned activities.

## Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)

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

City

County

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school
- (b) Per capita income for population near the specified location
- (c) Percent of minority population and percent of population by race within the specified location
- (d) Percent of Linguistically Isolated Households by language within the specified location
- (e) Languages commonly spoken in area by percentage
- (f) Community and/or Stakeholder Groups
- (g) Historic public interest or involvement

## Section 6. Planned Public Outreach Activities

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

Yes      No

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

Yes      No

If Yes, please describe.

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

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

Yes      No

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

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

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

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

Yes      No

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

Yes      No

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

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

## Section 7. Voluntary Submittal

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

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

Yes      No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

## **APPENDIX D**

USGS MAP

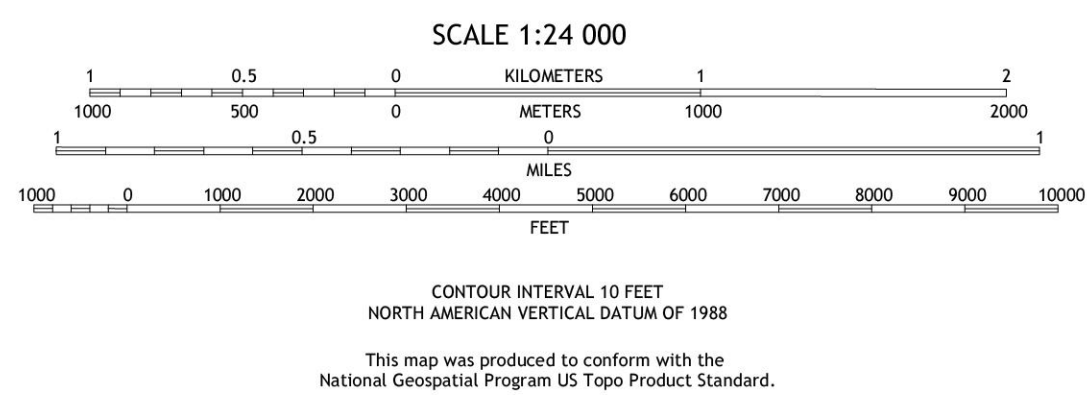
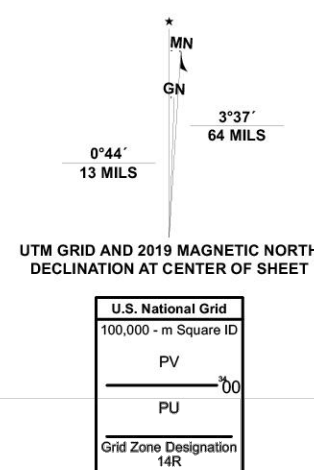




Produced by the United States Geological Survey  
 North American Datum of 1983 (NAD83)  
 World Geodetic System of 1984 (WGS84). Projection and  
 1 000-meter grid: Universal Transverse Mercator, Zone 14k  
 This map is not a legal document. Boundary lines are  
 generalized for this map scale. Private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

Imagery.....NAP, August 1966 - November 1966  
 Roads.....U.S. Census Bureau, 2015 - 2019  
 Names.....GNS, 1979 - 2022  
 County.....Dataset, 2001 - 2020  
 Contours.....National Elevation Dataset, 2019  
 Boundaries.....FWS sources; see metadata file 2019 - 2021

Wetlands.....Multiple National Wetlands Inventory Not Available







1	2	3
4		5
6	7	8

ADJOINING OLADIANGLES

- 1 Cobbs Cavern
- 2 Jarrell
- 3 Bartlett
- 4 Georgetown
- 5 Granger
- 6 Round Rock
- 7 Hutto
- 8 Taylor

**ROAD CLASSIFICATION**

Expressway		Local Connector	
Secondary Hwy		Local Road	
Ramp		4WD	

 Interstate Route     US Route     State Route

WEIR, TX  
2022

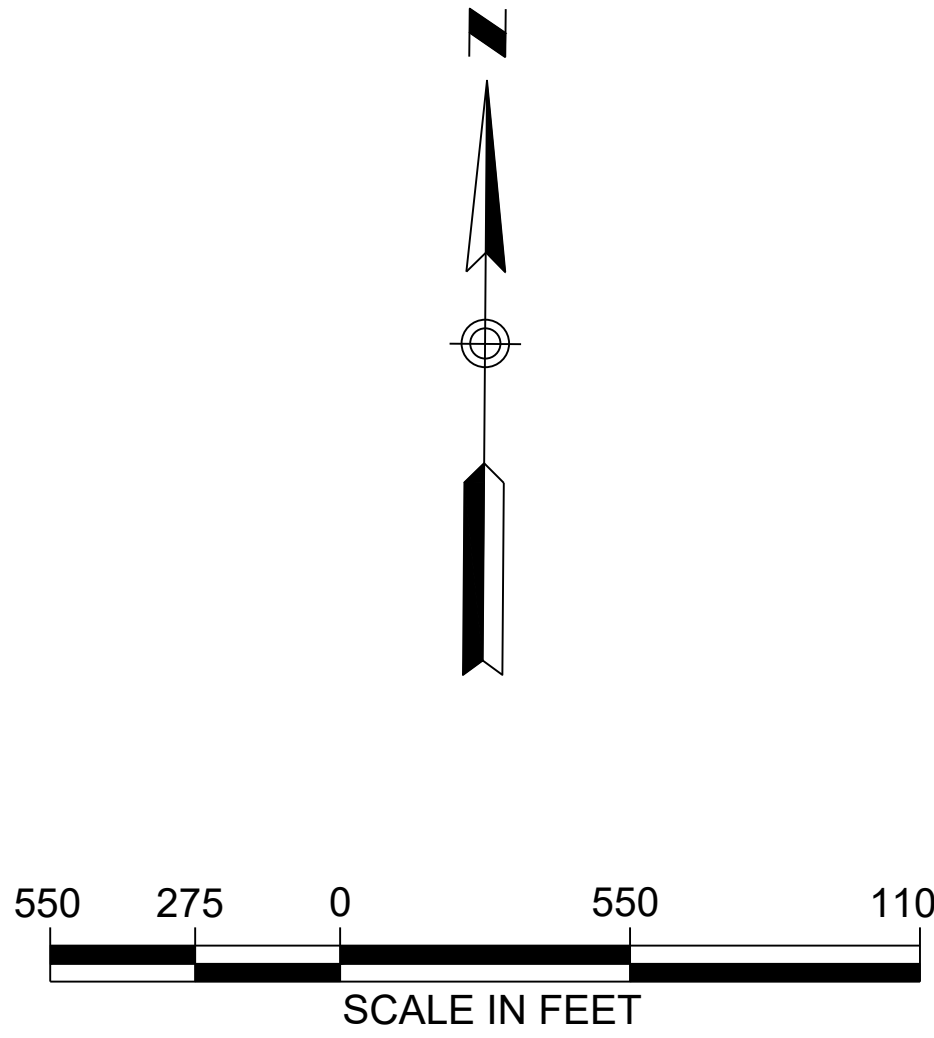
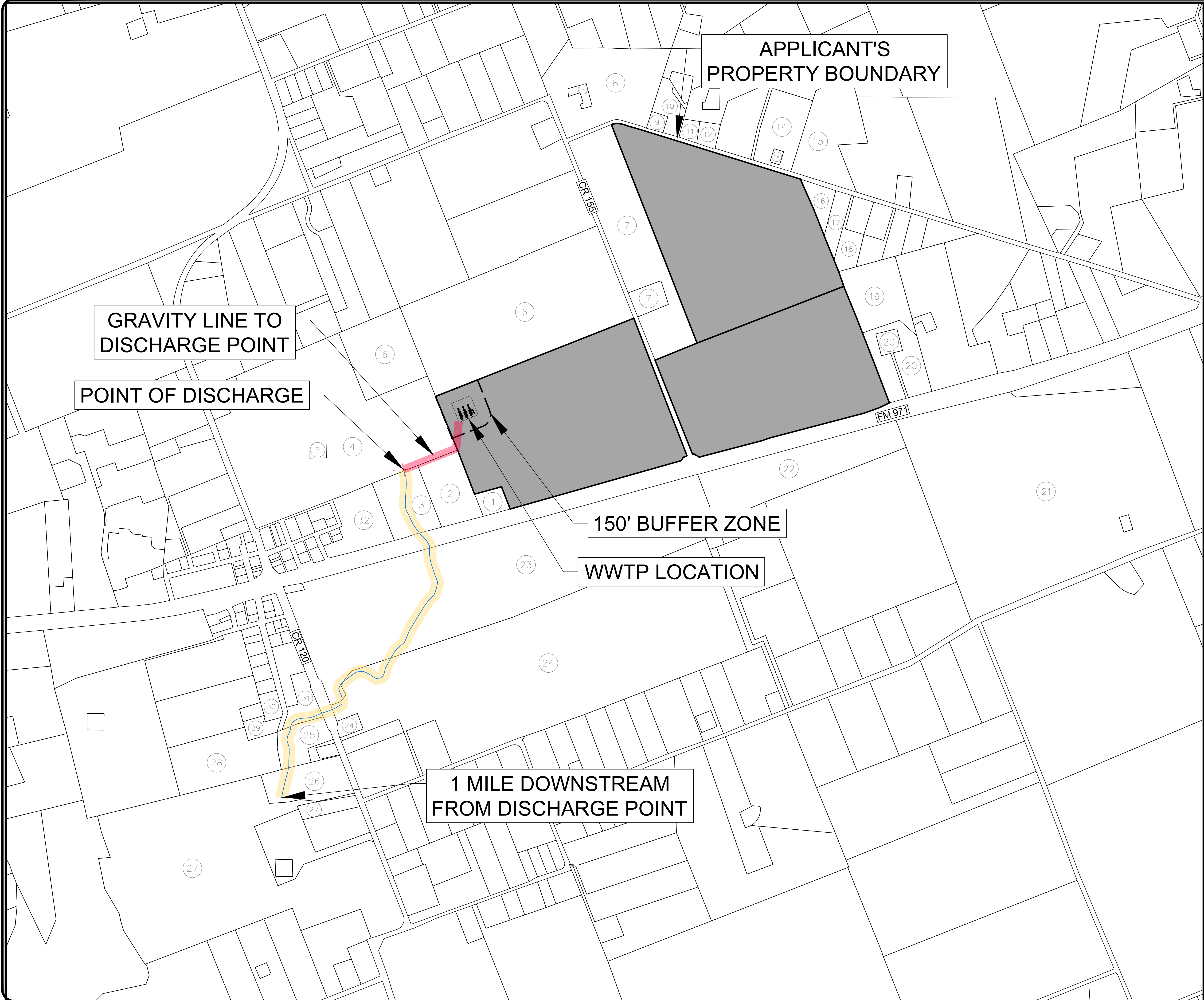


WGA REF NO 11 S G S Y 3 4 K 7 3 0 0 6



## **APPENDIX E**

### **AFFECTED LANDOWNER MAP AND LIST**



AFFECTED  
LANDOWNERS MAP

ARMSTRONG TRACT WWTP  
WILLIAMSON COUNTY, TX

**LJA Engineering, Inc.**  
1100 NE Loop 410  
Suite 850  
San Antonio, Texas 78209  
Phone 210.503.2700  
Fax 210.503.2749  
FRN - F-1386

Map Number	Landowner Name	Landowner Address
1	DG HOLDINGS LLC	825 SISK AVE STE 200 OXFORD, MS 38655
2	CHAVEZELLI PROPERTIES LLC	1901 ALDINE WESTERN RD HOUSTON, TX 77038
3	LOVE, JEFF L	17480 RONALD W REAGAN BLVD GEORGETOWN, TX 78628
4	SPIKED S RANCH LLC	PO BOX 99 WEIR, TX 78674
5	SMITH FONTENOT, MARY S & KAREN LOU SMITH RED	PO BOX 99 WEIR, TX 78674
6	CERIGNOLA LLC	PO BOX 1251 DRIPPING SPRINGS, TX 78620
7	KOY, JAMES T & VALERIE K	1225 COUNTY ROAD 155 GEORGETOWN, TX 78626
8	MERKORD, JUDY	755 CR 155 GEORGETOWN, TX 78626
9	WAREHIME, JAMES S & KAREN JEAN	255 COUNTY ROAD 154 GEORGETOWN, TX 78626-1910
10	PACIFIC SUNRISE HOLDINGS LLC	51 PRIVATE ROAD 915 GEORGETOWN, TX 78626
11	SMITH, EDITH M & LESLIE H STOLLE	301 CR 154 GEORGETOWN, TX 78626
12	ORTUNO, CUTBERTO & NOEMI TRUSTEES OF ORTUNO FAMILY TRUST	1117 TERRA ST ROUND ROCK, TX 78665
13	DOMEL, CLIFFORD	313 ORE LN JARRELL, TX 76537
14	BRADFORD, JAMES L	803 CIELO DR GEORGETOWN, TX 78628
15	GT RANCH HOUSE LLC	3816 ALPINE RIDGE CV LEANDER, TX 78641
16	STRATA TRUST COMPANY CUSTODIAN F/B/O SCOTT SENTENEY	100 E WHITESTONE BLVD #STE 148 CEDAR PARK, TX 78613
17	OVERLOOK AT WEIR	664 COUNTY ROAD 154, GEORGETOWN, TX 78626
18	LEDEZMA, ADRIAN & DAISY VALDES	1100 SOUTHWALK ST #UNIT B GEORGETOWN, TX 78626
19	MARTINEZ, KATIA DUQUESNE	101 CONTRADA GRACE LN HUTTO, TX 78634
20	MARKANTI, APARNA M & DEEPA NUNAPALLI	731 CASCADE LN ROUND ROCK, TX 78681
21	ESPINOZA, JESSE & JOSE GARCIA	1908 HERMITAGE DR ROUND ROCK, TX 78681
22	COWLES, JOE R	5407 JACKWOOD ST HOUSTON, TX 77096
23	BROOKWOOD IN GEORGETOWN VOCATIONAL	905 N CHURCH ST #STE 101 GEORGETOWN, TX 7862
24	CHARLOTTE LYN DAVIS TR CHARLOTTE DAVIS TRUST	11568 PENDLETON TROY RD TROY, TX 76579
25	KNAUTH, KIRBY DON	PO BOX 152 WEIR, TX 78674
26	ROBINSON, JAMES E, Jr	PO BOX 393 WEIR, TX 78674
27	RRRR PARTNERS LTD	PO BOX 397 WEIR, TX 78674
28	GREGORY, JEANETTE A & ALEXANDRA C CAMPO	PO BOX 40 WEIR, TX 78674
29	FOX LINDA CAROL PETERSON	PO BOX 62 WEIR, TX 78674
30	MERKORD, MELISSA C	PO BOX 191 WEIR, TX 78674
31	KNAUTH, HELYNE	PO BOX 147 WEIR, TX 78674
32	STEIN REALTY LLC	5651 FM 971 GEORGETOWN, TX 78626

