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

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

PERMIT NO. WQ0004781000

APPLICATION. Colorado Bend I Power, LLC, 3863 South State Highway 60, Wharton, Texas 77488, which owns a natural gas-fired combined-cycle electric generating facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004781000 (EPA I.D. No. TX0128341) to authorize the discharge of treated wastewater and stormwater at a volume not to exceed a daily average flow of 1,160,000 gallons per day. The facility is located at 3863 South State Highway 60, near the city of Wharton, in Wharton County, Texas 77488. The discharge route is from the plant site directly to the Colorado River Below La Grange. TCEQ received this application on October 15, 2024. The permit application will be available for viewing and copying at Wharton County Library, reading room, 1920 North Fulton Street, Wharton, in Wharton 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=-96.066944,29.288611&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.**

TCEQ may act on an application to renew a permit for discharge of wastewater without providing an opportunity for a contested case hearing if certain criteria are met.

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

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

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

Further information may also be obtained from Colorado Bend I Power, LLC at the address stated above or by calling Mr. Shelton Clerk, Ph.D., HSE Manager, at 979-358-3049.

Issuance Date: November 6, 2024

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
RENOVACION

PERMISO NO. WQ0004781000

SOLICITUD. Colorado Bend I Power, LLC, 3863 South State Highway 60, Wharton, Texas 77488, propietaria de una instalación de generación eléctrica de ciclo combinado a gas natural, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) la renovación del Permiso No. WQ0004781000 (EPA, I.D. No. TX0128341) autorizar la descarga de aguas residuales y pluviales tratadas a un volumen que no exceda un caudal promedio diario de 1,160,000 galones por día. La instalación está ubicada en 3863 South State Highway 60, cerca de la ciudad de Wharton, en el condado de Wharton, Texas 77488. La ruta de descarga es desde el sitio de la planta directamente al río Colorado debajo de La Grange. TCEQ recibió esta solicitud el 15 de octubre de 2024. La solicitud de permiso estará disponible para ver y copiar en la Biblioteca del Condado de Wharton, sala de lectura, 1920 North Fulton Street, Wharton, en el Condado de Wharton, Texas antes de la fecha en que se publique este aviso en el periódico. La solicitud, incluidas las actualizaciones, y los avisos asociados están disponibles electrónicamente en la siguiente página web:
https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications
Este enlace a un mapa electrónico de la ubicación general del sitio o instalación se proporciona como una cortesía pública y no forma parte de la solicitud o aviso. Para conocer la ubicación exacta, consulte la aplicación.
https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.066944,29.288611&level=18

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar

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

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

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

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

presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

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

CONTACTOS E INFORMACIÓN 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 más información de Colorado Bend I Power, LLC en la dirección indicada anteriormente o llamando al Sr. Shelton Clerk, Ph.D., Gerente de HSE, al 979-358-3049.

Fecha de emission: 6 de noviembre de 2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Colorado Bend I Power, LLC (CN 604698449) operates Colorado Bend (CB) I Power (RN104772538), a natural gas-fired power plant with 530 megawatt (MW) combined cycle gas turbines (CCGT) and a 74 MW open-cycle gas turbine (OCGT). The facility is located at 3863 South State Highway 60, in Wharton, Wharton County, Texas 77488. The application is submitted for renewal of the existing TPDES discharge permit, The application also requests deletion of the interim limits/conditions for Outfall 001 that included discharges from the adjacent Colorado Bend II Power facility. Colorado Bend II Power discharges are authorized by TPDES Permit No. WQ0005296000.

Discharges from the facility are expected to contain free available and total residual chlorine, total suspended solids, oil and grease, pH, and temperature. Other potential pollutants that may be in the discharges are included in Worksheet 2 of the TPDES application.. The TPDES permit authorizes the discharge of cooling tower blowdown, low volume wastes, stormwater from areas of industrial activity and water treatment wastes. Cooling tower blowdown and

low volume wastes are subject to the Federal Effluent Limitations Guidelines at 40 Code of Federal Register Part 423. Potentially contaminated stormwater is treated by an oil/water separator.

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

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

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

Colorado Bend I Power, LLC (CN 604698449) opera Colorado Bend I Power (RN104772538), una central eléctrica alimentada por gas natural con turbinas de gas de ciclo combinado (CCGT) de 530 megavatios (MW) y una turbina de gas de ciclo abierto de 74 MW. (OCGT) . La instalación está ubicada en 3863 South State Highway 60, en Wharton, Condado de Wharton, Texas 77488. La solicitud se presenta para la renovación del permiso de descarga del TPDES existente. La solicitud también solicita la eliminación de los límites/condiciones provisionales para el emisario 001 que incluía descargas. de las instalaciones adyacentes de Colorado Bend II Power. Las descargas de Colorado Bend II Power están autorizadas mediante el permiso TPDES No. WQ0005296000.

Se espera que las descargas de la instalación contengan cloro libre disponible y residual total, sólidos suspendidos totales, aceite y grasa, pH y temperatura. Otros posibles contaminantes que pueden estar en las descargas se incluyen en la Hoja de Trabajo 2 de la solicitud TPDES.. El permiso TPDES autoriza la descarga de purgas de torres de enfriamiento, desechos de bajo volumen, aguas pluviales de áreas de actividad industrial y desechos de tratamiento de agua. La purga de torres de enfriamiento y los desechos de bajo volumen están sujetos a las Pautas federales de limitaciones de efluentes en el Código 40 del Registro Federal, Parte 423. Las aguas pluviales potencialmente contaminadas están tratado por se tratan mediante un separador de aceite/agua.

Clerk, Shelton (EthosEnergy)

From: steers@tceq.texas.gov
Sent: Wednesday, October 9, 2024 3:17 PM
To: Nicolas PICHON
Subject: TCEQ ePay Receipt for 582EA000628721

This is an automated message from the TCEQ ePay system. Please do not reply.
Trace Number: 582EA000628721
Date: 10/09/2024 03:16 PM
Payment Method: ACH - Authorization 0084716226 TCEQ Amount: $2,015.00 Texas.gov Price: $2,015.00*

* 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.