DG HOLDINGS LLC  
825 SISK AVE STE 200  
OXFORD MS 38655

SMITH EDITH M & LESLIE H STOLLE  
301 CR 154  
GEORGETOWN TX 78626

ESPINOZA JESSE & JOSE GARCIA  
1908 HERMITAGE DR  
ROUND ROCK TX 78681

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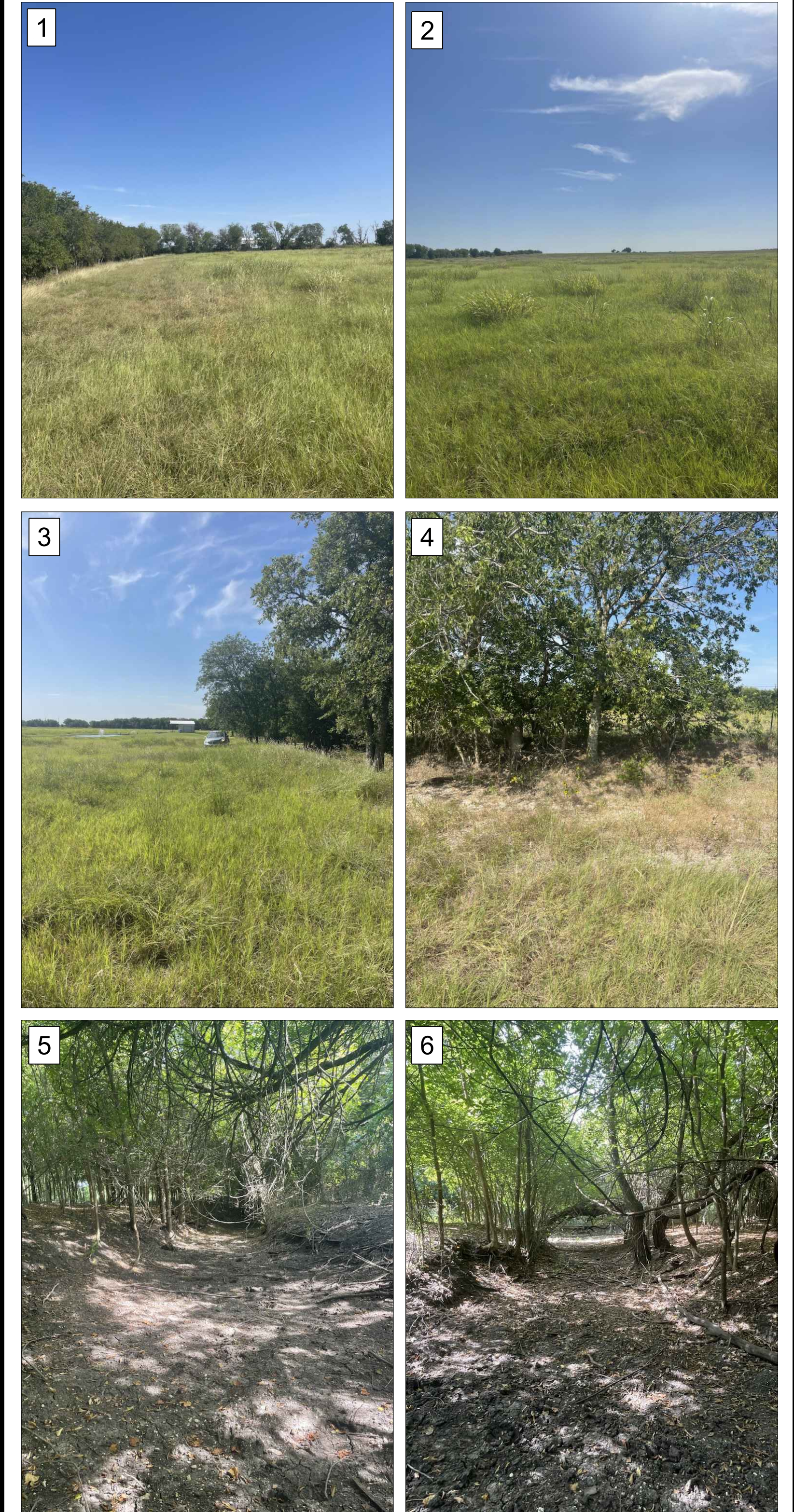
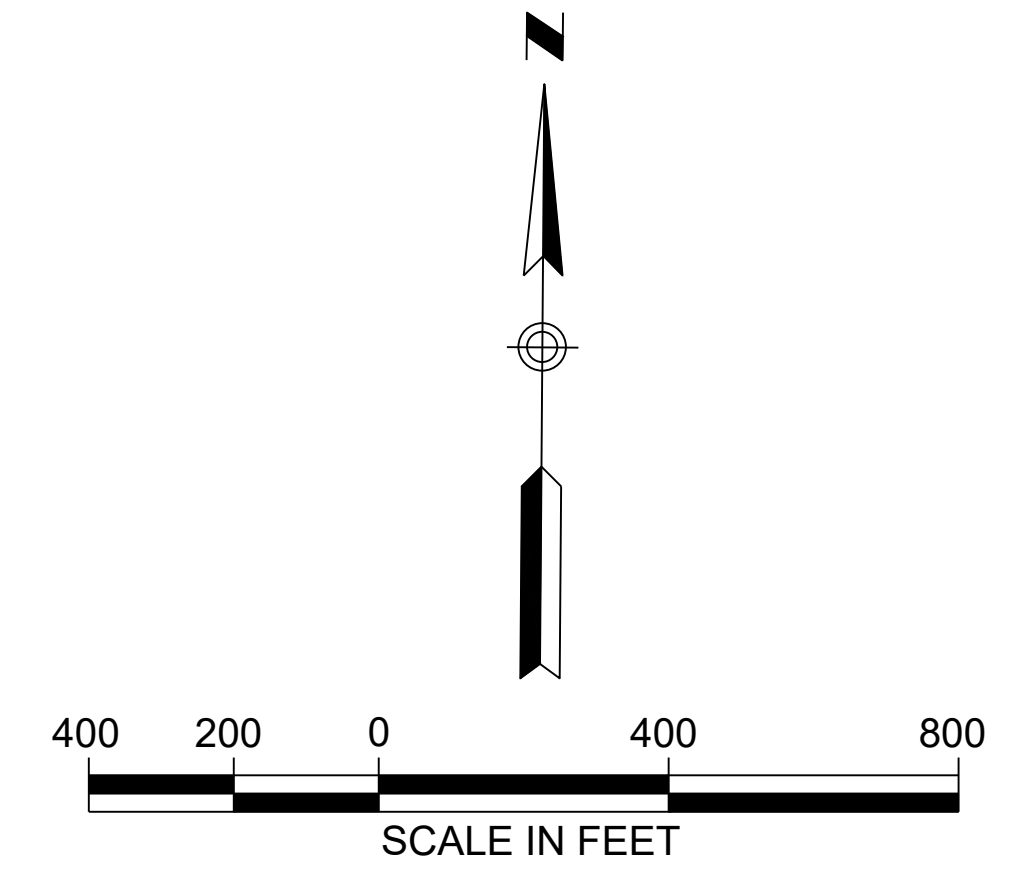
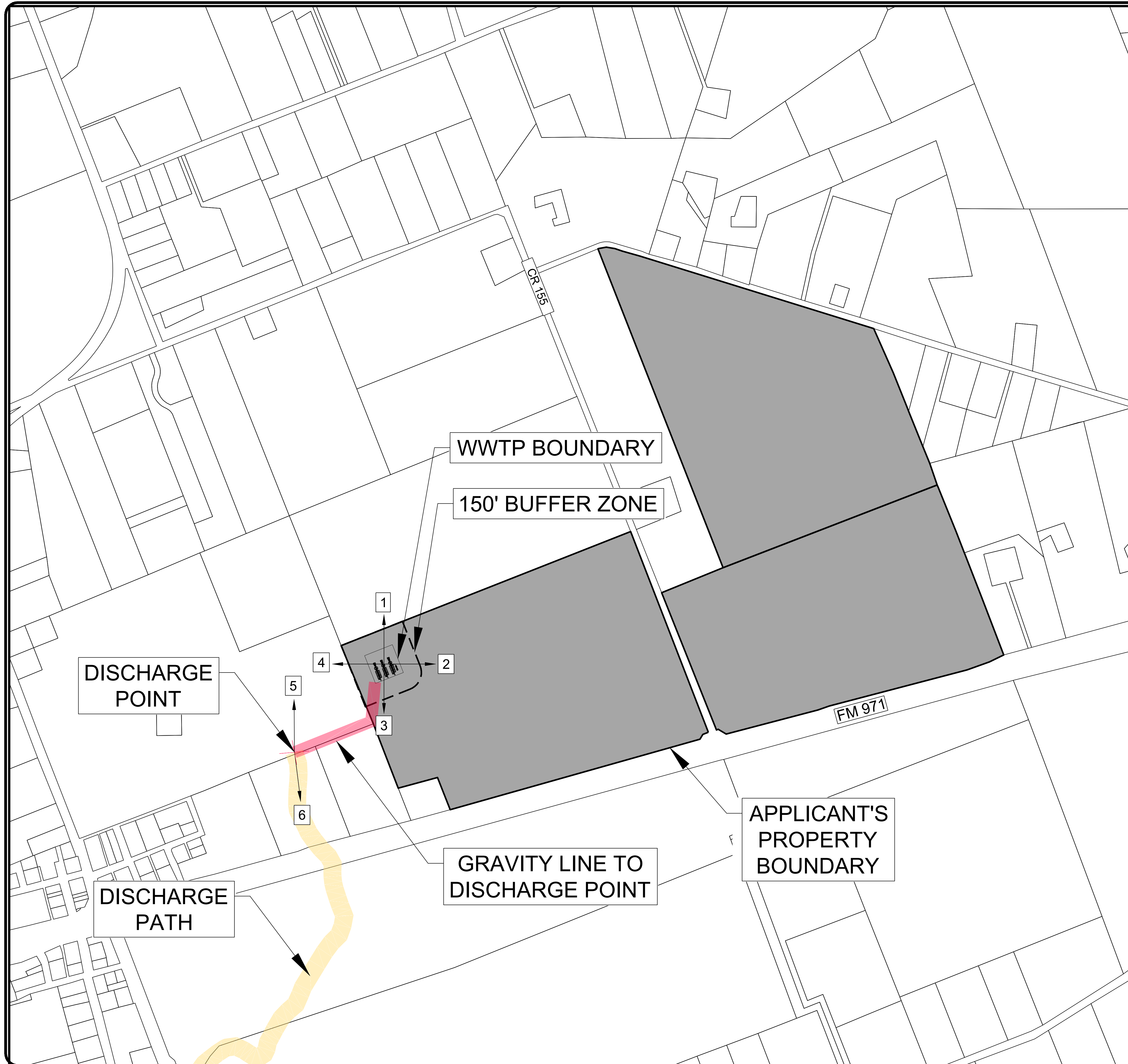
KNAUTH HELYNE  
PO BOX 147  
WEIR TX 78674

STEIN REALTY LLC  
5651 FM 971  
GEORGETOWN TX 78626

## **APPENDIX F**

### ORIGINAL PHOTOGRAPHS





PHOTOGRAPH MAP

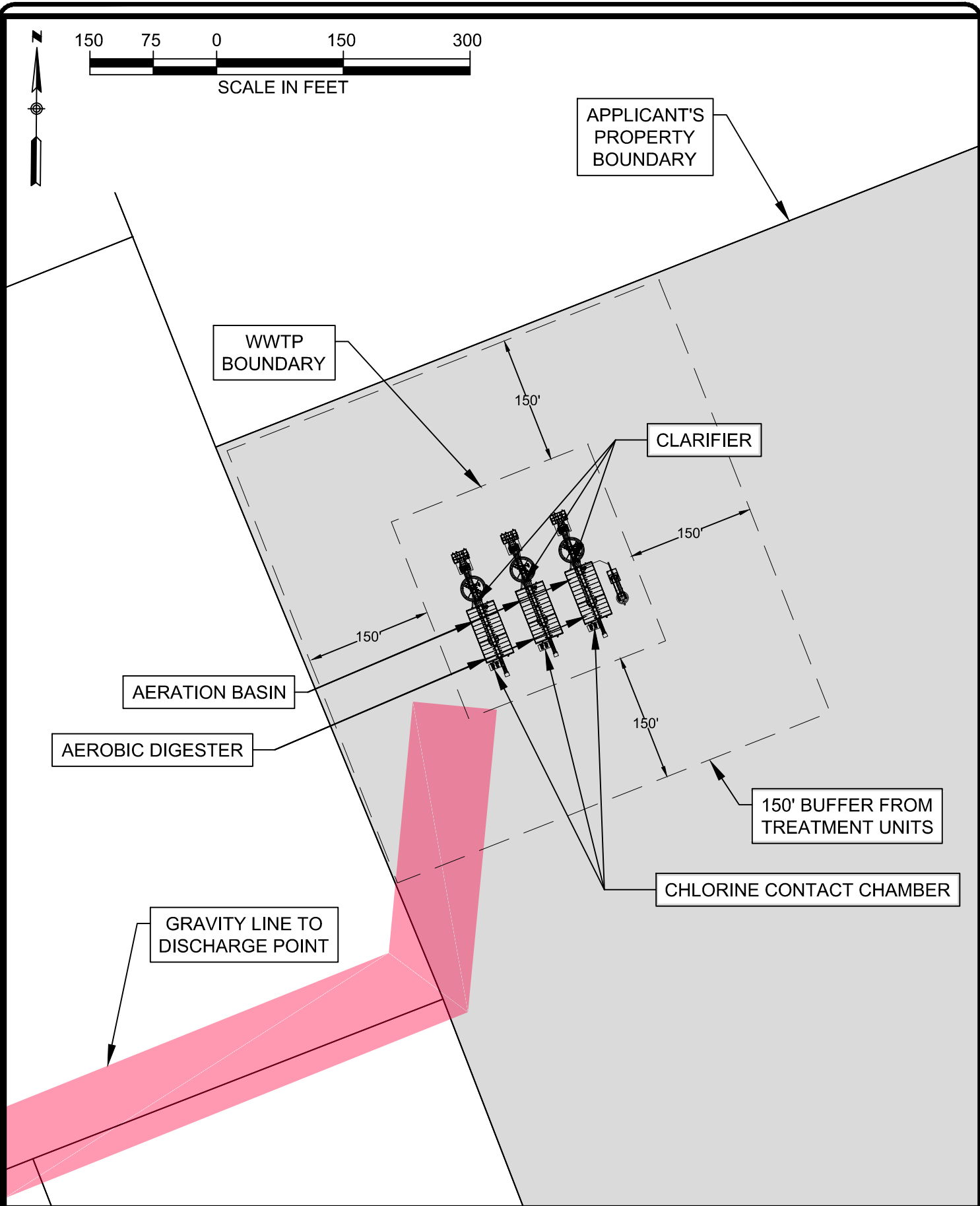
**ARMSTRONG TRACT WWTP**  
WILLIAMSON COUNTY, TX

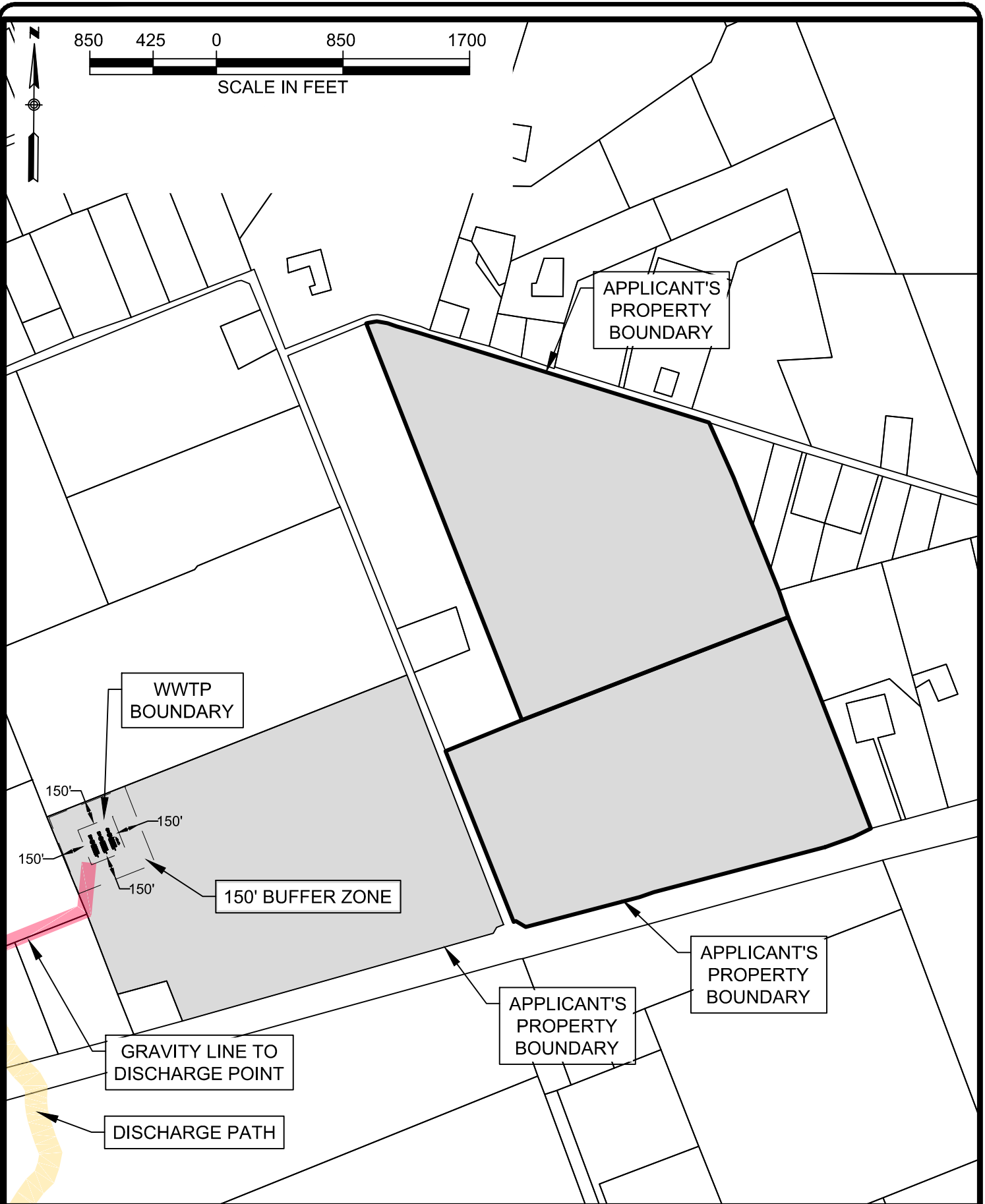
**LJA Engineering, Inc.**  
1100 NE Loop 410  
Suite 850  
San Antonio, Texas 78209  
Phone 210.503.2700  
Fax 210.503.2749  
FRN - F-1386



## **APPENDIX G**

### **BUFFER ZONE MAP**





**LJA Engineering, Inc.**

7500 Rialto Boulevard  
Building II, Suite 100  
Austin, Texas 78735



Phone 512.439.4700  
Fax 512.439.4716  
FRN - F-1386

**ARMSTRONG TRACT WWTP**  
WILLIAMSON COUNTY, TX

**BUFFER ZONE MAP**

**1 OF 1**

## **APPENDIX H**

SUPPLEMENTAL PERMIT INFORMATION (SPIF) & MAP

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

#### TCEQ USE ONLY:

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

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

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

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

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

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

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

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

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

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

The following applies to all applications:

1. Permittee: \_\_\_\_\_

Permit No. WQ00 \_\_\_\_\_

EPA ID No. TX \_\_\_\_\_

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

New Permit: The proposed WWTP is located 0.58 miles Northwest of the intersection of FM 971 and County Road 155 within the Extra-Territorial Jurisdiction of the City of Weir in Williamson County. The property is South of Country Road 155 and East of Thomas Ln and FM 1105. The treatment plant will be built approximately 150 feet into the property. The site address is 6601 FM 971 Georgetown, TX 78626.

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

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

First and Last Name: Lauren Crone

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

Title: Sr. Director

Mailing Address: 7500 Rialto Blvd. Building II, Suite 100

City, State, Zip Code: Austin, TX 78735

Phone No.: 512-439-4700 Ext.:                      Fax No.:                     

E-mail Address: lcrone@lja.com

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

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

New Permit: From the proposed treatment plant, effluent will be routed via gravity line approximately 1020 feet to the southwest to the discharge point into Weir Branch. From there, the effluent will then travel for 2.25 miles along Weir Branch until it joins the San Gabriel/ North Fork San Gabriel River (Segment 1248).

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

Approximately 277 acres to be impacted through subdivision construction improvements.  
No planned sealing of caves or other geological forms.

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

The site is predominantly covered with grass and cropland.

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

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

Not yet finalized.

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

Property is undeveloped and has been used for farming. No builder has been identified; however, the proposed single-family development will include one or more production builders.