Actor: NICOLAS PICHON
Email: nicolas.pichon@totalenergies.com

Payment Contact: AMANDA HONEY
Phone: 979-358-3055
Company: COLORADO BEND I POWER LLC
Address: 3863 S STATE HWY 60, WHARTON, TX 77488

Fees Paid:
Fee Description AR Number Amount
WW PERMIT - MAJOR INDUSTRIAL FACILITY - RENEWAL $2,000.00
30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE $15.00

TCEQ Amount: $2,015.00

==========
Voucher: 724901
Trace Number: 582EA000628721
Date: 10/09/2024 03:16 PM
Payment Method: ACH - Authorization 0084716226 Voucher Amount: $2,000.00 Fee Paid: WW PERMIT - MAJOR INDUSTRIAL FACILITY - RENEWAL RN Number: RN104772538 Site Name: COLORADO BEND I POWER LLC Site Address: 3863 S STATE HWY 60, WHARTON, TX 77488 Site Location: 3863 S STATE HWY 60 WHARTON TX 77488 CN Number: CN602999633 Customer Name: COLORADO BEND I POWER LLC Customer Address: 3863 S STATE HWY 60, WHARTON, TX 77488 Program Area ID: INDUSTRIAL

Voucher: 724902
Trace Number: 582EA000628721
Date: 10/09/2024 03:16 PM
Payment Method: ACH - Authorization 0084716226 Voucher Amount: $15.00 Fee Paid: 30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE

==========
To print out a copy of the receipt and vouchers for this transaction either click on or copy and paste the following url into your browser:

Colorado Bend I Power, LLC
TPDES Permit Application

Application Contents

Administrative Report 1.0

Supplemental Permit Information Form (SPIF)

Technical Report 1.0

Worksheet 2 - Pollutant Characterization

Worksheet 4 - Receiving Waters

Attachments

		Cross-reference to Application Item
SPIF-1	USGS Map	SPIF-8
A-1	Copy of Application Fee Payment – Delegation Letter	AR1.0-1.h
A-2	Core Data Form	AR1.0-4.a
A-3	Plain Language Summary	AR1.0-9.f
A-4	USGS Map	AR1.011.b
T-1	Wastewater Flow Diagram	TR -2.b
T-2	Wastewater Sources	WS1-3
T-3	Facility Plot Plan	TR-1.d
T-4	Treatment Chemicals and SDSs	TR-5.d
T-5	Contract Laboratory	WS2-2.c

Reference Key

AR1.0	Administrative Report 1.0
AR1.1	Administrative Report 1.1
TR	Technical Report
SPIF	Supplemental Permit Information Form
WS1	Worksheet 1
WS2	Worksheet 2

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the industrial wastewater permit application.

APPLICANT NAME: Colorado Bend I Power, LLC

PERMIT NUMBER (If new, leave blank): WQ00 04781000

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

	Y	N		Y	N
Administrative Report 1.0	☒	☐	Worksheet 8.0	☐	☒
Administrative Report 1.1	☐	☒	Worksheet 9.0	☐	☒
SPIF	☒	☐	Worksheet 10.0	☐	☒
Core Data Form	☒	☐	Worksheet 11.0	☐	☒
Public Involvement Plan Form	☐	☒	Worksheet 11.1	☐	☒
Plain Language Summary	☒	☐	Worksheet 11.2	☐	☒
Technical Report 1.0	☒	☐	Worksheet 11.3	☐	☒
Worksheet 1.0	☒	☐	Original USGS Map	☒	☐
Worksheet 2.0	☒	☐	Affected Landowners Map	☐	☒
Worksheet 3.0	☐	☒	Landowner Disk or Labels	☐	☒
Worksheet 3.1	☐	☒	Flow Diagram	☒	☐
Worksheet 3.2	☐	☒	Site Drawing	☒	☐
Worksheet 3.3	☐	☒	Original Photographs	☐	☒
Worksheet 4.0	☒	☐	Design Calculations	☐	☒
Worksheet 4.1	☐	☒	Solids Management Plan	☐	☒
Worksheet 5.0	☐	☒	Water Balance	☒	☐
Worksheet 6.0	☐	☒			
Worksheet 7.0	☐	☒			

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report (TCEQ Form-20893 and 20893-inst[1]).

Item 1. Application Information and Fees (Instructions, Page 26)

a. Complete each field with the requested information, if applicable.

Applicant Name: Colorado Bend I Power, LLC

Permit No.: WQ0004781000

EPA ID No.: TX0128341

Expiration Date: April 15, 2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active ☐ Inactive

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

☒ TPDES Permit ☐ TLAP ☐ TPDES with TLAP component

e. Check the box next to the appropriate application type.

☐ New

☒ Renewal with changes ☐ Renewal without changes

☐ Major amendment with renewal ☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

f. If applying for an amendment or modification, describe the request: Click to enter text.

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

[1] https://www.tceq.texas.gov/publications/search_forms.html

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	☐ $350	☐ $350	☐ $315	☐ $150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	☐ $1,250	☐ $1,250	☐ $1,215	☐ $150
Major facility	N/A [2]	☐ $2,050	☒ $2,015	☐ $450

h. Payment Information Attachment A-1

Mailed

Check or money order No.: Click to enter text.

Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: Click to enter text.

Copy of voucher attachment: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN602999633

Note: Locate the customer number using the TCEQ's Central Registry Customer Search[3].

b. Legal name of the entity (applicant) applying for this permit: Colorado Bend I Power, LLC

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Mr. Full Name (Last/First Name): Mercier/Dan

Title: Facility Manager Credential: Click to enter text.

d. Will the applicant have overall financial responsibility for the facility?

☒ Yes ☐ No

[2] All facilities are designated as minors until formally classified as a major by EPA.

[3] https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 27)

☒ Check this box if there is no co-applicant.; otherwise, complete the below questions.

a. Legal name of the entity (co-applicant) applying for this permit: Click to enter text.

Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

b. Customer Number (if applicant is an existing customer): CNClick to enter text.

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

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

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 27)

a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: A-2

Item 5. Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

a. ☒ Administrative Contact . ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Clerk/Shelton

Title: HSE Manager Credential: Ph.D.

Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77488

Phone No: 979-358-3049 Email: Shelton.Clerk@ethosenergy.com

b. ☒ Administrative Contact ☒ Technical Contact

Prefix: Ms. Full Name (Last/First Name): Floreslovo/Gabriela

Title: Environmental Manager Credential: Click to enter text.

Organization Name: Ethos Energy

Mailing Address: 6225 W. Sam Houston Pkwy N. City/State/Zip: Houston/TX/77041

Phone No: 346-214-7521 Email: Gabriela.Floreslovo@ethosenergy.com

Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Page 28)

Provide two names of individuals that can be contacted throughout the permit term.

a. Prefix: Mr. Full Name (Last/First Name): Clerk/Shelton

Title: HSE Manager Credential: Ph.D.

Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77488

Phone No: 979-358-3049 Email: Shelton.Clerk@ethosenergy.com

b. Prefix: Mr. Full Name (Last/First Name): Mercier/Dan

Title: Facility Manager Credential: Click to enter text.

Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77488

Phone No: 763-443-8692 Email: Dan.Mercier@ethosenergy.com

Attachment: NA

Item 7. Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for 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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Prefix: Mr. Full Name (Last/First Name): Mercier/Dan

Title: Facility Manager Credential: Click to enter text.

Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77488

Phone No: 763-443-8692 Email: Dan.Mercier@ethosenergy.com

Item 8. DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Mr. Full Name (Last/First Name): Mercier/Dan

Title: Facility Manager Credential: Click to enter text.

Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77488

Phone No: 763-443-8692 Email: Dan.Mercier@ethosenergy.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Clerk/Shelton

Title: HSE Manager Credential: Ph.D.

Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77468

Phone No: 979-358-3049 Email: Shelton.Clerk@ethosenergy.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☒ E-mail: Shelton.Clerk@ethosenergy.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Clerk/Shelton

Title: HSE Manager Credential: Ph.D.

Organization Name: Colorado Bend I Power, LLC

Phone No: 979-358-3049 Email: Shelton.Clerk@ethosenergy.com

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Wharton County Library Location within the building: Reading Room

Physical Address of Building: 1920 North Fulton

City: Wharton County: Wharton

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.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is 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 Item 8 (Regulated Entity and Permitted Site Information.)

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 ☐ N/A

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. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: A-3

g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: NA

Item 10. Regulated Entity and Permitted Site Information (Instructions Page 29)

a. TCEQ issued Regulated Entity Number (RN), if available: RN104772538

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

b. Name of project or site (the name known by the community where located): Colorado Bend I Power, LLC

c. Is the location address of the facility in the existing permit the same?

☒ Yes ☐ No ☐ N/A (new permit)

Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

d. Owner of treatment facility:

Prefix: NA Full Name (Last/First Name): NA

or Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77488

Phone No: 763-443-8692 Email: Dan.Mercier@ethosenergy.com

e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal

f. Owner of land where treatment facility is or will be: Colorado Bend I Power, LLC

Prefix: NA Full Name (Last/First Name): NA

or Organization Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Highway 60 City/State/Zip: Wharton/TX/77488

Phone No: 763-443-8692 Email: Dan.Mercier@ethosenergy.com

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: NA

g. Owner of effluent TLAP disposal site (if applicable): NA

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

h. Owner of sewage sludge disposal site (if applicable): NA

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Page 31)

a. Is the facility located on or does the treated effluent cross Native American Land?

☐ Yes ☒ No

b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

☒ One-mile radius

☒ Applicant's property boundaries

☒ Labeled point(s) of discharge

☐ Effluent disposal site boundaries

☐ Sewage sludge disposal site

☒ Three-miles downstream information

☐ Treatment facility boundaries

☒ Highlighted discharge route(s)

☐ All wastewater ponds

☐ New and future construction

Attachment: A-4

c. Is the location of the sewage sludge disposal site in the existing permit accurate? NA

☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

d. Are the point(s) of discharge in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

e. Are the discharge route(s) in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: Click to enter text.

f. City nearest the outfall(s): Wharton

g. County in which the outfalls(s) is/are located: Wharton

h. 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, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: NA

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: NA

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

☐ Yes No or New Permit ☐ Click to enter text.

If no, or a new application, provide an accurate location description: Click to enter text.

j. City nearest the disposal site: Click to enter text. NA

k. County in which the disposal site is located: Click to enter text. NA

l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: Click to enter text. NA

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

Item 12. Miscellaneous Information (Instructions, Page 33)

a. 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: Click to enter text.

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: Click to enter text.

Total amount due: Click to enter text.

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: Click to enter text.

Amount due: Click to enter text.

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0004781000

Applicant Name: Colorado Bend I Power, LLC

Certification: I, Dan Mercier, 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): Dan Mercier

Signatory title: Facility Manager

Signature: Dan Mercier (Use blue ink) Date: 9-26-2024

Subscribed and Sworn to before me by the said Daniel Mercier

on this 26th day of September, 2024.

My commission expires on the 2nd day of March, 2026.

Jenna Popp-York
Notary Public

JENNA N POPP-YORK
NOTARY PUBLIC
STATE OF TEXAS
ID # 13147085-2
My Comm. Expires 03-02-2026
[SEAL]

Wharton
County, Texas

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

INDUSTRIAL 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: SPIF

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Permit No:** WQ0004781000

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.
5. APPLICATION INFORMATION

   Name of Project or Site: Colorado Bend I Power

   Physical Address of Project or Site: 3863 South Highway 60, Wharton

   If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.
   Attachment: Click to enter text.

Staple Check or Money Order in This Space

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

☒ Core Data Form (TCEQ Form No. 10400)
(Required for all applications 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
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

☒ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

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

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

☒ N/A ☐ Landowners Map
(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.

☒ N/A ☐ Landowners Cross Reference List
(See instructions for landowner requirements.)

☒ N/A ☐ Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)

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

☒ Plain Language Summary

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Colorado Bend I Power, LLC

   Permit No. WQ00 04781000 EPA ID No. TX 0148321

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

   3863 South State Highway 60, Wharton, Wharton County

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

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

First and Last Name: Shelton Clerk

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

Title: HSE Manager

Mailing Address: 3863 South State Highway 60

City, State, Zip Code: Wharton, TX 77488

Phone No.: 979-358-3049 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: Shelton.Clerk@ethosenergy.com

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

NA

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.

By pipeline directly to the Colorado River Below La Grange in Segment No. 1402 of the Colorado River Basin

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). NA

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):

NA

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

Industrial – Power Plant. Previous use was agriculture.

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:

Click here to enter text.

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

Click here to enter text.

Attachment SPIF-1

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WHARTON QUADRANGLE
TEXAS—WHARTON CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

Colorado Bend I

Colorado Bend II

Discharge Pipeline

1 Mile Radius

- Discharge Location
- Downstream Mile
- Discharge Path
- Property Boundary
- 1 Mile Radius

Mapped, edited, and published by the Geological Survey

Control by USGS, NOS/NOAA, USCE, and Texas GLO—State Reclamation Department

Culture and drainage in part compiled from aerial photographs taken 1951. Topography by plane-table surveys by Texas GLO—State Reclamation Department 1939, and by U.S. Corps of Engineers 1945. Field check 1953

Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system, south central zone

Red tint indicates area in which only landmark buildings are shown

1000-meter Universal Transverse Mercator grid ticks, zone 14, shown in blue

UTM GRID AND 1980 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

To place on the predicted North American Datum 1983 move the projection lines 22 meters south and 23 meters east as shown by dashed corner ticks

SCALE 1:24 000

CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION

Heavy-duty — 4 LANE | 6 LANE — Light-duty
Medium-duty — 4 LANE | 6 LANE — Unimproved dirt
U. S. Route — State Route

QUADRANGLE LOCATION

2996—141

Revisions shown in purple compiled from aerial photographs taken 1977 and other source data. THis information not field checked. Map edited 1980

Purple tint indicates extension of urban areas

WHARTON, TEX.
N2915—W9600/7.5

1953
PHOTOREVISED 1980
DMA 6742 I SE—SERIES V882

INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1981

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For **additional information** or clarification on the requested information, please refer to the Instructions for Completing the Industrial Wastewater Permit Application[1] available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

Item 1. Facility/Site Information (Instructions, Page 39)

a. Describe the general nature of the business and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

Colorado Bend I Power, LLC is a natural gas-fired power plant with 530 megawatts (MW) of combined cycle gas turbine capacity (CCGT) and a 74 MW open-cycle gas turbine (OCGT).

b. Describe all wastewater-generating processes at the facility.

Cooling tower blowdown, boiler blowdown, low volume wastes (as defined in 40 CFR 423.11), water treatment system wastewater (e.g., reverse osmosis reject), oil/water separator discharge, and contact stormwater. These wastewater sources are combined and used as supplemental make-up water for the cooling towers or sent through Internal Outfalls 201 and 301 to Outfall 001. (Attachment T-1)

[1] https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
Natural gas	Steam	Electricity
Water		

Attachment: NA

d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: T-3

e. Is this a new permit application for an existing facility?

☐ Yes ☒ No

If **yes**, provide background discussion: Click to enter text.

f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA Flood Insurance Rate Map No. 48481C0365E

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposed to prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area: Click to enter text.

Attachment: Click to enter text.

g. For **new** or **major amendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

☐ Yes ☐ No ☒ N/A (renewal only)

h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?

☐ Yes ☐ No

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

If **no**, provide an approximate date of application submittal to the USACE: Click to enter text.

Item 2. Treatment System (Instructions, Page 40)

a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

Stormwater from secondary containment areas where oils are used/stored flows to oil/water separators (O/W Separators), thence to a collection sump, thence to either a cooling tower as make-up water or is discharged to the wastewater lift station through Internal Outfalls 201 and 301, thence to Outfall 001.

b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: T-1

Item 3. Impoundments (Instructions, Page 40)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☐ Yes ☒ No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a – 3.e.

a. Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.

Use Designation: Indicate the use designation for each impoundment as Treatment (**T**), Disposal (**D**), Containment (**C**), or Evaporation (**E**).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (**C**), In-situ clay liner (**I**), Synthetic/plastic/rubber liner (**S**), or Alternate liner (**A**). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter **Y** for yes. Otherwise, enter **N** for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information - No Impoundments at CB I

Parameter	**Pond #**	**Pond #**	**Pond #**	**Pond #**
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment: NA

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments. **N/A – no new/proposed impoundments**

b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

NOTE: Item b.3 is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment: Click to enter text.

For TLAP applications: Items 3.c – 3.e are **not required**, continue to Item 4.

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within ½-mile of the impoundments.

Attachment: Click to enter text.

d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment: Click to enter text.

e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment: Click to enter text.

Item 4. Outfall/Disposal Method Information (Instructions, Page 42)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/0r numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal

area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	29.285278	96.092222

Outfall Location Description

Outfall No.	Location Description
001	At Outfall 001 prior to entering the Colorado River

Description of Sampling Point(s) (if different from Outfall location)

Outfall No.	Description of sampling point

Outfall Flow Information – Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	1.16	1.345	1.16	1.345	Current permit

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	Y	N	Flow meter at lift station

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	N	Y	N	24	30	12

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Cooling tower blowdown*	1.16	100 (normal)
*Low volume wastewater and stormwater is used as cooling tower make-up or is monitored at IO 201 and IO 301 and discharged at Outfall 001.		

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Attachment: Click to enter text.

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility currently or proposes to:

☒ Yes ☐ No Use cooling towers that discharge blowdown or other wastestreams

☐ Yes ☒ No Use boilers that discharge blowdown or other wastestreams

☐ Yes ☒ No Discharge once-through cooling water

NOTE: If the facility uses or plans to use cooling towers or once-through cooling water, Item 12 **is required**.

b. If **yes** to any of the above, attach an SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: T-5

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers	2	1,160,000	1,345,000
Boilers	4	44,000 (used as C/T make up)	44,000 (used as C/T make up)

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls discharge stormwater associated with industrial activities, as defined at *40 CFR § 122.26(b)(14)*, commingled with any other wastestream?

☒ Yes ☐ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater: Secondary containment for oil-filled equipment drains to O/W Separators and is then used as C/T make up or may be discharged through Outfall 001 after monitoring at IO 201 and IO 301.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.

☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.

☒ Domestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.

☐ Domestic and industrial treatment sludge ARE commingled prior to use or disposal.

☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.

☐ Facility is a POTW. Complete Worksheet 5.0.

☐ Domestic sewage is not generated on-site.

☐ Other (e.g., portable toilets), specify and Complete Item 7.b: Click to enter text.

b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
City of Wharton (POTW)	WQ0010381-001

Item 8. Improvements or Compliance/Enforcement Requirements (Instructions, Page 45)

a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

☐ Yes ☒ No

b. Has the permittee completed or planned for any improvements or construction projects?

☐ Yes ☒ No

c. If **yes** to either 8.a **or** 8.b, provide a brief summary of the requirements and a status update: Click to enter text.

Item 9. Toxicity Testing (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☒ Yes ☐ No

If **yes**, identify the tests and describe their purposes: 48-hr acute WET tests for P. promelas and D. Pulex/C. dubia are required by the TPDES permit.

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA. **Attachment:** NA

Item 10. Off-Site/Third Party Wastes (Instructions, Page 45)

a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?