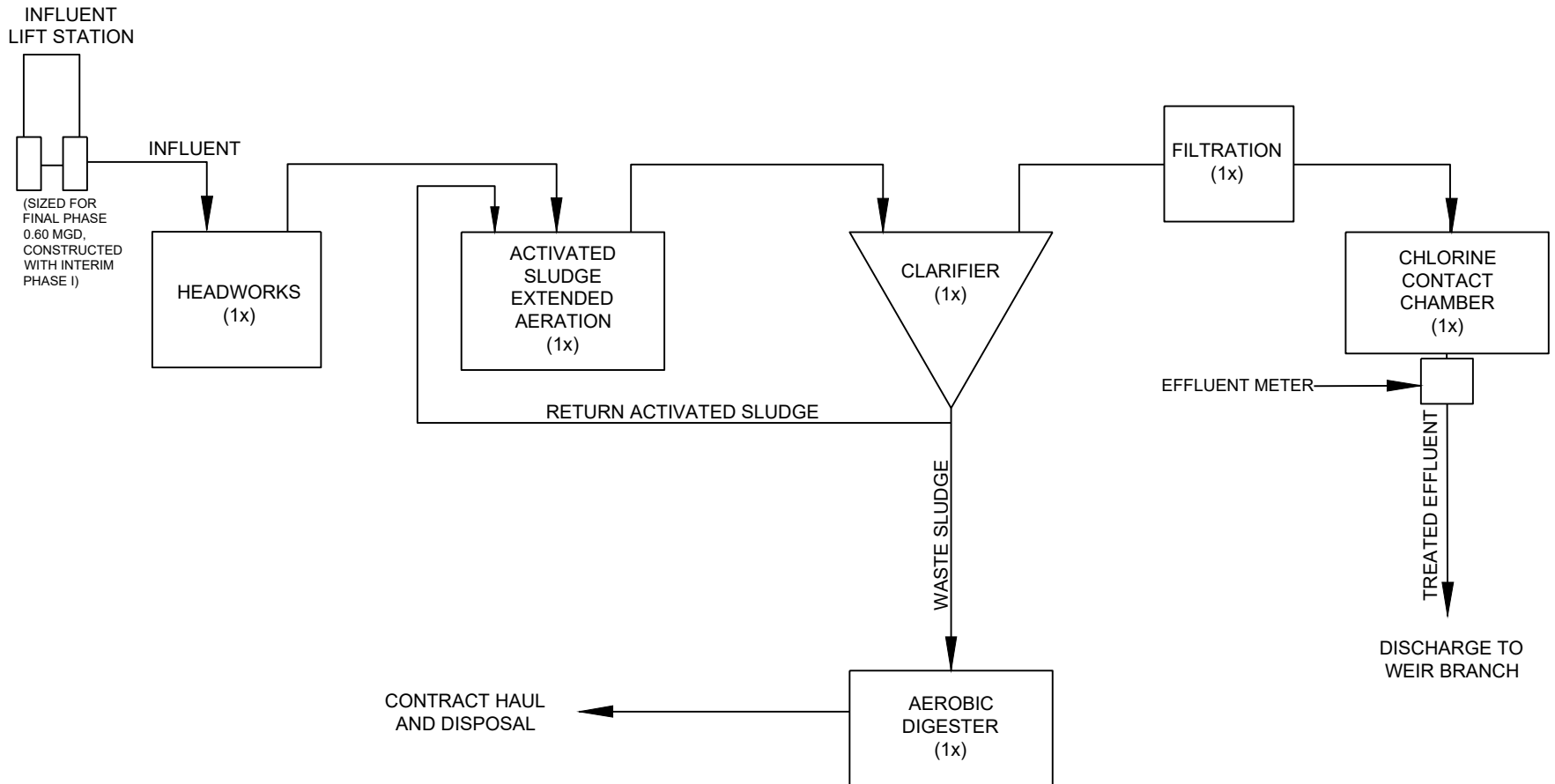






## **APPENDIX I**

### **PROCESS FLOW DIAGRAM**



PHASE I

FOR PLANNING PURPOSES ONLY

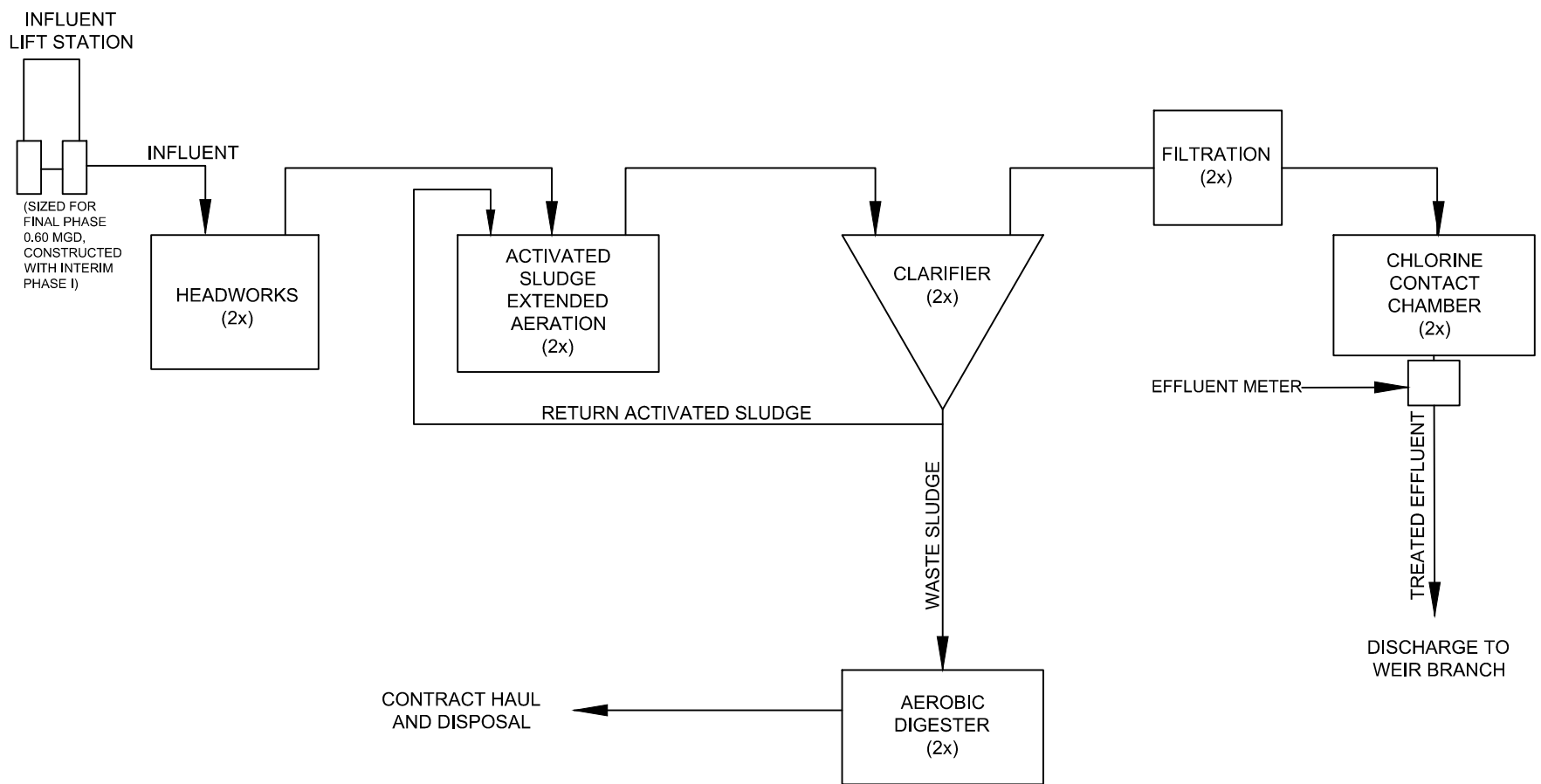
**LJA Engineering, Inc.**  
7500 Riata Boulevard  
Building II, Suite 100  
Austin, Texas 78735

**LJA**  
Phone 512.439.4700  
Fax 512.439.4716  
FRN - F-1386

**ARMSTRONG TRACT WWTP**  
WILLIAMSON COUNTY, TX

**PROCESS FLOW  
DIAGRAM**

1 OF 1



PHASE II

FOR PLANNING PURPOSES ONLY

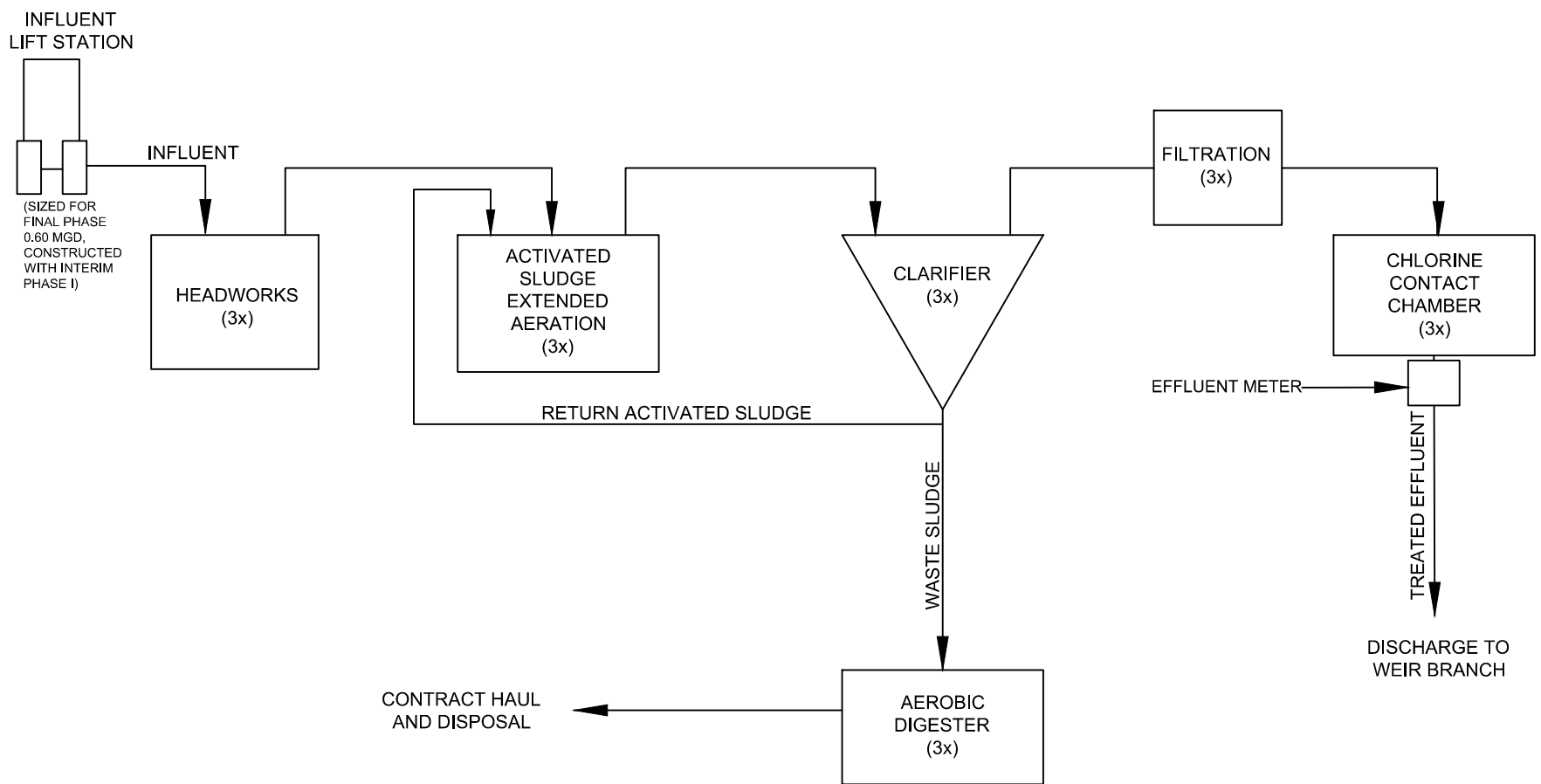
**LJA Engineering, Inc.**  
7500 Riata Boulevard  
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Austin, Texas 78735

**LJA**  
Phone 512.439.4700  
Fax 512.439.4716  
FRN - F-1386

**ARMSTRONG TRACT WWTP**  
WILLIAMSON COUNTY, TX

**PROCESS FLOW  
DIAGRAM**

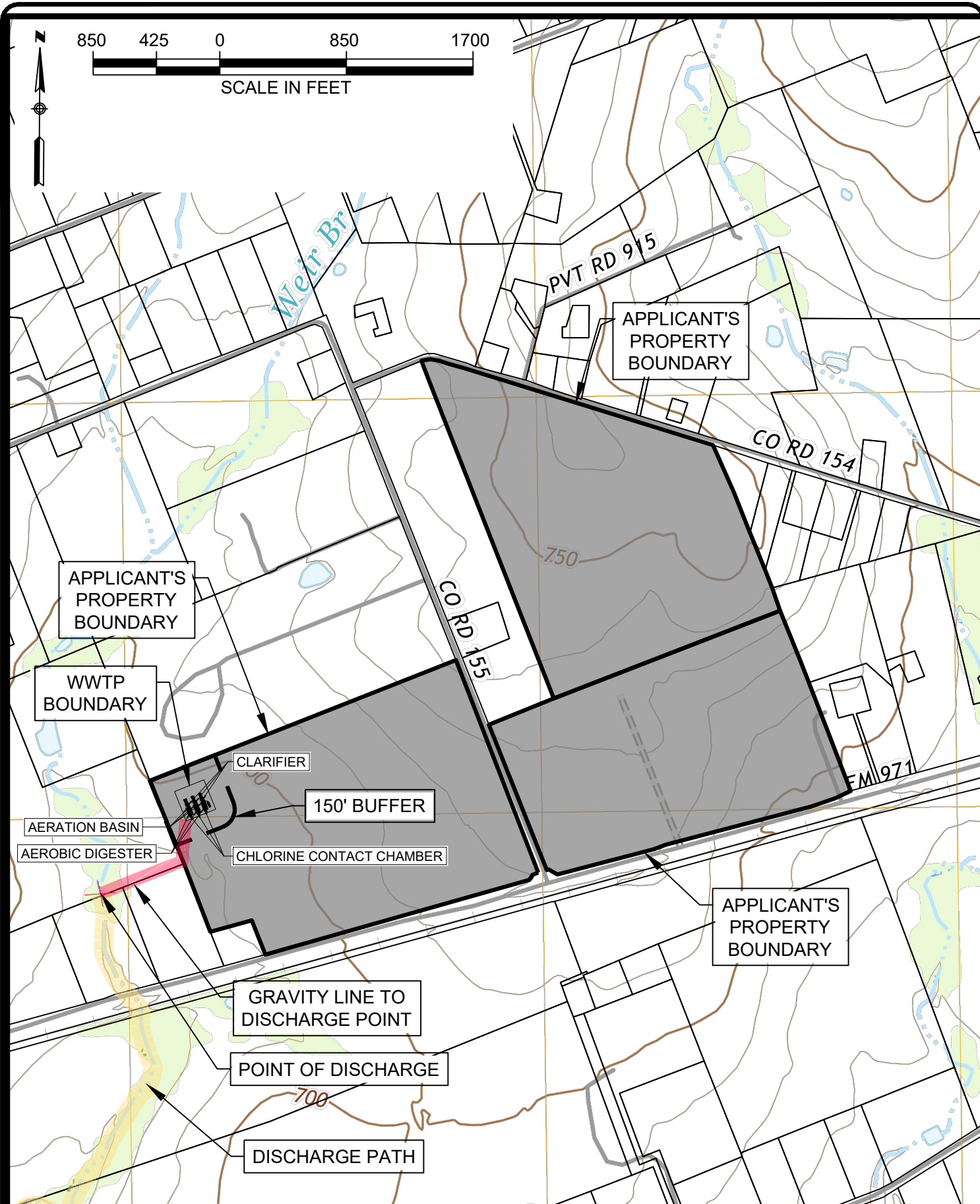
1 OF 1



FINAL PHASE

FOR PLANNING PURPOSES ONLY

**APPENDIX J**  
**SITE DRAWING**



**LJA Engineering, Inc.**

7500 Rialto Boulevard  
Building II, Suite 100  
Austin, Texas 78735



Phone 512.439.4700  
Fax 512.439.4716  
FRN - F-1386

**ARMSTRONG TRACT WWTP**  
WILLIAMSON COUNTY, TX

**SITE DRAWING**

**1 OF 1**

**APPENDIX K**  
DESIGN CALCULATIONS

## Armstrong WWTP - WWTP FLOW PHASES

Phase 1		Phase 2		Phase 3	
<b><u>Assumptions</u></b>		<b><u>Assumptions</u></b>		<b><u>Assumptions</u></b>	
Average Flow per LUE =	245 gpd	Average Flow per LUE =	245 gpd	Average Flow per LUE =	245 gpd
Average Density	3 LUEs/Ac	Average Density	3 LUEs/Ac	Average Density	3 LUEs/Ac
I/I for Wet Peak	750 gpd/Ac	I/I for Wet Peak	750 gpd/Ac	I/I for Wet Peak	750 gpd/Ac
LUEs	408	LUEs	816	LUEs	2,448
Average Daily Flow	99,960 gpd	Average Daily Flow	199,920 gpd	Average Daily Flow	599,760 gpd
	69 gpm	Average Daily Flow	139 gpm	Average Daily Flow	417 gpm
Dry Peaking Factor	3.69	Dry Peaking Factor	3.46	Dry Peaking Factor	3.02
Peak Dry Flow	256 gpm	Peak Dry Flow	480 gpm	Peak Dry Flow	1,258 gpm
Service Area	277 acres	Service Area	277 acres	Service Area	277 acres
I/I for Peak Wet	207,750 gpd	I/I for Peak Wet	207,750 gpd	I/I for Peak Wet	207,750 gpd
	144 gpm		144 gpm		144 gpm
Total Peak Wet Flow	401 gpm	Total Peak Wet Flow	625 gpm	Total Peak Wet Flow	1,402 gpm
Minimum Flow Factor	0.20	Minimum Flow Factor	0.23	Minimum Flow Factor	0.29
Minimum Flow	14 gpm	Minimum Flow	32 gpm	Minimum Flow	119 gpm



## Armstrong Tract TPDES - Design Calculations

Influent coming into the plant will contain the following parameters. These parameters are the basis of the design calculations to complete the treatment process of the raw sewage.

Parameter      Concentration

BOD<sub>5</sub>              400 mg/L

TSS                  450 mg/L

Influent Flow will come into the plant at a rate of 0.10 MGD for Phase I. The influent flow will be measured hydraulically in order to prevent emergency situations. In order to ensure that the facility will operate under the most extreme conditions, it has been designed and accounted for in the following design.

### ***Design Calculations for Phase I – 0.10 MGD***

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow ( $Q_{ave}$ )	100,000	69.44
Peak 2-Hour Flow ( $Q_{pk}$ )	400,000	277.78

Loading Parameter	Lbs/ Day
BOD <sub>5</sub>	400
TSS	450

## Phase I - Treatment Units

### *Phase I - Clarifier*

<u>Clarifier</u>	<u>TCEQ Criteria</u>	<u>Phase I Calculations</u>
Maximum Surface loading rate ( $Q_{pk}$ ) (gallons/day/ ft <sup>2</sup> )	1,800	1,800
Minimum Detention time ( $Q_{pk}$ ) (hr)	0.9	1.8
Maximum Surface loading rate ( $Q_{DF}$ ) (gallons/day/ ft <sup>2</sup> )	1,000	1,800
Minimum Detention time ( $Q_{DF}$ ) (hr)	1.8	1.8
Surface Area Required (Peak Flow) (ft <sup>2</sup> )	222.2	227
Surface Area Required (Design Flow) (ft <sup>2</sup> )	100	227
Minimum Volume Required (Peak Flow) (ft <sup>3</sup> )	2,005	2,270
Minimum Volume Required (Design Flow) (ft <sup>3</sup> )	1,003	2,270
Depth Required (Peak Flow) (ft)	10	10
Depth Required (Design Flow) (ft)	10	10
Side-water depth (ft)	10 (Min)	10
Maximum weir loading ( $Q_{pk}$ ) (gallons/day/ft)	20,000 (Max)	7,490
Maximum Return Sludge Underflow Rate (gpm)	63	63
Minimum Return Sludge Underflow Rate (gpm)	32	32
Diameter (ft)	17	17
Minimum RAS Line Size (ft/sec velocity)	3	4
Weir length (ft)	Not Specified	53

*Aeration System Design*

<b><u>Aeration Basin</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase I Calculations</u></b>
Maximum Organic Loading (lbs/day/1000 ft <sup>3</sup> )	25	25
Design Load (lb BOD/day)	Not specified	400
Oxygen Required (lb O <sub>2</sub> /lb BOD <sub>5</sub> )	2.2	2.2
Oxygen Required (lb/ day)	1,032	1,032
Air Provided (SCFM)	923	923
Required Air Flow (scf / lb BOD (assumes 4.0% transfer efficiency)	3,200	3,200
Sidewater Depth (ft)	8	12
Surface Area (ft <sup>2</sup> )	Not specified	1,333
Air Flow (SCFM)	889	889
Total aeration volume (ft <sup>3</sup> )	16,000	16,000

*Aerobic Digester*

<b><u>Aerobic Digester</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase I Calculations</u></b>
Minimum MCRT at 15°C (days)	60	60
WAS solids production (ppd)	Not specified	280
Digested sludge solids production (ppd)	Not specified	200
Required solids in digester (lbs)	Not specified	12,000
Proposed Sidewater Depth (ft)	Not specified	12
Aeration Requirements (SCFM/1000 ft <sup>3</sup> )	20	20
Air Flow Rate (SCFM)	160	160
Surface Area (ft <sup>2</sup> )	Not specified	667
Volume Required (ft <sup>3</sup> / lb BOD)	20	20
Digester Volume (ft <sup>3</sup> )	Not specified	8,000

*Chlorine Contact Chamber*

<b><u>Chlorine Contact Chamber</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase I Calculations</u></b>
Detention time (Qpk) (minutes)	20	20
Proposed Sidewater Depth (ft)	Not Specified	15
Surface Area (ft <sup>2</sup> )	Not Specified	50
Volume (Qpk) (ft <sup>3</sup> )	Not specified	743

## Armstrong WWTP Extended Air Process Design (TCEQ Checklist)

### Phase 1

Design Flow (from Summary Sheet)	0.100 mgd
Peak Flow (from Summary Sheet)	0.400 mgd
Design Organic Load	400 lb BOD / day

### Clarifier Design

#### (TCEQ Criteria)

Maximum Surface Loading @ Peak Flow	1800 gpd/ft <sup>2</sup>
Minimum Detention Time @ Peak Flow	0.9 hrs
Maximum Surface Loading @ Design Flow	1000 gpd/ft <sup>2</sup>
Minimum Detention Time @ Design Flow	1.8 hrs
Surface Area Required (Peak Flow)	222.2 ft <sup>2</sup>
Surface Area Required (Design Flow)	100.0 ft <sup>2</sup>
Volume Required (Peak Flow)	2,005 ft <sup>3</sup>
Volume Required (Design Flow)	1,003 ft <sup>3</sup>
Depth Required (Peak Flow)	10.0 ft
Depth Required (Design Flow)	10.0 ft
Maximum Return Sludge Underflow Rate	400.0 gpd/ft <sup>2</sup>
Minimum Return Sludge Underflow Rate	200.0 gpd/ft <sup>2</sup>

#### (Calculations)

Proposed Sidewater Depth  ft

Proposed Clarifier Diameter  ft

Clarifier Surface Area  ft<sup>2</sup>

Clarifier Volume  ft<sup>3</sup>

Maximum Return Sludge Underflow Rate 63 gpm  
Minimum Return Sludge Underflow Rate 32 gpm

RAS Line Size (min 3 ft/sec velocity) 4 inches

Weir Length 53  
Maximum Weir Loading 7,490

*Note - Min SWD  
is 8 ft, 10 ft if area  
> 1250 ft<sup>2</sup>*

### Aeration System Design

(TCEQ Criteria)

Maximum Organic Loading	25 lb BOD/day/1000 ft <sup>3</sup>
Actual Design Load	400 lb BOD/day
Oxygen required	2.2 (lb O <sub>2</sub> /lb BOD <sub>5</sub> )
Oxygen required	1032 (lb/day)
Air Provided	923 SCFM

Required Volume  ft<sup>3</sup>

Required Air Flow 3200 scf / lb BOD (assumes 4.0% transfer efficiency)

(Calculations)

Proposed Sidewater Depth  ft

Note - Min SWD  
is 8 ft

Surface Area  ft<sup>2</sup>

Air Flow  scfm

### Aerobic Digester Design

(TCEQ Criteria)

MCRT @ 15°C	60 days
Volume Required	20 ft <sup>3</sup> / lb BOD
or	15 days SRT

Air Required 20 scfm/ 1000 ft<sup>3</sup> volume

(Calculations)

Proposed Volume  ft<sup>3</sup>

Proposed Sidewater Depth  ft

Surface Area  ft<sup>2</sup>

Required Air Flow  scfm

### Chlorine Contact Design

(Criteria)

Minimum Contact Time	20 minutes @ Peak Flow
Volume	1672 ft <sup>3</sup> @ Peak Flow

(Calculations)

Proposed Volume  ft<sup>3</sup>

Proposed Sidewater Depth  ft

Surface Area  ft<sup>2</sup>

Minimum 2 Filters required each with this area

Required Air Flow  scfm

**Design Calculations for Phase II – 0.10 MGD**

Flow	Gallons Per Day	Gallons Per Minute
Average Daily Flow ( $Q_{ave}$ )	100,000	69.44
Peak 2-Hour Flow ( $Q_{pk}$ )	400,000	277.78

Loading Parameter	Lbs/ Day
BOD <sub>5</sub>	400
TSS	450

## Phase II - Treatment Units

### *Phase II - Clarifier*

<u>Clarifier</u>	<u>TCEQ Criteria</u>	<u>Phase II Calculations</u>
Maximum Surface loading rate ( $Q_{pk}$ ) (gallons/day/ ft <sup>2</sup> )	1,800	1,800
Minimum Detention time ( $Q_{pk}$ ) (hr)	0.9	1.8
Maximum Surface loading rate ( $Q_{DF}$ ) (gallons/day/ ft <sup>2</sup> )	1,000	1,800
Minimum Detention time ( $Q_{DF}$ ) (hr)	1.8	1.8
Surface Area Required (Peak Flow) (ft <sup>2</sup> )	222.2	227
Surface Area Required (Design Flow) (ft <sup>2</sup> )	100	227
Volume Required (Peak Flow) (ft <sup>3</sup> )	2,005	2,270
Volume Required (Design Flow) (ft <sup>3</sup> )	1,003	2,270
Depth Required (Peak Flow) (ft)	10	10
Depth Required (Design Flow) (ft)	10	10
Side-water depth (ft)	10 (Min)	10
Maximum weir loading ( $Q_{pk}$ ) (gallons/day/ft)	20,000 (Max)	7,490
Maximum Return Sludge Underflow Rate (gpm)	63	63
Minimum Return Sludge Underflow Rate (gpm)	32	32
Diameter (ft)	17	17
Minimum RAS Line Size (ft/sec velocity)	3	4
Weir length (ft)	Not Specified	53



*Phase II- Aeration System Design*

<b><u>Aeration Basin</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase II Calculations</u></b>
Maximum Organic Loading (lbs/day/1000 ft <sup>3</sup> )	25	25
Design Load (lb BOD/day)	Not specified	400
Oxygen Required (lb O <sub>2</sub> /lb BOD <sub>5</sub> )	2.2	2.2
Oxygen Required (lb/ day)	1,032	1,032
Air Provided (SCFM)	923	923
Required Air Flow (scf / lb BOD (assumes 4.0% transfer efficiency)	3,200	3,200
Sidewater Depth (ft)	8	12
Surface Area (ft <sup>2</sup> )	Not specified	1,333
Air Flow (SCFM)	889	889
Total aeration volume (ft <sup>3</sup> )	16,000	16,000

*Phase II - Aerobic Digester*

<b><u>Aerobic Digester</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase II Calculations</u></b>
Minimum MCRT at 15°C (days)	60	60
WAS solids production (ppd)	Not specified	280
Digested sludge solids production (ppd)	Not specified	200
Required solids in digester (lbs)	Not specified	12,000
Proposed Sidewater Depth (ft)	Not specified	12
Aeration Requirements (SCFM/1000 ft3)	20	20
Air Flow Rate (SCFM)	160	160
Surface Area (ft2)	Not specified	667
Volume Required (ft3/ lb BOD)	20	20
Digester Volume (ft3)	Not specified	8,000

*Phase II - Chlorine Contact Chamber*

<b><u>Chlorine Contact Chamber</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase II Calculations</u></b>
Detention time (Qpk) (minutes)	20	20
Proposed Sidewater Depth (ft)	Not Specified	15
Surface Area (ft <sup>2</sup> )	Not Specified	50
Volume (Qpk) (ft <sup>3</sup> )	Not specified	743

## Armstrong WWTP Extended Air Process Design (TCEQ Checklist)

### Phase 2

Design Flow (from Summary Sheet)	0.100 mgd
Peak Flow (from Summary Sheet)	0.400 mgd
Design Organic Load	400 lb BOD / day

### Clarifier Design

#### (Criteria)

Maximum Surface Loading @ Peak Flow	1800 gpd/ft <sup>2</sup>
Minimum Detention Time @ Peak Flow	0.9 hrs
Maximum Surface Loading @ Design Flow	1000 gpd/ft <sup>2</sup>
Minimum Detention Time @ Design Flow	1.8 hrs
Surface Area Required (Peak Flow)	222.2 ft <sup>2</sup>
Surface Area Required (Design Flow)	100.0 ft <sup>2</sup>
Volume Required (Peak Flow)	2,005 ft <sup>3</sup>
Volume Required (Design Flow)	1,003 ft <sup>3</sup>
Depth Required (Peak Flow)	10.0 ft
Depth Required (Design Flow)	10.0 ft
Maximum Return Sludge Underflow Rate	400.0 gpd/ft <sup>2</sup>
Minimum Return Sludge Underflow Rate	200.0 gpd/ft <sup>2</sup>

#### (Calculations)

Proposed Sidewater Depth	<div>10</div> ft
Proposed Clarifier Diameter	<div>17</div> ft
Clarifier Surface Area	<div>227</div> ft <sup>2</sup>
Clarifier Volume	<div>2,270</div> ft <sup>3</sup>

*TCEQ Criteria:*  
*Min SWD is 8 ft,*  
*10 ft if area >*  
*1250 ft<sup>2</sup>*

Maximum Return Sludge Underflow Rate	63 gpm
Minimum Return Sludge Underflow Rate	32 gpm
RAS Line Size (min 3 ft/sec velocity)	4 inches
Weir Length	53
Maximum Weir Loading	7,490

### Aeration System Design

(Criteria)

Maximum Organic Loading	25 lb BOD/day/1000 ft <sup>3</sup>
Actual Design Load	400 lb BOD/day
Oxygen required	2.2 (lb O <sub>2</sub> /lb BOD <sub>5</sub> )
Oxygen required	1032 (lb/day)
Air Provided	923 SCFM

Required Volume  ft<sup>3</sup>

scf / lb BOD  
(assumes 4.0%  
transfer

Required Air Flow 3200 efficiency)

(Calculations)

Proposed Sidewater Depth  ft

**TCEQ Criteria:**

Min SWD is 8 ft

Surface Area  ft<sup>2</sup>

Air Flow  scfm

### Aerobic Digester Design

(Criteria)

MCRT @ 15°C	60 days
Volume Required	20 ft <sup>3</sup> / lb BOD
or	15 days SRT

Air Required 20 scfm/ 1000 ft<sup>3</sup> volume

(Calculations)

Proposed Volume  ft<sup>3</sup>

Proposed Sidewater Depth  ft

Surface Area  ft<sup>2</sup>

Required Air Flow  scfm

### Chlorine Contact Design

(Criteria)

Minimum Contact Time	20 minutes @ Peak Flow
Volume	1672 ft <sup>3</sup> @ Peak Flow

(Calculations)

Proposed Volume  ft<sup>3</sup>

Proposed Sidewater Depth  ft

Surface Area  ft<sup>2</sup>

***Design Calculations for Phase III – 0.40 MGD***

<b>Flow</b>	<b>Gallons Per Day</b>	<b>Gallons Per Minute</b>
Average Daily Flow ( $Q_{ave}$ )	400,000	277.78
Peak 2-Hour Flow ( $Q_{pk}$ )	1,600,000	1,111.11

<b>Loading Parameter</b>	<b>Lbs/ Day</b>
BOD <sub>5</sub>	400
TSS	450

### Phase III - Treatment Units

#### *Phase III - Clarifier*

<b><u>Clarifier</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase III Calculations</u></b>
Maximum Surface loading rate ( $Q_{pk}$ ) (gallons/day/ ft <sup>2</sup> )	1,800	1,800
Minimum Detention time ( $Q_{pk}$ ) (hr)	0.9	1.8
Maximum Surface loading rate ( $Q_{DF}$ ) (gallons/day/ ft <sup>2</sup> )	1,000	1,800
Minimum Detention time ( $Q_{DF}$ ) (hr)	1.8	1.8
Surface Area Required (Peak Flow) (ft <sup>2</sup> )	888.9	908
Surface Area Required (Design Flow) (ft <sup>2</sup> )	400	908
Volume Required (Peak Flow) (ft <sup>3</sup> )	8,021	9,079
Volume Required (Design Flow) (ft <sup>3</sup> )	4,011	9,079
Depth Required (Peak Flow) (ft)	10	10
Depth Required (Design Flow) (ft)	10	10
Side-water depth (ft)	10 (Min)	10
Maximum weir loading ( $Q_{pk}$ ) (gallons/day/ft)	20,000 (Max)	14,979
Maximum Return Sludge Underflow Rate (gpm)	252	252
Minimum Return Sludge Underflow Rate (gpm)	126	126
Diameter (ft)	34	34
Minimum RAS Line Size (ft/sec velocity)	3	4
Weir length (ft)	Not specified	107

*Phase III - Aeration System Design*

<b><u>Aeration Basin</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase III Calculations</u></b>
Maximum Organic Loading (lbs/day/1000 ft <sup>3</sup> )	25	25
Design Load (lb BOD/day)	Not specified	400
Oxygen Required (lb O <sub>2</sub> /lb BOD <sub>5</sub> )	2.2	2.2
Air Provided (SCFM)	923	923
Required Air Flow (scf / lb BOD (assumes 4.0% transfer efficiency)	3,200	3,200
Sidewater Depth (ft)	8	12
Surface Area (ft <sup>2</sup> )	Not specified	1,333
Air Flow (SCFM)	889	889
Total aeration volume (ft <sup>3</sup> )	16,000	16,000

*Phase III - Aerobic Digester*

<b><u>Aerobic Digester</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase III Calculations</u></b>
Minimum MCRT at 15°C (days)	60	60
WAS solids production (ppd)	Not specified	280
Digested sludge solids production (ppd)	Not specified	200
Required solids in digester (lbs)	Not specified	12,000
Proposed Sidewater Depth (ft)	Not specified	12
Aeration Requirements (SCFM/1000 ft <sup>3</sup> )	20	20
Air Flow Rate (SCFM)	160	160
Surface Area (ft <sup>2</sup> )	Not specified	667
Volume Required (ft <sup>3</sup> / lb BOD)	20	20
Digester Volume (ft <sup>3</sup> )	Not specified	8,000

*Phase III - Chlorine Contact Chamber*

<b><u>Chlorine Contact Chamber</u></b>	<b><u>TCEQ Criteria</u></b>	<b><u>Phase III Calculations</u></b>
Detention time (Qpk) (minutes)	20	20
Proposed Sidewater Depth (ft)	Not Specified	15
Surface Area (ft <sup>2</sup> )	Not Specified	198
Volume (Qpk) (ft <sup>3</sup> )	Not specified	2,971



## Armstrong WWTP Extended Air Process Design (TCEQ Checklist)

Phase 3

Design Flow (from Summary Sheet)	0.400 mgd
Peak Flow (from Summary Sheet)	1.600 mgd
Design Organic Load	400 lb BOD / day

### Clarifier Design

(TCEQ Criteria)

Maximum Surface Loading @ Peak Flow	1800 gpd/ft <sup>2</sup>
Minimum Detention Time @ Peak Flow	0.9 hrs
Maximum Surface Loading @ Design Flow	1000 gpd/ft <sup>2</sup>
Minimum Detention Time @ Design Flow	1.8 hrs
Surface Area Required (Peak Flow)	888.9 ft <sup>2</sup>
Surface Area Required (Design Flow)	400.00 ft <sup>2</sup>
Volume Required (Peak Flow)	8,021 ft <sup>3</sup>
Volume Required (Design Flow)	4,011 ft <sup>3</sup>
Depth Required (Peak Flow)	10.0 ft
Depth Required (Design Flow)	10.0 ft
Maximum Return Sludge Underflow Rate	400.0 gpd/ft <sup>2</sup>
Minimum Return Sludge Underflow Rate	200.0 gpd/ft <sup>2</sup>

(Calculations)

Proposed Sidewater Depth	<div>10</div> ft
Proposed Clarifier Diameter	<div>34</div> ft
Clarifier Surface Area	<div>908</div> ft <sup>2</sup>
Clarifier Volume	<div>9,079</div> ft <sup>3</sup>
Maximum Return Sludge Underflow Rate	252 gpm
Minimum Return Sludge Underflow Rate	126 gpm
RAS Line Size (min 3 ft/sec velocity)	4 inches
Weir Length	107
Maximum Weir Loading	14,979

### TCEQ Criteria:

Min SWD is 8 ft,  
10 ft if area >  
1250 ft<sup>2</sup>

### Aeration System Design

(TCEQ Criteria)

Maximum Organic Loading	25 lb BOD/day/1000 ft <sup>3</sup>
Actual Design Load	400 lb BOD/day
Oxygen required	2.2 (lb O <sub>2</sub> /lb BOD <sub>5</sub> )
Oxygen required	1032 (lb/day)
Air Provided	923 SCFM
Required Volume	<div>16000</div> ft <sup>3</sup>

scf / lb BOD  
(assumes 4.0%  
3200 transfer efficiency)

Required Air Flow

*(Calculations)*

Proposed Sidewater Depth  ft

***TCEQ Criteria:***  
*Min SWD is 8 ft*

Surface Area  ft<sup>2</sup>

Air Flow  scfm

### Aerobic Digester Design

(TCEQ Criteria)

MCRT @ 15°C      60 days  
Volume Required    20 ft<sup>3</sup> / lb BOD  
or                      15 days SRT

Air Required            20 scfm/ 1000 ft<sup>3</sup> volume

(Calculations)

Proposed Volume  ft<sup>3</sup>

Proposed Sidewater Depth  ft

Surface Area  ft<sup>2</sup>

Required Air Flow  scfm

### Chlorine Contact Design

(TCEQ Criteria)

Minimum Contact Time      20 minutes @ Peak Flow  
Volume                      1672 ft<sup>3</sup> @ Peak Flow

(Calculations)

Proposed Volume  ft<sup>3</sup>

Proposed Sidewater Depth  ft

Surface Area  ft<sup>2</sup>

## **Facility design features**

### ***A. Emergency Power Requirements***

Pursuant to 30 TAC § 217.36, the plant will be designed with auxiliary power in the form of an onsite generator as well as alarm systems and remote monitoring capabilities in case of emergency. The auxiliary power will be capable of sustaining continuous operation of all critical treatment system components.