☐ Yes ☒ No

If **yes**, provide responses to Items 10.b through 10.d below.

If **no**, proceed to Item 11.

b. Attach the following information to the application:

- List of wastes received (including volumes, characterization, and capability with on-site wastes).
- Identify the sources of wastes received (including the legal name and addresses of the generators).
- Description of the relationship of waste source(s) with the facility's activities.

Attachment: Click to enter text.

c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?

☒ Yes ☐ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment: Colorado Bend II Power, LLC, 4023 S. State Hwy 60, Wharton, WQ0005296000

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☒ No

If **yes**, **Worksheet 6.0** of this application **is required**.

Item 11. Radioactive Materials (Instructions, Page 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

a. Does the facility use or propose to use water for cooling purposes?

☒ Yes ☐ No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☒ Yes ☐ No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

1. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

2. Cooling water is/will be obtained from a Public Water Supplier (PWS)

   ☐ Yes ☐ No

   If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No. Click to enter text.

3. Cooling water is/will be obtained from a reclaimed water source?

   ☐ Yes ☐ No

   If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here: Click to enter text.

4. Cooling water is/will be obtained from an Independent Supplier

   ☐ Yes ☐ No

   If **no**, proceed to Item 12.d. If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes and proceed: Click to enter text.

d. 316(b) General Criteria

1. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

   ☐ Yes ☐ No

2. At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.

   ☐ Yes ☐ No

3. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

   ☐ Yes ☐ No

   If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: Click to enter text.

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses**/proposes **to use cooling towers**.

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

1. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

2. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.3.

g. Compliance Phase and Track Selection

1. Phase I – New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – AIF greater than 2 MGD, but less than 10 MGD

- Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.

☐ Track I – AIF greater than 10 MGD

- Attach information required by *40 CFR § 125.86(b)*.

☐ Track II

- Attach information required by *40 CFR § 125.86(c)*.

Attachment: Click to enter text.

2. Phase II – Existing facility subject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

3. Phase III – New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection and provide the requested information.

☐ Track I – Fixed facility

- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – Not a fixed facility

- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).

☐ Track II – Fixed facility

- Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment: Click to enter text.

Item 13. Permit Change Requests (Instructions, Page 48)

This item is only applicable to existing permitted facilities.

a. Is the facility requesting a **major amendment** of an existing permit?

☐ Yes ☒ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

Click to enter text.

b. Is the facility requesting any **minor amendments** to the permit?

☐ Yes ☒ No

If **yes**, list and describe each change individually.

Click to enter text.

c. Is the facility requesting any **minor modifications** to the permit?

☒ Yes ☐ No

If **yes**, list and describe each change individually.

Delete interim limits/conditions for Outfall 001 that included discharges from Colorado Bend I PowerI. Colorado Bend I PowerI is now authorized to discharge by TPDES Permit No. WQ0005296000. Both discharges are combined after monitoring and pumped to the Colorado River in the same pipeline.

Item 14. Laboratory Accreditation (Instructions, Page 49)

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: Dan Mercier

Title: Facility Manager

Signature: Dan Mercier

Date: 9-26-2024

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Categorical Industries (Instructions, Page 53)

Is this facility subject to any 40 CFR categorical ELGs outlined on page 53 of the instructions?

☒ Yes ☐ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information below.

40 CFR Effluent Guideline

Industry	40 CFR Part
Steam electric power generation	423

Item 2. Production/Process Data (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. Production Data – Not Applicable to Part 423 facilities

Provide appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*. **Not applicable**

Percentage of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metals	Appendix A - Cyanide

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

Not applicable

Item 3. Process/Non-Process Wastewater Flows (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

Cooling tower blowdown – Normally 100% of final effluent.

Low volume wastewater including stormwater from secondary containment (treated in O/W Separator), boiler blowdown, service water, reverse osmosis reject, and other miscellaneous sources are used to supplement cooling tower make up water. These wastewater sources may be monitored at IO 201 and IO 301 and discharged directly to the Outfall 001 lift station when necessary.

The application requests that all of the above sources be authorized for discharge by the TPDES permit.

See Attachment T-2 for details.

Item 4. New Source Determination (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater Generating Processes Subject to Effluent Guidelines

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced
Cooling Tower Blowdown	423	423.15	May 2007
Low Volume Wastes	423	423.15	May 2007

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: POLLUTANT ANALYSIS

Worksheet 2.0 **is required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

Item 1. General Testing Requirements (Instructions, Page 55)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): 05/14/24-06/04/24

b. ☒ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** T-5

Item 2. Specific Testing Requirements (Instructions, Page 56)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment: Not applicable**

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 is required for all external outfalls for all TPDES permit applications.

Table 1 for Outfall No.: 001 **Samples are (check one): ☒ Composite ☐ Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)	<3.00	<2.14	29	3.55
CBOD (5-day)	<3.00	2.39	4.06	<3.00
Chemical oxygen demand	25	8	4.95	<3.36
Total organic carbon	1.83	1.07	0.579	0.771
Dissolved oxygen	11.0	10.8	9.24	10.6
Ammonia nitrogen	0.13	0.0653	0.17	<0.0508
Total suspended solids	<4.00	<8.00	<4.00	<4.00
Nitrate nitrogen	0.269	0.778	2.07	1.04
Total organic nitrogen	1.04	0.605	0.374	0.368
Total phosphorus	1.55	1.85	2.38	1.99
Oil and grease	<1.57	16.4	<1.57	<1.57
Total residual chlorine	<0.050	<0.050	<0.050	<0.050

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids	1410	1690	2670	2080
Sulfate	588	660	1480	<0.20*
Chloride	199	233	348	285
Fluoride	1.54	1.89	1.50	2.5
Total alkalinity (mg/L as CaCO3)	76	71.1	76.5	69.6
Temperature (˚F)	72.7	84.4	74.1	84.2
pH (standard units)	6.98	6.54	6.76	7.58

*Matrix spike/matrix spike duplicate recoveries were 0% indicating an invalid test result.