Duplicate units will be installed with each phase to allow for redundancy and plant maintenance. There are no planned holding tanks on site. While the site plan arrangement will be designed and submitted to TCEQ at a later date, the plant site will consist of treatment units and necessary appurtenances, including pipe and valve network to control flow through the plant and allow for flexibility during necessary maintenance.

This layout, required tank freeboard and emergency power provided prevent bypasses or overflows of untreated wastewater during emergency conditions including excessive inflow, power failure, equipment malfunction, maintenance or repair or any other emergency condition.

The associated auxiliary power will be sufficient to support generator operation for a duration exceeding the longest recorded power outage. The generator will be sized to provide reliable power to the following critical units:

- Influent lift station pumps
- Headworks and screening equipment
- Clarifiers
- Aeration blowers and associated process air systems
- Return and waste activated sludge (RAS/WAS) pumps
- Chemical feed systems (e.g., for disinfection or nutrient removal)
- Effluent pumps and outfall systems
- SCADA and control systems
- Chlorination Basins
- Necessary pipe and valve network to control flow through the plant
- Laboratory and monitoring equipment (as required for compliance)
- Lighting and safety systems necessary for operations during outages

In compliance with 30 TAC § 217.37, the chlorine disinfection system will be configured to automatically resume operation upon loss of power and again upon retransfer to the primary electrical service.

## **B. Alarm Features**

### SCADA System and Alarm Notification Requirements

The facility will be equipped with a Supervisory Control and Data Acquisition (SCADA) system designed to provide comprehensive monitoring, control, and alarm notification for all critical process units within the wastewater treatment plant. The SCADA system will include the following:

- A control room computer workstation with a graphical user interface (GUI) capable of real-time visualization of all treatment processes. This includes display of operational status, process variables, and alarm conditions for all monitored units.
- Continuous data acquisition and logging for all critical components, including these units: Influent Lift Station, Headworks and Screening System, Primary Clarifiers, Aeration Systems, Aerobic Digesters, Chlorine Contact Basins, Chemical Feed Systems, Final Effluent Monitoring Equipment

An autodialer system integrated with the SCADA interface, programmed to automatically transmit alerts to facility personnel in the event of the following alarm conditions:

- Utility Power Failure
- Influent Lift Station Wet Well – High Level
- Bar Screen Channel – High Level
- Clarifier – Torque Overload
- Aeration Blower or DO Control Failure
- Aerobic Digester – High Level or Mixer/Aeration Failure
- Chlorine Contact Basin – Low Residual or Flow Diversion
- Equipment Failure (any monitored process unit)
- Chlorine Leak Detection

The autodialer will support storage and playback of pre-recorded messages for each alarm condition, including concise instructions for operator response.

### ***C. Design Features for Reliability and Operational Flexibility***

Duplicate units will be installed with each phase to allow for redundancy and plant maintenance. While the site plan arrangement will be designed and submitted to TCEQ at a later date, the plant site will consist of treatment units and necessary appurtenances, including pipe and valve network to control flow through the plant and allow for flexibility during necessary maintenance. This layout, required tank freeboard and emergency power provided prevent bypasses or overflows of untreated wastewater during emergency conditions including excessive inflow, power failure, equipment malfunction, maintenance or repair or any other emergency condition.

**1. Influent Lift Station:**

The influent lift station will be equipped with submersible pumps, each sized to provide firm capacity (i.e., meet peak flow with the largest pump out of service). A high wet well level condition will trigger a SCADA alarm to alert operators.

**2. Mechanical Bar Screen:**

The headworks structure will include a bar screen in the primary flow channel and a bypass channel with a manually cleaned bar screen for redundancy. Slide gates will be installed to allow for isolation of each channel as needed.

**3. Aeration Basins and Systems:**

Three aeration basins will be provided, each capable of independent, continuous operation. The aeration system will include blowers, air distribution piping, and diffusers. Blowers will be installed in a duty/standby configuration to ensure redundancy. Piping and isolation valves will allow each basin to be taken offline individually for draining, cleaning, or repairs.

**4. Clarifiers:**

Three clarifiers will be included, each capable of operating independently. Flow distribution and return activated sludge (RAS) pumping systems will be designed to allow flexible operation, maintenance, and flow balancing.

**5. Aerobic Digesters:**

Three aerobic digester tanks will be included to provide operational flexibility and process redundancy. Each tank will be provided with isolation valves and drain piping to allow removal from service for maintenance. High level sensors and mixer/blower alarms will be used in the alarm system.

**6. Chlorine Contact Basins:**

The chlorine contact basin system will consist of dual channels, each sized for full flow capacity, to allow isolation of either channel for cleaning or maintenance. Flow

control and chlorine dosing systems will be designed for flexible operation and redundancy. Low chlorine residual alarms and high water level sensors will be integrated into the plant's alarm system.

#### ***D. Overflow Prevention***

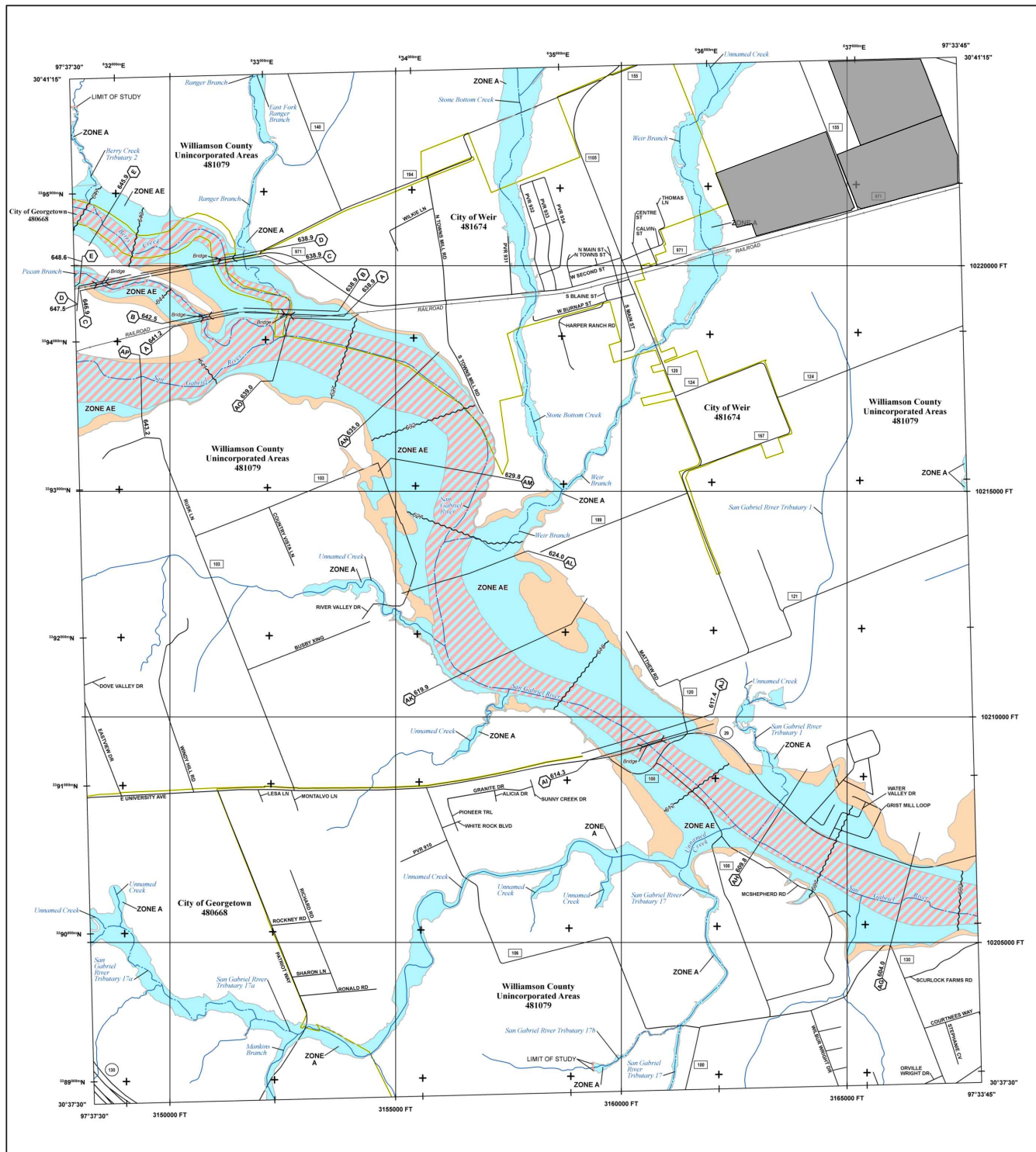
To prevent wastewater overflows from the treatment units, the following design features will be implemented:

1. The facility design uses a peaking factor of 4.0 based on five years of flow data to ensure enough capacity during peak flows.
2. The influent lift station will have enough capacity to pump peak flows even if the largest pump is out of service.
3. All pipes, channels, weirs, and other hydraulic components will be sized to handle a 2-hour peak flow without exceeding minimum freeboard levels.
4. The facility will include measures to handle stormwater, such as storage areas and overflow structures, to manage heavy rain events and prevent uncontrolled releases. Hydraulic analysis will ensure the system can handle these storm conditions safely and meet regulatory requirements.

## **APPENDIX L**

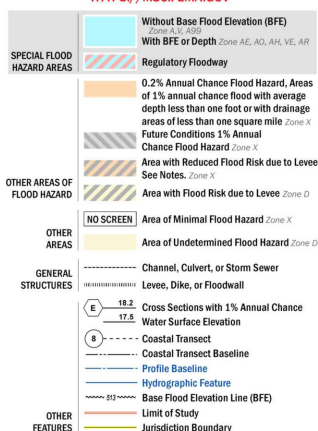
### **FEMA FLOOD MAPS**





## FLOOD HAZARD INFORMATION

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT  
**THE INFORMATION DEPICTED ON THIS MAP AND SUPPORTING DOCUMENTATION ARE ALSO AVAILABLE IN DIGITAL FORMAT AT**  
[HTTPS://MSC.FEMA.GOV](https://msc.fema.gov)



## NOTES TO USERS

For information and questions about this Flood Insurance Rate Map (FIRM), available products associated with this FIRM, including historic versions, the current map date for each FIRM panel, how to order products, or the National Flood Insurance Program (NFIP) in general, please call the FEMA Map Information Exchange at 1-877-FEMA-MAP (1-877-336-2627) or visit the FEMA Flood Map Service Center website at <https://msc.fema.gov>. Available products may include previously issued Letters of Map Change, a Flood Insurance Study Report, and/or digital versions of this map. Many of these products can be ordered or obtained directly from the website.

Communities availing themselves to adjacent FIRM panels must obtain a current copy of the adjacent panel as well as the current FIRM index. These may be ordered directly from the Flood Map Service Center at the number listed above.

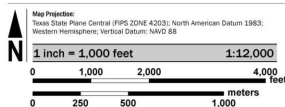
To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

Base map information shown on this FIRM was derived from digital data obtained from Texas Natural Resource Information Systems (TNRIS), dated 2000; United States Census Bureau, dated 2010; United States Geological Survey, dated 2005; and the Williamson County Geographic Information Systems (GIS) Department, dated 2014 and 2017.

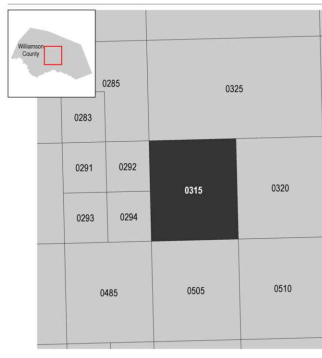
For community and countywide map data refer to the Flood Insurance Study Report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

## SCALE



## PANEL LOCATOR



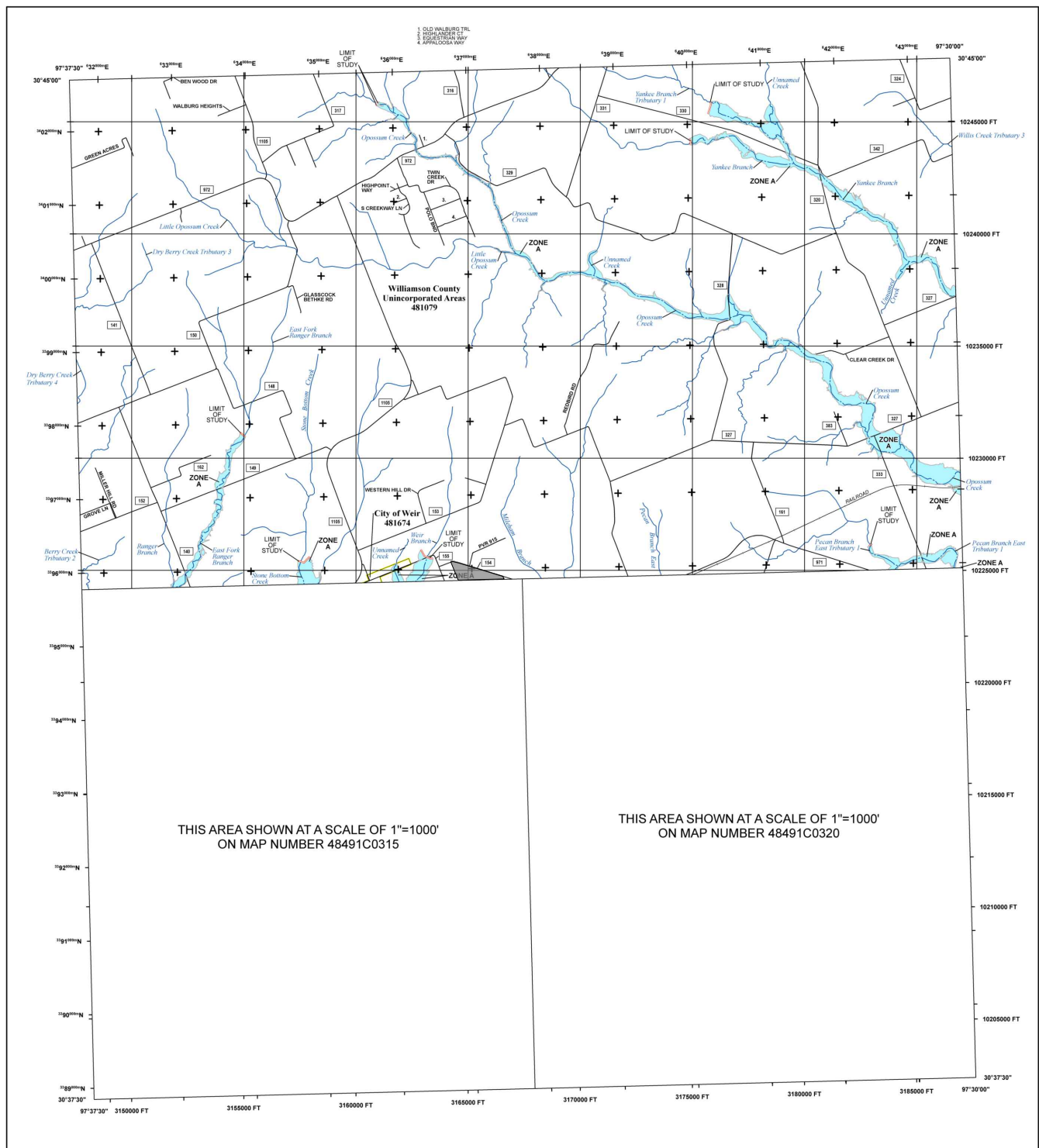
## NATIONAL FLOOD INSURANCE PROGRAM

### FLOOD INSURANCE RATE MAP

WILLIAMSON COUNTY,  
 TEXAS  
 and Incorporated Areas  
 PANEL 315 or 750

Panel Contains:  
 COMMUNITY: GEORGETOWN, CITY OF  
 WEIR, CITY OF  
 WILLIAMSON COUNTY  
 NUMBER: 48068  
 481674  
 481079  
 SUFFIX: F  
 F  
 F

VERSION NUMBER  
 2.3.3.3  
 MAP NUMBER  
 48491C0315F  
 MAP REVISED  
 DECEMBER 20, 2019



## FLOOD HAZARD INFORMATION

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT  
THE INFORMATION DEPICTED ON THIS MAP AND SUPPORTING  
DOCUMENTATION ARE ALSO AVAILABLE IN DIGITAL FORMAT AT  
[HTTPS://MSC.FEMA.GOV](https://msc.fema.gov)

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

## NOTES TO USERS

For information and questions about this Flood Insurance Rate Map (FIRM), available products associated with the FIRM, including historic versions, the current map date for each FIRM panel, how to order products, or the National Flood Insurance Program (NFIP) in general, please call the FEMA Map Information Exchange at 1-877-FEMA-MAP (1-877-326-3227) or visit the FEMA Flood Map Service Center website at <https://msc.fema.gov>. Available products may include previously issued Letters of Map Change, a Flood Insurance Study Report, and/or digital versions of this map. Many of these products can be ordered or obtained directly from the website.

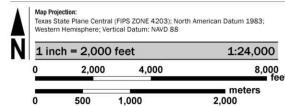
Communities desiring land on adjacent FIRM panels must obtain a current copy of the adjacent panel as well as the current FIRM Index. These may be ordered directly from the Flood Map Service Center at the number listed above.

For community and countywide map dates refer to the Flood Insurance Study Report for the jurisdiction.

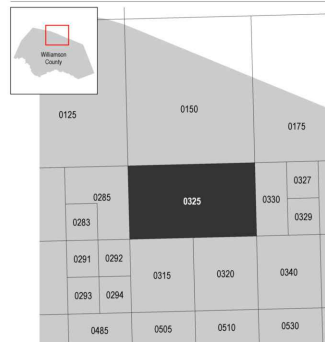
To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

Base map information shown on this FIRM was derived from digital data obtained from Texas Natural Resource Information Systems (TNRIS), dated 2000; United States Census Bureau, dated 2010; United States Geological Survey, dated 2005; and the Williamson County Geographic Information Systems (GIS) Department, dated 2014 and 2017.

## SCALE



## PANEL LOCATOR



**FEMA**  
National Flood Insurance Program

**NATIONAL FLOOD INSURANCE PROGRAM**  
FLOOD INSURANCE RATE MAP  
WILLIAMSON COUNTY,  
TEXAS  
PANEL 325 OF 750

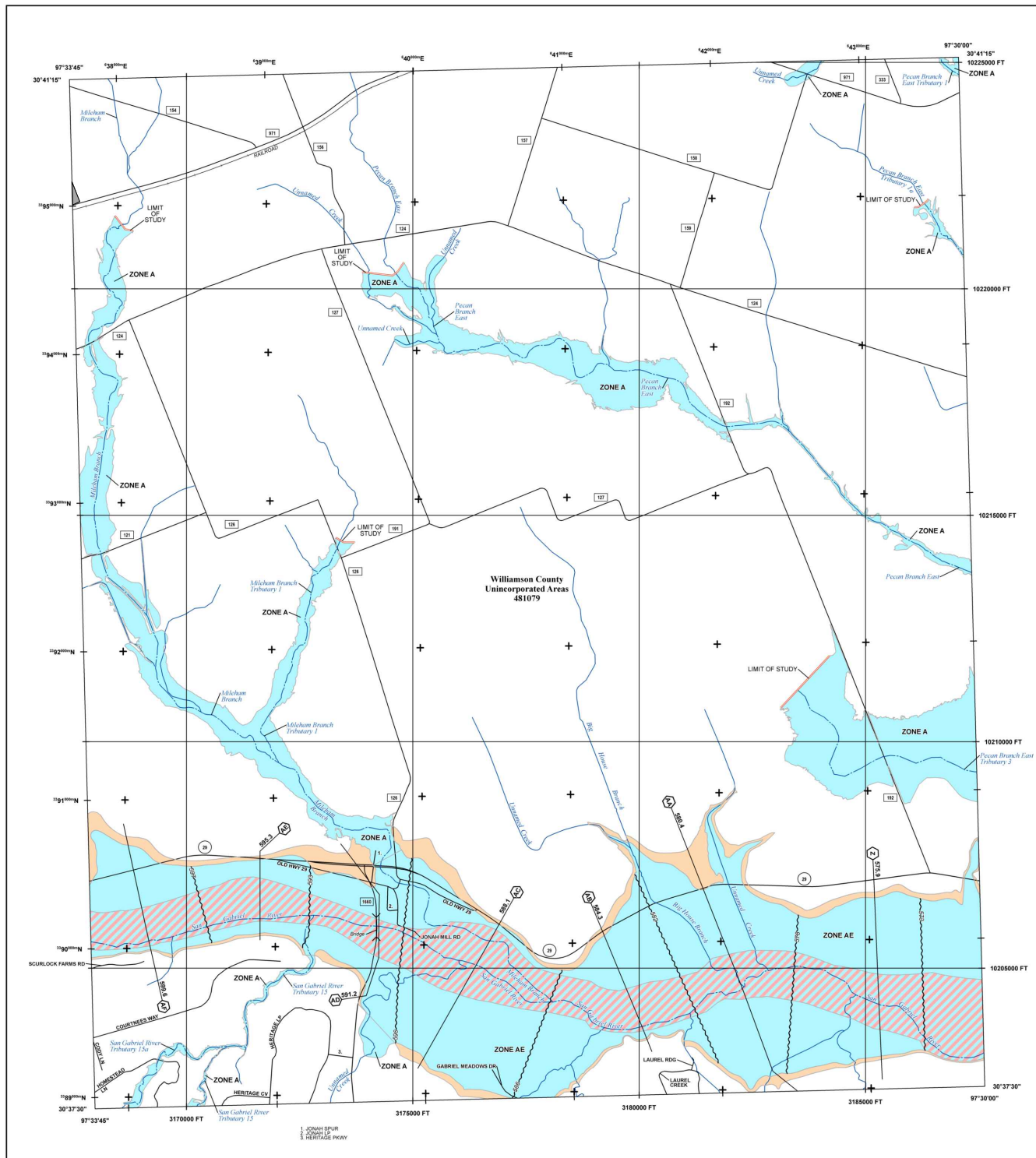


Panel Contains:  
COMMUNITY  
WEIR, CITY OF  
WILLIAMSON COUNTY

NUMBER PANEL SUFFIX  
484914 0325 F

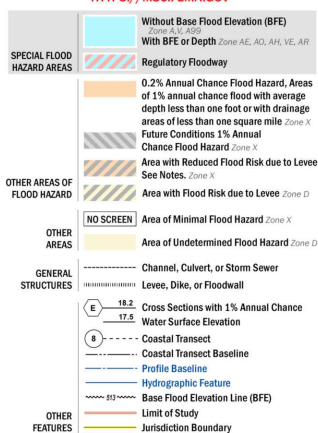
VERSION NUMBER  
2.3.3.3  
MAP NUMBER  
48491C0325F  
MAP REVISED  
DECEMBER 20, 2019





## FLOOD HAZARD INFORMATION

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT  
 THE INFORMATION DEPICTED ON THIS MAP AND SUPPORTING  
 DOCUMENTATION ARE ALSO AVAILABLE IN DIGITAL FORMAT AT  
[HTTPS://MSC.FEMA.GOV](https://msc.fema.gov)



## NOTES TO USERS

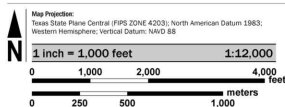
For information and questions about this Flood Insurance Rate Map (FIRM), available products associated with this FIRM, including historic versions, the current map date for each FIRM panel, how to order products, or the National Flood Insurance Program (NFIP) in general, please call the FEMA Map Information Exchange at 1-877-FEMA-MAP (1-877-336-2627) or visit the FEMA Flood Map Service Center website at <https://msc.fema.gov>. Available products may include previously issued Letters of Map Change, a Flood Insurance Study Report, and/or digital versions of this map. Many of these products can be ordered or obtained directly from the website.

Communities availing land on adjacent FIRM panels must obtain a current copy of the adjacent panel as well as the current FIRM index. These may be ordered directly from the Flood Map Service Center at the number listed above.

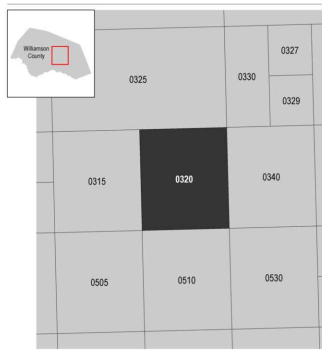
To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6632.

Base map information shown on this FIRM was derived from digital data obtained from Texas Natural Resource Information System (TNRIS), dated 2000; United States Census Bureau, dated 2010; United States Geological Survey, dated 2000; and the Williamson County Geographic Information Systems (GIS) Department, dated 2014 and 2017.

## SCALE



## PANEL LOCATOR



## NATIONAL FLOOD INSURANCE PROGRAM

### FLOOD INSURANCE RATE MAP

WILLIAMSON COUNTY,  
 TEXAS  
 PANEL 320 or 750



Panel Contains:  
 COMMUNITY  
 WILLIAMSON COUNTY

NUMBER PANEL SUFFIX  
 481079 0320 F

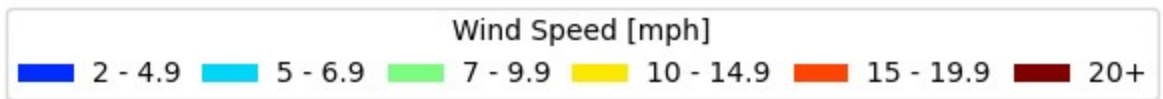
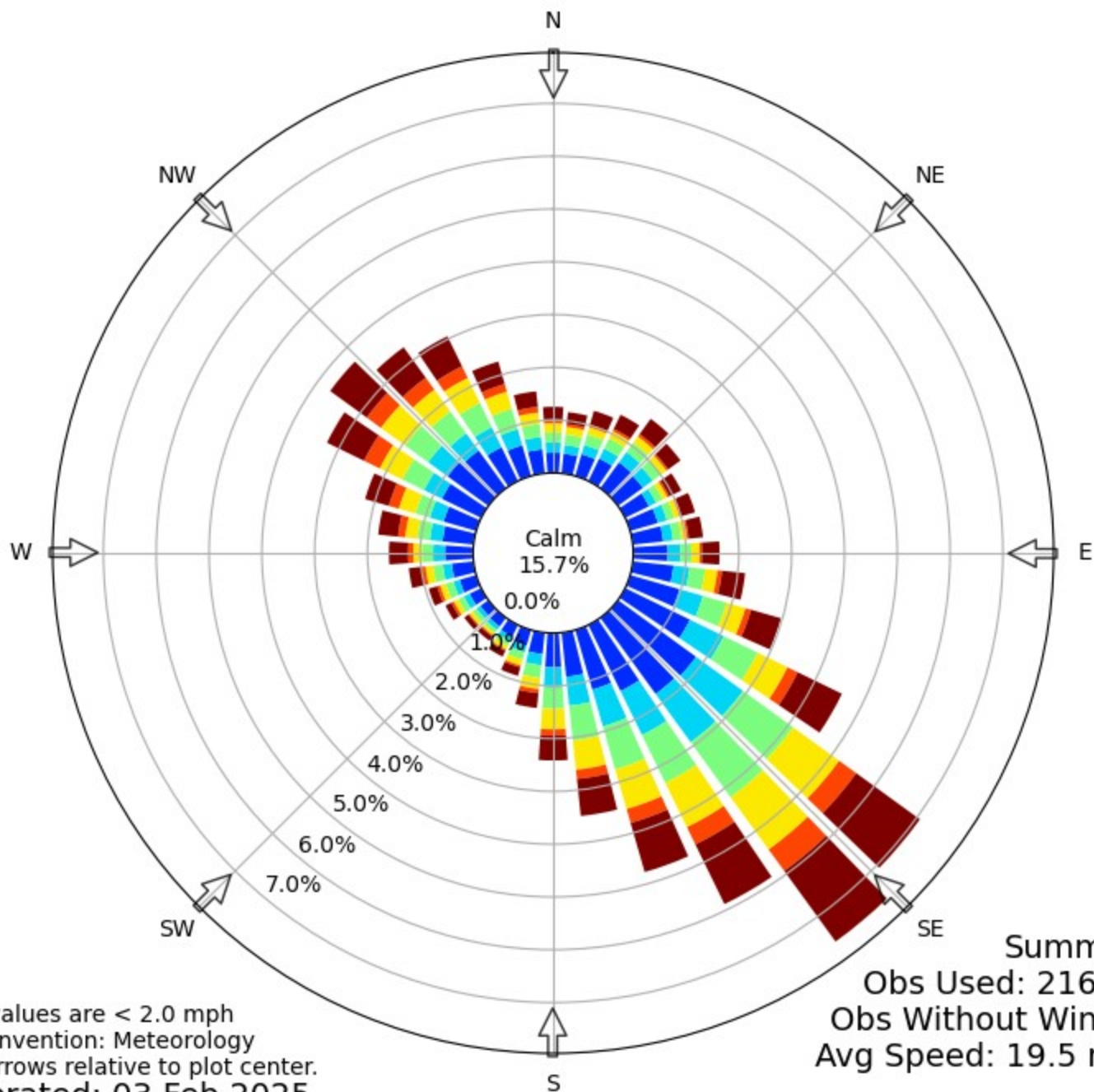
VERSION NUMBER  
 2.3.3.3  
 MAP NUMBER  
 48491C0320F  
 MAP REVISION  
 DECEMBER 20, 2019

## **APPENDIX M**

### WIND ROSE



Windrose Plot for [GGLT2] San Gabriel River AT Georgetown Lake  
Obs Between: 05 Aug 2016 12:00 AM - 02 Feb 2025 05:45 PM America/Chicago



## **APPENDIX N**

### **SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN**

# Sludge Management Plan

## Assumptions Made and Equation Used:

### GIVEN:

$BOD_{5, inf}$  400 mg/l

$BOD_{5, eff}$  5 mg/l

### ASSUME:

$MLSS_{Aer}$  4,000 mg/l (aeration tank only)

$MLVSS_{Aer}$  3,000 mg/l (75% of  $MLSS_{Aer}$ )  
(Clarifier concentrates to 0.8% solids)

$MLSS_{Sldg}$  8,000 mg/l

SRT 21 days

$k_d$  0.06 day<sup>-1</sup>

$Y$  0.6 kg  $MLVSS/kg$   $BOD_5$  removed

## WAS Generated

$$P_x = Y_{obs} * (8.34E-6) * (Q) * (BOD_{5, inf} - BOD_{5, eff})$$

$$Y_{obs} = Y / (1 + k_d * SRT)$$

$$Y_{obs} = 0.2654867$$

$$P_{x(ss)} = P_x / 0.75 \text{ (MLVSS is 75\% of MLSS)}$$

## Total Sludge Volume

$$Q_{Sldg} = P_{x(ss)} / (MLSS_{Sldg} * 8.34E-6)$$

## Sludge Detention Time

$$HRT_{Sldg} = V_{Dig} / Q_{Sldg}$$

### Phase 1: Sludge Production

Phase 1 - Influent Design Flow = 0.10 mgd

Influent BOD Concentration = 400 mg/L

Aerobic Digester Volume: 59,840 gallons

Dimensions (L X W X H) ft : 34' L x 20' W x 12' D

Aerobic Digester Total Volume: 8,000 ft<sup>3</sup>

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Flow (gpd)	100,000	75,000	50,000	25,000
Influent Solids (lbs VSS/day)	87	66	44	22
Suspended Solids (lbs SS/day)	109	82	55	27
Pounds of digested dry sludge produced*	209	156	104	52
Gallons of wet sludge produced (gpd)	1,639	1,229	819	410
Hydraulic Retention Time of Sludge (days)	37	49	73	146

**\*Assuming Sludge yield = 1.0 lb TSS per lb BOD<sub>5</sub>, Volatile solids = 75% of TSS, Volatile reduction (VSR) = 50%**



## Phase 2: Sludge Production

Phase 2 - Influent Design Flow = 0.20 mgd

Influent BOD Concentration = 400 mg/L

Aerobic Digester Volume: 119,680 gallons

Dimensions (L X W X H) ft : 34' L x 20' W x 12' D

Aerobic Digester Total Volume: 16,000 ft<sup>3</sup>

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Flow (gpd)	200,000	150,000	100,000	50,000
Influent Solids (lbs VSS/day)	175	131	87	44
Suspended Solids (lbs SS/day)	219	164	109	55
Pounds of digested dry sludge produced*	417	313	209	104
Gallons of wet sludge produced (gpd)	3,277	2,458	1,639	819
Hydraulic Retention Time of Sludge (days)	18	24	37	73

**\*Assuming Sludge yield = 1.0 lb TSS per lb BOD<sub>5</sub>, Volatile solids = 75% of TSS, Volatile reduction (VSR) = 50%**

### Phase 3: Sludge Production

Phase 3 - Influent Design Flow = 0.60 mgd

Influent BOD Concentration = 400 mg/L

Aerobic Digester Volume: 359,040 gallons

Dimensions (L X W X H) ft : 80' L x 50' W x 12' D

Aerobic Digester Total Volume: 48,000 ft<sup>3</sup>

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Flow (gpd)	600,000	450,000	300,000	150,000
Influent Solids (lbs VSS/day)	525	394	262	131
Suspended Solids (lbs SS/day)	656	492	328	164
Pounds of digested dry sludge produced*	1,251	938	626	313
Gallons of wet sludge produced (gpd)	9,831	7,373	4,916	2,458
Hydraulic Retention Time of Sludge (days)	6	8	12	24

**\*Assuming Sludge yield = 1.0 lb TSS per lb BOD<sub>5</sub>, Volatile solids = 75% of TSS, Volatile reduction (VSR) = 50%**

Waste activated sludge (WAS) will be withdrawn from the return activated sludge (RAS) stream and directed to the aerobic digester for stabilization. Within the digester, sludge solids will undergo aerobic biological treatment under extended solids retention time (SRT) conditions to promote volatile solids reduction and odor control. Supernatant will be decanted from the digester and returned to the facility headworks for re-treatment.