Table 2 for Outfall No.: 001 **Samples are (check one): ☒ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total	5.42	6.58	<3.01	<3.01	2.5
Antimony, total	7.79	10.6	13.8	9.64	5
Arsenic, total	11.7	12.4	17.6	14.7	0.5
Barium, total	404	473	634	772	3
Beryllium, total	<0.148	<0.148	<0.148	<0.148	0.5
Cadmium, total	<0.258	<0.258	<0.258	<0.258	1
Chromium, total	0.605	1.2	<0.325	0.704	3
Chromium, hexavalent	<0.2	<2.00	<2.00	<2.00	3
Chromium, trivalent	<0.2	<2.00	<2.00	<2.00	N/A
Copper, total	36.7	11.4	10.7	8.07	2
Cyanide, available	4.27	2.21	<2.00	<2.33	2/10
Lead, total	0.349	<0.140	<0.140	<0.140	0.5
Mercury, total	0.00126	0.00948	0.00463	0.00605	0.005/0.0005
Nickel, total	8.63	1.58	3.38	3.07	2
Selenium, total	1.95	2.53	2.33	5.19	5
Silver, total	<0.118	<0.118	<0.118	<0.118	0.5
Thallium, total	<0.215	<0.215	<0.215	<0.215	0.5
Zinc, total	71.6	2.82	4.68	3.38	5.0

TABLE 3 (Instructions, Page 58)

Completion of Table 3 **is required** for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 **is required** for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)***
Acrylonitrile	<14.3	<14.4	<14.3	<14.3	50
Anthracene	<1.50	<1.50	<1.50	<1.50	10
Benzene	<0.460	<0.461	<0.460	<0.460	10
Benzidine	<4.80	<4.80	<4.80	<4.80	50
Benzo(a)anthracene	<0.173	<0.173	<0.173	<0.173	5
Benzo(a)pyrene	<0.364	<0.364	<0.364	<0.364	5
Bis(2-chloroethyl)ether	<2.16	<2.16	<2.16	<2.16	10
Bis(2-ethylhexyl)phthalate	<0.277	<0.277	<0.277	<0.277	10
Bromodichloromethane [Dichlorobromomethane]	<0.552	<0.552	<0.552	<0.552	10
Bromoform	<0.633	<0.633	<0.633	<0.633	10
Carbon tetrachloride	<0.896	<0.896	<0.896	<0.896	2
Chlorobenzene	<0.455	<0.455	<0.455	<0.455	10
Chlorodibromomethane [Dibromochloromethane]	<0.547	<0.547	<0.547	<0.547	10
Chloroform	<0.464	<0.464	<0.464	<0.464	10
Chrysene	<0.222	<0.222	<0.222	<0.222	5
m-Cresol [3-Methylphenol]	<2.62	<2.62	<2.62	<2.62	10
o-Cresol [2-Methylphenol]	<1.62	<1.62	<1.62	<1.62	10
p-Cresol [4-Methylphenol]	<2.62	<2.62	<2.62	<2.62	10
1,2-Dibromoethane	<0.999	<0.999	<0.999	<0.999	10
m-Dichlorobenzene [1,3-Dichlorobenzene]	<1.44	<1.44	<1.44	<1.44	10
o-Dichlorobenzene [1,2-Dichlorobenzene]	<1.62	<1.62	<1.62	<1.62	10
p-Dichlorobenzene [1,4-Dichlorobenzene]	<1.55	<1.55	<1.55	<1.55	10
3,3'-Dichlorobenzidine	<0.341	<0.341	<0.341	<0.341	5
1,2-Dichloroethane	<0.372	<0.372	<0.372	<0.372	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]	<0.635	<0.635	<0.635	<0.635	10
Dichloromethane [Methylene chloride]	<1.73	<1.73	<1.73	<1.73	20
1,2-Dichloropropane	<0.556	<0.556	<0.556	<0.556	10
1,3-Dichloropropene [1,3-Dichloropropylene]	<1.07	<1.07	<1.07	<1.07	10
2,4-Dimethylphenol	<0.649	<0.649	<0.649	<0.649	10
Di-n-Butyl phthalate	<0.262	<0.262	<0.262	<0.262	10
Ethylbenzene	<0.385	<0.385	<0.385	<0.385	10
Fluoride	1540	1890	1500	2500	500
Hexachlorobenzene	<0.307	<0.307	<0.307	<0.307	5
Hexachlorobutadiene	<0.236	<0.236	<0.236	<0.236	10
Hexachlorocyclopentadiene	<4.58	<4.58	<4.58	<4.58	10
Hexachloroethane	<0.526	<0.526	<0.526	<0.526	20
Methyl ethyl ketone	<8.28	<8.28	<8.28	<8.28	50
Nitrobenzene	<1.66	<1.66	<1.66	<1.66	10
N-Nitrosodiethylamine	<1.75	<1.75	<1.75	<1.75	20
N-Nitroso-di-n-butylamine	<1.49	<1.49	<1.49	<1.49	20
Nonylphenol	<1.100	<1.120	<1.120	<1.120	333
Pentachlorobenzene	<1.07	<1.07	<1.07	<1.07	20
Pentachlorophenol	<0.234	<0.234	<0.234	<0.234	5
Phenanthrene	<1.42	<1.42	<1.42	<1.42	10
Polychlorinated biphenyls (PCBs) (**)	<0.0125	<0.0125	<0.0125	<0.0125	0.2
Pyridine	<2.64	<2.64	<2.64	<2.64	20
1,2,4,5-Tetrachlorobenzene	<1.32	<1.32	<1.32	<1.32	20
1,1,2,2-Tetrachloroethane	<0.470	<0.470	<0.470	<0.470	10
Tetrachloroethene [Tetrachloroethylene]	<0.655	<0.655	<0.655	<0.655	10
Toluene	<0.475	<0.475	<0.475	<0.475	10
1,1,1-Trichloroethane	<0.585	<0.585	<0.585	<0.585	10
1,1,2-Trichloroethane	<0.411	<0.411	<0.411	<0.411	10
Trichloroethene [Trichloroethylene]	<1.50	<1.50	<1.50	<1.50	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4,5-Trichlorophenol	<2.00	<2.00	<2.00	<2.00	50
TTHM (Total trihalomethanes)	<0.633	<0.633	<0.633	<0.633	10
Vinyl chloride	<0.428	<0.428	<0.428	<0.428	10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. **Tributyltin**

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

☐ Manufacturers and formulators of tributyltin or related compounds.

☐ Painting of ships, boats and marine structures.

☐ Ship and boat building and repairing.

☐ Ship and boat cleaning, salvage, wrecking and scaling.

☐ Operation and maintenance of marine cargo handling facilities and marinas.

☐ Facilities engaged in wood preserving.

☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. **Enterococci (discharge to saltwater)**

This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

c. E. coli (discharge to freshwater)

This facility discharges/proposes to discharge directly into freshwater receiving waters **and** *E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 4 for Outfall No.: NA **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
E. coli (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 **is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters that may contain pesticides or herbicides, check N/A.

☒ N/A

Table 5 for Outfall No.: Click to enter text. **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Endosulfan I (*alpha*)					0.01
Endosulfan II (*beta*)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (*alpha*)					0.05
Hexachlorocyclohexane (*beta*)					0.05
Hexachlorocyclohexane (*gamma*) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 **is required** for all **external outfalls**.

Table 6 for Outfall No.: 001* **Samples are (check one): ☒ Composite ☐ Grab**

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☒	☐	0.938				400
Color (PCU)	☒	☐	5.00				—
Nitrate-Nitrite (as N)	☒	☐	0.269				—
Sulfide (as S)	☐	☒	<0.0400				—
Sulfite (as SO3)	☐	☒	<5.00				—
Surfactants	☒	☐	0.0367				—
Boron, total	☐	☒	0.714	0.634	0.885	0.784	20
Cobalt, total	☐	☒	<0.264	<0.264	0.467	0.350	0.3
Iron, total	☐	☒	0.165	0.115	0.122	0.115	7
Magnesium, total	☐	☒	32.700	40.800	71.100	56.300	20
Manganese, total	☐	☒	0.0318	0.00783	0.0147	0.011	0.5
Molybdenum, total	☐	☒	0.0212	0.0592	0.0433	0.0322	1
Tin, total	☐	☒	0.805	0.0106	<0.333	<0.333	5
Titanium, total	☒	☐	<0.000419	<0.000419	<0.000419	<0.000419	30

*Only one sample is required for these constituents. Because the metals in this table were analyzed to complete other tables in this report they are included.

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☐ N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/ Neutrals Table 10	Pesticides Table 11
☐ Adhesives and Sealants		☐ Yes	☐ Yes	☐ Yes	No
☐ Aluminum Forming	467	☐ Yes	☐ Yes	☐ Yes	No
☐ Auto and Other Laundries		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Battery Manufacturing	461	☐ Yes	No	☐ Yes	No
☐ Coal Mining	434	No	No	No	No
☐ Coil Coating	465	☐ Yes	☐ Yes	☐ Yes	No
☐ Copper Forming	468	☐ Yes	☐ Yes	☐ Yes	No
☐ Electric and Electronic Components	469	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Electroplating	413	☐ Yes	☐ Yes	☐ Yes	No
☐ Explosives Manufacturing	457	No	☐ Yes	☐ Yes	No
☐ Foundries		☐ Yes	☐ Yes	☐ Yes	No
☐ Gum and Wood Chemicals - Subparts A,B,C,E	454	☐ Yes	☐ Yes	No	No
☐ Gum and Wood Chemicals - Subparts D,F	454	☐ Yes	☐ Yes	☐ Yes	No
☐ Inorganic Chemicals Manufacturing	415	☐ Yes	☐ Yes	☐ Yes	No
☐ Iron and Steel Manufacturing	420	☐ Yes	☐ Yes	☐ Yes	No
☐ Leather Tanning and Finishing	425	☐ Yes	☐ Yes	☐ Yes	No
☐ Mechanical Products Manufacturing		☐ Yes	☐ Yes	☐ Yes	No
☐ Nonferrous Metals Manufacturing	421,471	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	☐ Yes	☐ Yes	☐ Yes	No
☐ Ore Mining - Subpart B	440	No	☐ Yes	No	No
☐ Organic Chemicals Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Paint and Ink Formulation	446,447	☐ Yes	☐ Yes	☐ Yes	No
☐ Pesticides	455	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Petroleum Refining	419	☐ Yes	No	No	No
☐ Pharmaceutical Preparations	439	☐ Yes	☐ Yes	☐ Yes	No
☐ Photographic Equipment and Supplies	459	☐ Yes	☐ Yes	☐ Yes	No
☐ Plastic and Synthetic Materials Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Plastic Processing	463	☐ Yes	No	No	No
☐ Porcelain Enameling	466	No	No	No	No
☐ Printing and Publishing		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Pulp and Paperboard Mills - Subpart C	430	☐ *	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subparts F, K	430	☐ *	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	☐ Yes	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts I, J, L	430	☐ Yes	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subpart E	430	☐ Yes	☐ Yes	☐ Yes	☐ *
☐ Rubber Processing	428	☐ Yes	☐ Yes	☐ Yes	No
☐ Soap and Detergent Manufacturing	417	☐ Yes	☐ Yes	☐ Yes	No
☒ Steam Electric Power Plants	423	☒ Yes	☒ Yes	No	No
☐ Textile Mills (Not Subpart C)	410	☐ Yes	☐ Yes	☐ Yes	No
☐ Timber Products Processing	429	☐ Yes	☐ Yes	☐ Yes	☐ Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: 001 **Samples are (check one): ☒ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein	<11.1	<11.1	<11.1	<11.1	50
Acrylonitrile	<14.3	<14.3	<14.3	<14.3	50
Benzene	<0.460	<0.460	<0.460	<0.460	10
Bromoform	<0.633	<0.633	<0.633	<0.633	10
Carbon tetrachloride	<0.896	<0.896	<0.896	<0.896	2
Chlorobenzene	<0.455	<0.455	<0.455	<0.455	10
Chlorodibromomethane	<0.547	<0.547	<0.547	<0.547	10
Chloroethane	<1.98	<1.98	<1.98	<1.98	50
2-Chloroethylvinyl ether	<0.753	<0.753	<0.753	<0.753	10
Chloroform	<0.464	<0.464	<0.464	<0.464	10
Dichlorobromomethane [Bromodichloromethane]	<0.552	<0.552	<0.552	<0.552	10
1,1-Dichloroethane	<0.635	<0.635	<0.635	<0.635	10
1,2-Dichloroethane	<0.372	<0.372	<0.372	<0.372	10
1,1-Dichloroethylene [1,1-Dichloroethene]	<0.738	<0.738	<0.738	<0.738	10
1,2-Dichloropropane	<0.556	<0.556	<0.556	<0.556	10
1,3-Dichloropropylene [1,3-Dichloropropene]	<1.07	<1.07	<1.07	<1.07	10
Ethylbenzene	<0.385	<0.385	<0.385	<0.385	10
Methyl bromide [Bromomethane]	<1.42	<1.42	<1.42	<1.42	50
Methyl chloride [Chloromethane]	<2.04	<2.04	<2.04	<2.04	50
Methylene chloride [Dichloromethane]	<1.73	<1.73	<1.73	<1.73	20
1,1,2,2-Tetrachloroethane	<0.470	<0.470	<0.470	<0.470	10
Tetrachloroethylene [Tetrachloroethene]	<0.655	<0.655	<0.655	<0.655	10
Toluene	<0.475	<0.475	<0.475	<0.475	10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]	<0.368	<0.368	<0.368	<0.368	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
1,1,1-Trichloroethane	<0.585	<0.585	<0.585	<0.585	10
1,1,2-Trichloroethane	<0.411	<0.411	<0.411	<0.411	10
Trichloroethylene [Trichloroethene]	<1.50	<1.50	<1.50	<1.50	10
Vinyl chloride	<0.428	<0.428	<0.428	<0.428	10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: 001 **Samples are (check one): ☒ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
2-Chlorophenol	<0.649	<0.649	<0.649	<0.649	10
2,4-Dichlorophenol	<0.314	<0.314	<0.314	<0.314	10
2,4-Dimethylphenol	<0.649	<0.649	<0.649	<0.649	10
4,6-Dinitro-o-cresol	<1.44	<1.44	<1.44	<1.44	50
2,4-Dinitrophenol	<1.61	<1.61	<1.61	<1.61	50
2-Nitrophenol	<1.67	<1.67	<1.67	<1.67	20
4-Nitrophenol	<4.91	<4.91	<4.91	<4.91	50
p-Chloro-m-cresol	<1.57	<1.57	<1.57	<1.57	10
Pentachlorophenol	<0.234	<0.234	<0.234	<0.234	5
Phenol	<0.423	<0.423	<0.423	<0.423	10
2,4,6-Trichlorophenol	<1.42	<1.42	<1.42	<1.42	10