## **Sludge Removal Schedule**

### **Assumptions:**

<b>Parameter</b>	<b>Value/ Assumptions</b>
Average Digested Dry Sludge Produced	~1,251 lb/ day
Sludge Solids Concentration	3–5% total solids (typical)
Sludge Volume Produced (daily)	Depends on % solids — see calc sheet
Sludge Holding Time	Typically 20–30 days in digester
Sludge Removal Frequency	Weekly to monthly depending on digester volume and operation

<b>Removal Schedule (days)</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Days between Sludge Removal	13	17	26	51

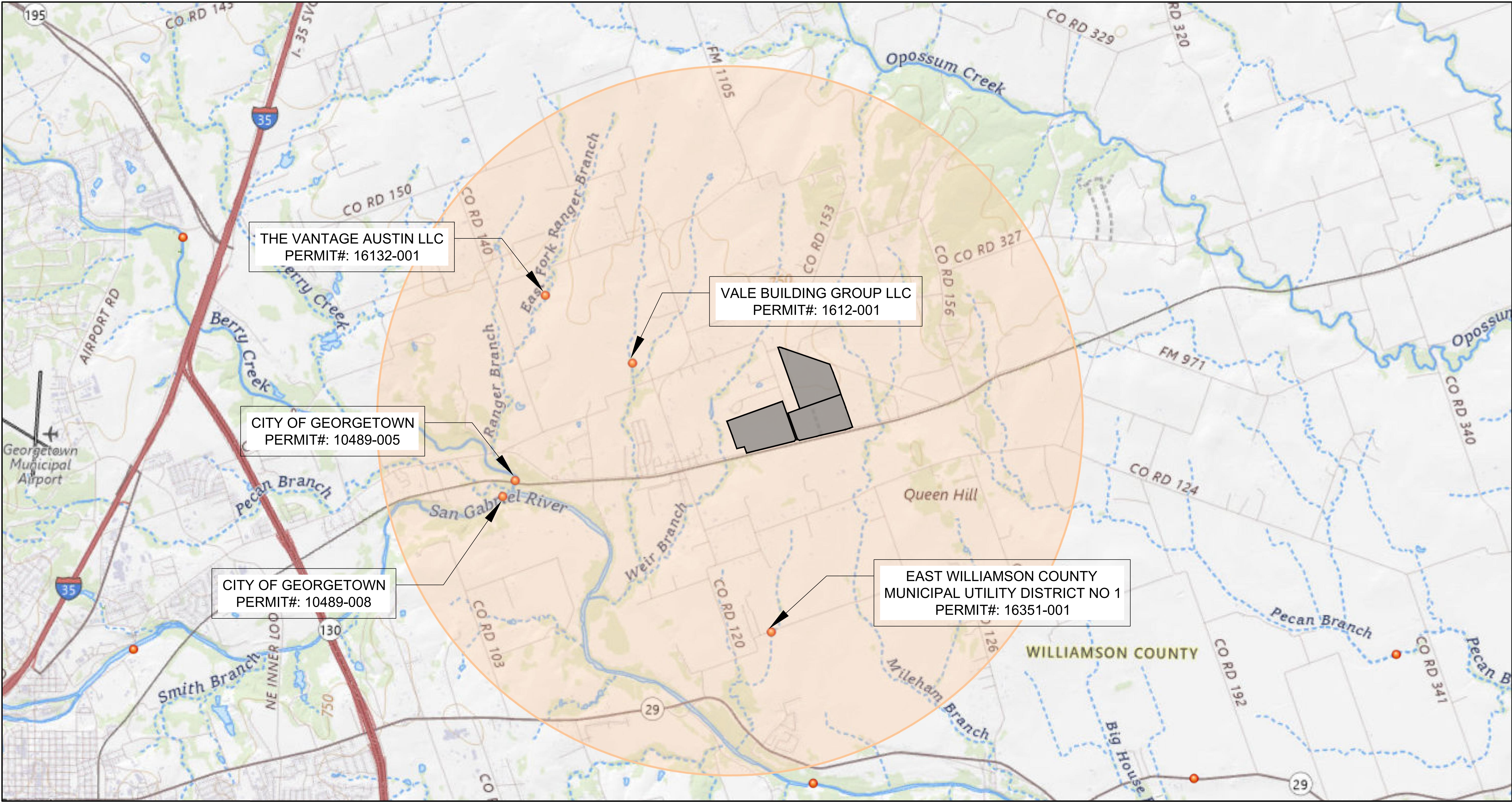
Sludge will be wasted from the clarifier underflow to the digester. Sludge will stay in the digester with the decant returned to the headworks of the plant. Sludge will be removed from the digester on a schedule approximate to the HRT of the digester. The liquid sludge will be hauled by truck to WWTS – Austin Wastewater Processing Facility for further treatment.

## **APPENDIX O**

### **REGIONALIZATION & 3 MILE SERVICE LETTERS**



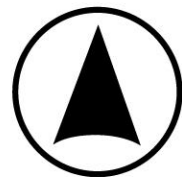
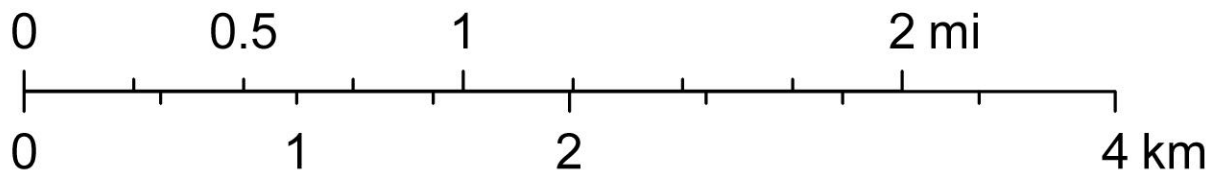
# Regionalization: Wastewater Outfalls near Armstrong WWTP



7/24/2025, 5:29:40 PM

● Wastewater Outfalls

1:60,000



USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS

Experience Builder for ArcGIS

NEARBY  
FACILITIES MAP

ARMSTRONG TRACT WWTP  
WILLIAMSON COUNTY, TX

**LJA** Engineering, Inc.  
1100 NE Loop 410  
Suite 850  
San Antonio, Texas 78209  
Phone 210.503.2700  
Fax 210.503.2749  
FRN - F-1386





August 11, 2025

THE VANTAGE AUSTIN LLC  
5900 BALCONES DR STE 100  
AUSTIN, TX 78731 -4298

We are working on a TPDES Permit application for a neighboring single family development. Your existing wastewater treatment permit 16132-001 is within a 3-mile radius of the development's proposed outfall. The proposed development is anticipated to have an average daily flow of 0.600 MGD.

Do you have capacity to potentially serve the development?

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sincerely,

Lauren Crone, P.E.  
Sr. Project Manager  
LJA Engineering, Inc.  
7500 Rialto Blvd, Bldg II, Suite 100  
Austin, TX 78735  
P: (512) 439-4700  
D: (512) 439-4737  
[lcrone@lja.com](mailto:lcrone@lja.com)



August 11, 2025

CITY OF GEORGETOWN  
C/O CITY MANAGER PO BOX 409  
GEORGETOWN, TX 78627

We are working on a TPDES Permit application for a neighboring single family development. Your existing wastewater treatment permit 10489-005 is within a 3-mile radius of the development's proposed outfall. The proposed development is anticipated to have an average daily flow of 0.600 MGD.

Do you have capacity to potentially serve the development?

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sincerely,

Lauren Crone, P.E.  
Sr. Project Manager  
LJA Engineering, Inc.  
7500 Rialto Blvd, Bldg II, Suite 100  
Austin, TX 78735  
P: (512) 439-4700  
D: (512) 439-4737  
[lcrone@lja.com](mailto:lcrone@lja.com)



512.439.4700  
TBPELS F-1386  
TBPELS 10110501  
www.LJA.com

7500 Rialto Boulevard, Building II, Suite 100, Austin, Texas 78735

August 11, 2025

CITY OF GEORGETOWN  
C/O CITY MANAGER PO BOX 409  
GEORGETOWN, TX 78627

We are working on a TPDES Permit application for a neighboring single family development. Your existing wastewater treatment permit 10489-008 is within a 3-mile radius of the development's proposed outfall. The proposed development is anticipated to have an average daily flow of 0.600 MGD.

Do you have capacity to potentially serve the development?

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sincerely,

Lauren Crone, P.E.  
Sr. Project Manager  
LJA Engineering, Inc.  
7500 Rialto Blvd, Bldg II, Suite 100  
Austin, TX 78735  
P: (512) 439-4700  
D: (512) 439-4737  
[lcrone@lja.com](mailto:lcrone@lja.com)





August 11, 2025

VALE GUILDING GROUP LLC  
PO BOX 460  
FLORENCE, TX 76527-0460

We are working on a TPDES Permit application for a neighboring single family development. Your existing wastewater treatment permit 16212-001 is within a 3-mile radius of the development's proposed outfall. The proposed development is anticipated to have an average daily flow of 0.600 MGD.

Do you have capacity to potentially serve the development?

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sincerely,

Lauren Crone, P.E.  
Sr. Project Manager  
LJA Engineering, Inc.  
7500 Rialto Blvd, Bldg II, Suite 100  
Austin, TX 78735  
P: (512) 439-4700  
D: (512) 439-4737  
[lcrone@lja.com](mailto:lcrone@lja.com)



August 11, 2025

EAST WILLIAMSON COUNTY MUNICIPAL UTILITY DISTRICT NO 1  
1330 Post Oak Boulevard, Suite 2650  
Houston, Texas 77056

We are working on a TPDES Permit application for a neighboring single family development. Your existing wastewater treatment permit 16351-001 is within a 3-mile radius of the development's proposed outfall. The proposed development is anticipated to have an average daily flow of 0.600 MGD.

Do you have capacity to potentially serve the development?

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sincerely,

Lauren Crone, P.E.  
Sr. Project Manager  
LJA Engineering, Inc.  
7500 Rialto Blvd, Bldg II, Suite 100  
Austin, TX 78735  
P: (512) 439-4700  
D: (512) 439-4737  
[lcrone@lja.com](mailto:lcrone@lja.com)

U.S. Postal Service  
Certified Mail Receipt

OUTBOUND TRACKING NUMBER  
9414 7118 9956 0626 3546 88>

RETURN RECEIPT TRACKING NUMBER  
9490911899560626354637

FEES  
Postage Per Piece 0.74  
Certified Fee 5.30  
Return Receipt Fee 4.40  
Total Postage & Fees: \$10.44

ARTICLE ADDRESS TO:

The Vantage Austin LLC  
5900 Balcones Dr Ste 100  
Austin TX 78731-4298



U.S. Postal Service  
Certified Mail Receipt

OUTBOUND TRACKING NUMBER  
9414 7118 9956 0626 3509 94>

RETURN RECEIPT TRACKING NUMBER  
9490911899560626350943

FEES  
Postage Per Piece 0.74  
Certified Fee 5.30  
Return Receipt Fee 4.40  
Total Postage & Fees: \$10.44

ARTICLE ADDRESS TO:

City of Georgetown 10489-005  
c/o City Manager  
Po Box 409  
Georgetown TX 78627-0409



U.S. Postal Service  
Certified Mail Receipt

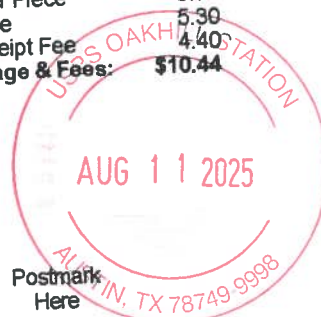
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Certified Fee 5.30  
Return Receipt Fee 4.40  
Total Postage & Fees: \$10.44

ARTICLE ADDRESS TO:

City of Georgetown 10489-008  
c/o City Manager  
Po Box 409  
Georgetown TX 78627-0409



U.S. Postal Service  
Certified Mail Receipt

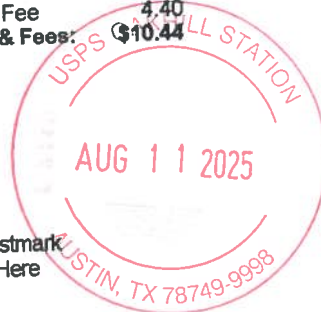
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RETURN RECEIPT TRACKING NUMBER  
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Return Receipt Fee 4.40  
Total Postage & Fees: \$10.44

ARTICLE ADDRESS TO:

Vale Guilding Group LLC  
PO Box 460  
Florence TX 76527-0460



FEES  
Postage Per Piece 0.74  
Certified Fee 5.30  
Return Receipt Fee 4.40  
Total Postage & Fees: \$10.44

OUTBOUND TRACKING NUMBER  
9414 7118 9956 0626 3680 48>  
RETURN RECEIPT TRACKING NUMBER  
9490911899560626368061

ARTICLE ADDRESS TO:

East Williamson County MUD #1  
1330 Post Oak Blvd Ste 2650  
Houston TX 77056-3072



U.S. Postal Service  
Certified Mail Receipt



512.439.4700  
TBPCLS F-1386  
TBPCLS 10110501  
www.LJA.com

7500 Rialto Boulevard, Building II, Suite 100, Austin, Texas 78735

August 11, 2025

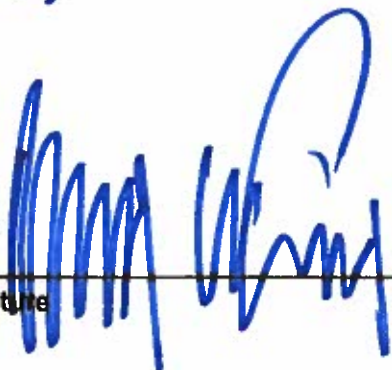
EAST WILLIAMSON COUNTY MUNICIPAL UTILITY DISTRICT NO 1  
1330 Post Oak Boulevard, Suite 2650  
Houston, Texas 77056

We are working on a TPDES Permit application for a neighboring single family development. Your existing wastewater treatment permit 16351-001 is within a 3-mile radius of the development's proposed outfall. The proposed development is anticipated to have an average daily flow of 0.600 MGD.

Do you have capacity to potentially serve the development?

Yes \_\_\_\_\_

No X

  
Signature

8.20.2025  
Date

Sincerely,

Lauren Crone, P.E.  
Sr. Project Manager  
LJA Engineering, Inc.  
7500 Rialto Blvd, Bldg II, Suite 100  
Austin, TX 78735  
P: (512) 439-4700  
D: (512) 439-4737  
[lcrone@lja.com](mailto:lcrone@lja.com)



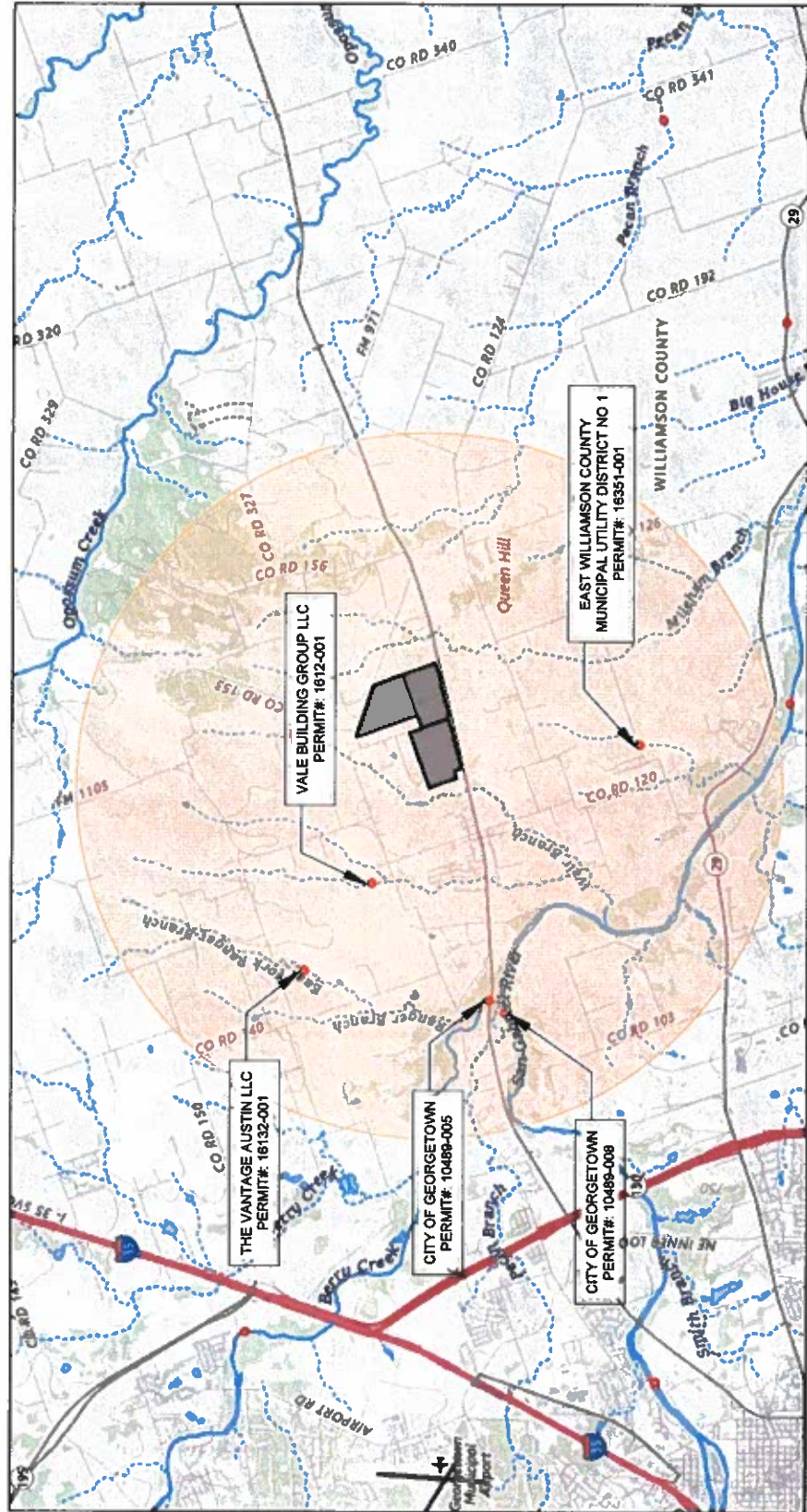
## NEARBY FACILITIES MAP

**ARMSTRONG TRACT WWTP**  
WILLIAMSON COUNTY, TX



**LJA Engineering, Inc.**  
1100 NE Loop 410  
Suite 605  
San Antonio, Texas 78209

1 of 1



7/24/2025, 5:29:40 PM

## Wastewater Outfalls

1:60,000

A scale bar with two horizontal lines. The top line is labeled 'mi' at the right end and has tick marks at 0, 0.5, 1, and 2. The bottom line is labeled 'km' at the right end and has tick marks at 0, 1, 2, and 4.



USGS The National Map: National Boundaries Dataset, SDEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS

### Experience Builder for ArcGIS

August 28, 2025

**Rachel Ellis**

Applications Review and Processing Team (MC148)  
Water Quality Division  
Texas Commission of Environmental Quality  
(512) 239-4912  
[Rachel.Ellis@tceq.texas.gov](mailto:Rachel.Ellis@tceq.texas.gov)

Re:

Application to for Proposed Permit No.: WQ0016864001 (EPA I.D. No. TX0148334)  
Applicant Name: Donna Armstrong (CN606419943); Johnnie Armstrong (CN605924208)  
Site Name: Armstrong Tract WWTF (RN112269790)  
Type of Application: New  
LJA Project No. A444

Dear Rachel:

Please find the responses related to the Notice of Deficiency letter, dated August 27<sup>th</sup> 2025, for the Armstrong WWTP below.

1. CDF Core Data Form (CDF): You provided a description of the location for the treatment facility; however, a physical address was also provided on the CDF, in section III, item 23. Only one can be utilized for the wastewater facility address. Please confirm and respond if you would like the description to be used for the notice.

**Response:** The core data form has been updated and is attached to this notice. The correct address is the listed as the description to the physical location.

2. Administrative Report 1.0, Section 5/B: Please provide the name and contact information for two individuals that can be contacted throughout the permit term. Submit an updated page 5 with another individual's information to complete this section.

**Response:** The updated individuals have been listed in the following form.

3. Administrative Report 1.0, Section 14: Both signature pages are incomplete, please complete and sign these pages. Please submit the completed signature pages in response to this letter.

**Response:** The signature pages have been updated and are attached to this response.

4. Landowners map: Please identify the landowner highlighted plot next to landowner #14, I have attached the portion of the map for your convenience. Please update the landowners' map and return in response to this letter.

**Response:** The parcel and map has been updated to reflect the correct landowner.

5. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. Donna Armstrong and Johnnie Armstrong, P.O. Box 1069, Taylor, Texas 76574, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0016864001 (EPA I.D. No. TX0148334) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 600,000 gallons per day. The domestic wastewater treatment facility will be located at (pending customer response) 0.58 miles Northwest of the intersection of County Road 155 and Farm-to-Market 971, near the city of Weir, in Williamson County, Texas 78626. The discharge route will be from the plant site to (pending RWA). TCEQ received this application on August 20, 2025. The permit application will be available for viewing and copying at Weir City Hall, front desk, 2205 South Main Street, Weir, in Williamson County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.58086,30.678376&level=18>  
Further information may also be obtained from Donna Armstrong and Johnnie Armstrong at the address stated above or by calling Ms. Lauren Crone, P.E., Senior Director, LJA Engineering, at 512-439-4700.

The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

**Response: No errors or omissions were found in the notice above.**

6. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

**Response: Please see the attached Spanish NORI in Microsoft Word format.**

Should you have any questions or need any additional information, please do not hesitate to call.

Sincerely,

Lauren Crone, P.E.



# 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

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

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		3/22/1996	
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Armstrong, Donna					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>	PO Box 1069				
	<b>City</b>	Taylor	<b>State</b>	TX	<b>ZIP</b> 76574 <b>ZIP + 4</b>
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				islandtimeda@gmail.com	



<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 512 ) 635-0510		(   ) -

## SECTION III: Regulated Entity Information

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

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

<b>25. Description to Physical Location:</b>	The proposed WWTP is located 0.58 miles Northwest of the intersection of FM 971 and County Road 155. The property is South of Country Road 155 and East of Thomas Ln and FM 1105. The treatment plant will be built approximately 150 feet into the property.							
<b>26. Nearest City</b>					<b>State</b>	<b>Nearest ZIP Code</b>		
Weir					TX	78626		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		30.678376			<b>28. Longitude (W) In Decimal:</b>		-97.580867	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	40	49.26	97	34	42.35			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4952			22132					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Wastewater Treatment Facility								
<b>34. Mailing Address:</b>	PO Box 1069							
	City	Taylor	State	TX	ZIP	78626	ZIP + 4	
<b>35. E-Mail Address:</b>		islandtimeda@gmail.com						
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>		
( 512 ) 635-0510						(   ) -		

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

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

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Lauren Crone, P.E.	<b>41. Title:</b>	Senior Director
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 512 ) 439-4700		( ) -	lcrone@lja.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.

<b>Company:</b>		<b>Job Title:</b>	Owner
<b>Name (In Print):</b>	Donna Armstrong	<b>Phone:</b>	( 512 ) 635- 0510
<b>Signature:</b>	<i>Donna Armstrong</i>	<b>Date:</b>	<i>August 6, 2025</i>



# 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

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

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		3/22/1996				
<input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership								
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)								
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>								
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>				
Armstrong, Donna								
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)			
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input checked="" type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited			
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:				
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>				
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:								
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant								
<b>15. Mailing Address:</b>	PO Box 1069							
	City	Taylor	State	TX	ZIP	76574	ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)					<b>17. E-Mail Address</b> (if applicable)			
					islandtimeda@gmail.com			

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 512 ) 635-0255		(   ) -

## SECTION III: Regulated Entity Information

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

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

<b>25. Description to Physical Location:</b>	The proposed WWTP is located 0.58 miles Northwest of the intersection of FM 971 and County Road 155. The property is South of Country Road 155 and East of Thomas Ln and FM 1105. The treatment plant will be built approximately 150 feet into the property.							
<b>26. Nearest City</b>				<b>State</b>		<b>Nearest ZIP Code</b>		
Weir				TX		78626		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		30.678376			<b>28. Longitude (W) In Decimal:</b>		-97.580867	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	40	49.26	97	34	42.35			
<b>29. Primary SIC Code</b>		<b>30. Secondary SIC Code</b>		<b>31. Primary NAICS Code</b>		<b>32. Secondary NAICS Code</b>		
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
4952				22132				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Wastewater Treatment Facility								
<b>34. Mailing Address:</b>	PO Box 1069							
	City	Taylor	State	TX	ZIP	78626	ZIP + 4	
<b>35. E-Mail Address:</b>		fishonja@gmail.com						
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>		
( 512 ) 635-0255						(   ) -		

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


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

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Lauren Crone, P.E.	<b>41. Title:</b>	Senior Director
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 512 ) 439-4700		( ) -	lcrone@lja.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.

<b>Company:</b>		<b>Job Title:</b>	Owner
<b>Name (In Print):</b>	Johnnie Armstrong	<b>Phone:</b>	( 512 ) 635- 0255
<b>Signature:</b>		<b>Date:</b>	Aug. 4, 2025

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

CN: Click to enter text.

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

Prefix: Ms.

Last Name, First Name: Armstrong, Donna

Title: Owner

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Landowner

### 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. APPENDIX A

## 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: Ms.

Last Name, First Name: Crone, Lauren

Title: Sr. Director

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 7500 Rialto Blvd. Building II. Suite 100 City, State, Zip Code: Austin, TX 78735

Phone No.: 512-439-4700

E-mail Address: lcrone@lja.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Ryan, Daniel

Title: Vice President

Credential: P.E.

Organization Name: LJA Engineering, Inc.

Mailing Address: 7500 Rialto Blvd. Building II. Suite 100 City, State, Zip Code: Austin, TX 78735

Phone No.: 512-439-4700

E-mail Address: dryan@lja.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

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

A. Prefix: Ms.

Last Name, First Name: Crone, Lauren

Title: Sr. Director

Credential: P.E.

Organization Name: LJA Engineering

Mailing Address: 7500 Rialto Blvd. Building II. Suite 100 City, State, Zip Code: Austin, TX 78735

Phone No.: 512-439-4700

E-mail Address: lcrone@lja.com

B. Prefix: Mr. Last Name, First Name: Ryan, Daniel  
Title: Vice President Credential: P.E.  
Organization Name: LJA Engineering, Inc.  
Mailing Address: 7500 Rialto Blvd. Building II, Suite 100 City, State, Zip Code: Austin, TX 78735  
Phone No.: E-mail Address: dryan@lja.com

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

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

Prefix: Mr. Last Name, First Name: Armstrong, Johnnie  
Title: Owner Credential: Click to enter text.  
Organization Name: Click to enter text.  
Mailing Address: PO Box 1069 City, State, Zip Code: Taylor, TX 76574  
Phone No.: 512-635-0255 E-mail Address: fishonja@gmail.com

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

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

Prefix: Mr. Last Name, First Name: Armstrong, Johnnie  
Title: Owner Credential: Click to enter text.  
Organization Name: Click to enter text.  
Mailing Address: PO Box 1069 City, State, Zip Code: Taylor, TX 76574  
Phone No.: 512-635-0255 E-mail Address: fishonja@gmail.com

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Crone, Lauren  
Title: Sr. Director Credential: P.E.  
Organization Name: LJA Engineering  
Mailing Address: 7500 Rialto Blvd. Building II, Suite 100 City, State, Zip Code: Austin, TX 78735  
Phone No.: 512-439-4700 E-mail Address: lcrone@lja.com

## 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: Johnnie Armstrong

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): Johnnie Armstrong

Signatory title: Owner

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

John Armstrong  
(Use blue ink)

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

Aug. 6, 2025

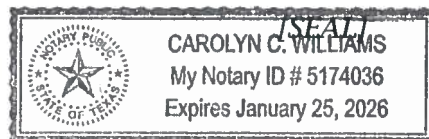
Subscribed and Sworn to before me by the said Johnnie Armstrong

on this 6<sup>th</sup> day of August, 20 25.

My commission expires on the 25<sup>th</sup> day of January, 20 26.

Carolyn C. Williams  
Notary Public

W. Williams  
County, Texas





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

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

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

Applicant: Donna Armstrong

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): Donna Armstrong

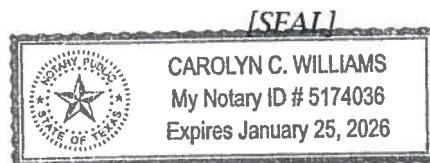
Signatory title: Owner

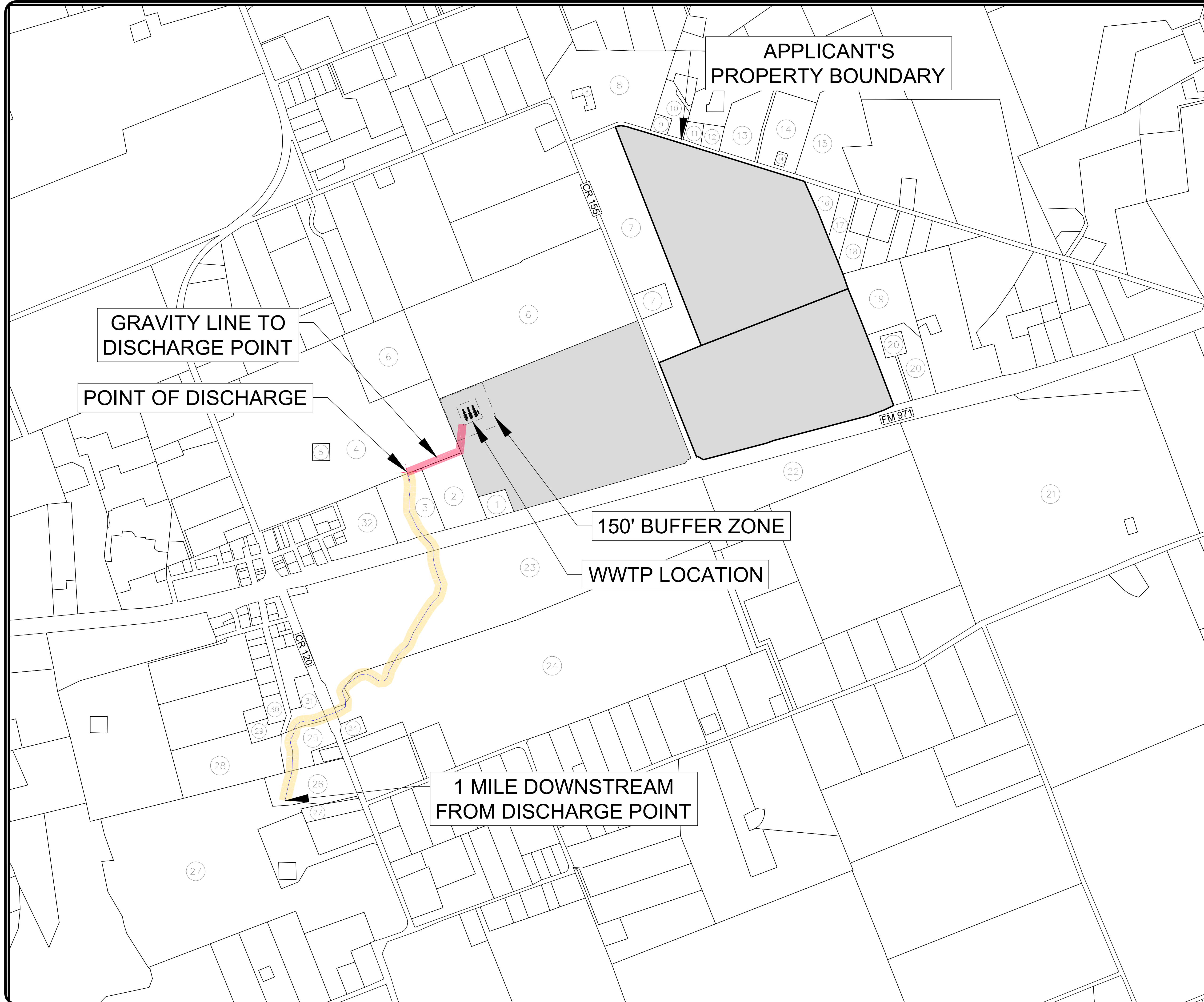
Signature: Donna Armstrong Date: August 6, 2025  
(Use blue ink)

Subscribed and Sworn to before me by the said Donna Armstrong  
on this 6<sup>th</sup> day of August, 20 25.  
My commission expires on the 25<sup>th</sup> day of January, 20 26.

Carolyn C. Williams  
Notary Public

Williamson  
County, Texas





AFFECTED  
LANDOWNERS MAP

ARMSTRONG TRACT WWTP  
WILLIAMSON COUNTY, TX

**LJA Engineering, Inc.**  
1100 NE Loop 410  
Suite 850  
San Antonio, Texas 78209  
Phone 210.503.2700  
Fax 210.503.2749  
FRN - F-1386

Map Number	Landowner Name	Landowner Address
1	DG HOLDINGS LLC	825 SISK AVE STE 200 OXFORD, MS 38655
2	CHAVEZELLI PROPERTIES LLC	1901 ALDINE WESTERN RD HOUSTON, TX 77038
3	LOVE, JEFF L	17480 RONALD W REAGAN BLVD GEORGETOWN, TX 78628
4	SPIKED S RANCH LLC	PO BOX 99 WEIR, TX 78674
5	SMITH FONTENOT, MARY S & KAREN LOU SMITH RED	PO BOX 99 WEIR, TX 78674
6	CERIGNOLA LLC	PO BOX 1251 DRIPPING SPRINGS, TX 78620
7	KOY, JAMES T & VALERIE K	1225 COUNTY ROAD 155 GEORGETOWN, TX 78626
8	MERKORD, JUDY	755 CR 155 GEORGETOWN, TX 78626
9	WAREHIME, JAMES S & KAREN JEAN	255 COUNTY ROAD 154 GEORGETOWN, TX 78626-1910
10	PACIFIC SUNRISE HOLDINGS LLC	51 PRIVATE ROAD 915 GEORGETOWN, TX 78626
11	SMITH, EDITH M & LESLIE H STOLLE	301 CR 154 GEORGETOWN, TX 78626
12	ORTUNO, CUTBERTO & NOEMI TRUSTEES OF ORTUNO FAMILY TRUST	1117 TERRA ST ROUND ROCK, TX 78665
13	DOMEL, CLIFFORD	313 ORE LN JARRELL, TX 76537
14	BRADFORD, JAMES L	803 CIELO DR GEORGETOWN, TX 78628
15	GT RANCH HOUSE LLC	3816 ALPINE RIDGE CV LEANDER, TX 78641
16	STRATA TRUST COMPANY CUSTODIAN F/B/O SCOTT SENTENEY	100 E WHITESTONE BLVD #STE 148 CEDAR PARK, TX 78613
17	OVERLOOK AT WEIR	664 COUNTY ROAD 154, GEORGETOWN, TX 78626
18	LEDEZMA, ADRIAN & DAISY VALDES	1100 SOUTHWALK ST #UNIT B GEORGETOWN, TX 78626
19	MARTINEZ, KATIA DUQUESNE	101 CONTRADA GRACE LN HUTTO, TX 78634
20	MARKANTI, APARNA M & DEEPA NUNAPALLI	731 CASCADE LN ROUND ROCK, TX 78681
21	ESPINOZA, JESSE & JOSE GARCIA	1908 HERMITAGE DR ROUND ROCK, TX 78681
22	COWLES, JOE R	5407 JACKWOOD ST HOUSTON, TX 77096
23	BROOKWOOD IN GEORGETOWN VOCATIONAL	905 N CHURCH ST #STE 101 GEORGETOWN, TX 7862
24	CHARLOTTE LYN DAVIS TR CHARLOTTE DAVIS TRUST	11568 PENDLETON TROY RD TROY, TX 76579
25	KNAUTH, KIRBY DON	PO BOX 152 WEIR, TX 78674
26	ROBINSON, JAMES E, Jr	PO BOX 393 WEIR, TX 78674
27	RRRR PARTNERS LTD	PO BOX 397 WEIR, TX 78674
28	GREGORY, JEANETTE A & ALEXANDRA C CAMPO	PO BOX 40 WEIR, TX 78674
29	FOX LINDA CAROL PETERSON	PO BOX 62 WEIR, TX 78674
30	MERKORD, MELISSA C	PO BOX 191 WEIR, TX 78674
31	KNAUTH, HELYNE	PO BOX 147 WEIR, TX 78674
32	STEIN REALTY LLC	5651 FM 971 GEORGETOWN, TX 78626