* Indicate units if different from µg/L.

Table 10 for Outfall No.: 001 (Table 7 - not required) **Samples are (check one): ☒ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene	<1.39	<1.39	<1.39	<1.39	10
Acenaphthylene	<1.41	<1.41	<1.41	<1.41	10
Anthracene	<1.50	<1.50	<1.50	<1.50	10
Benzidine	<4.80	<4.80	<4.80	<4.80	50
Benzo(a)anthracene	<0.173	<0.173	<0.173	<0.173	5
Benzo(a)pyrene	<0.364	<0.364	<0.364	<0.364	5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]	<2.04	<2.04	<2.04	<2.04	10
Benzo(ghi)perylene	<2.68	<2.68	<2.68	<2.68	20
Benzo(k)fluoranthene	<0.375	<0.375	<0.375	<0.375	5
Bis(2-chloroethoxy)methane	<1.76	<1.76	<1.76	<1.76	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Bis(2-chloroethyl)ether	<2.16	<2.16	<2.16	<2.16	10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate	<0.277	<0.277	<0.277	<0.277	10
4-Bromophenyl phenyl ether	<0.256	<0.256	<0.256	<0.256	10
Butylbenzyl phthalate	<0.337	<0.337	<0.337	<0.337	10
2-Chloronaphthalene	<0.462	<0.462	<0.462	<0.462	10
4-Chlorophenyl phenyl ether	<1.28	<1.28	<1.28	<1.28	10
Chrysene	<0.222	<0.222	<0.222	<0.222	5
Dibenzo(a,h)anthracene	<0.246	<0.246	<0.246	<0.246	5
1,2-Dichlorobenzene [o-Dichlorobenzene]	<1.62	<1.62	<1.62	<1.62	10
1,3-Dichlorobenzene [m-Dichlorobenzene]	<1.44	<1.44	<1.44	<1.44	10
1,4-Dichlorobenzene [p-Dichlorobenzene]	<1.55	<1.55	<1.55	<1.55	10
3,3'-Dichlorobenzidine	<0.341	<0.341	<0.341	<0.341	5
Diethyl phthalate	<1.59	<1.59	<1.59	<1.59	10
Dimethyl phthalate	<0.299	<0.299	<0.299	<0.299	10
Di-n-butyl phthalate	<0.252	0.487	0.487	0.487	10
2,4-Dinitrotoluene	<1.31	<1.31	<1.31	<1.31	10
2,6-Dinitrotoluene	<1.61	<1.61	<1.61	<1.61	10
Di-n-octyl phthalate	<0.373	<0.373	<0.373	<0.373	10
1,2-Diphenylhydrazine (as Azobenzene)	<1.49	<1.49	<1.49	<1.49	20
Fluoranthene	<1.59	<1.59	<1.59	<1.59	10
Fluorene	<1.63	<1.63	<1.63	<1.63	10
Hexachlorobenzene	<0.307	<0.307	<0.307	<0.307	5
Hexachlorobutadiene	<0.238	<0.238	<0.238	<0.238	10
Hexachlorocyclopentadiene	<4.58	<4.58	<4.58	<4.58	10
Hexachloroethane	<0.526	<0.526	<0.526	<0.526	20
Indeno(1,2,3-cd)pyrene	<2.29	<2.29	<2.29	<2.29	5
Isophorone	<1.64	<1.64	<1.64	<1.64	10
Naphthalene	<0.542	<0.542	<0.542	<0.542	10
Nitrobenzene	<1.66	<1.66	<1.66	<1.66	10
N-Nitrosodimethylamine	<2.02	<2.02	<2.02	<2.02	50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
N-Nitrosodi-n-propylamine	<2.88	<2.88	<2.88	<2.88	20
N-Nitrosodiphenylamine	<1.81	<1.81	<1.81	<1.81	20
Phenanthrene	<1.42	<1.42	<1.42	<1.42	10
Pyrene	<0.178	<0.178	<0.178	<0.178	10
1,2,4-Trichlorobenzene	<1.61	<1.61	<1.61	<1.61	10

* Indicate units if different from µg/L.

Table 11 for Outfall No.: 001 **Samples are (check one): ☒ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin	NA	NA	NA	NA	0.01
alpha-BHC [alpha-Hexachlorocyclohexane]	NA	NA	NA	NA	0.05
beta-BHC [beta-Hexachlorocyclohexane]	NA	NA	NA	NA	0.05
gamma-BHC [gamma-Hexachlorocyclohexane]	NA	NA	NA	NA	0.05
delta-BHC [delta-Hexachlorocyclohexane]	NA	NA	NA	NA	0.05
Chlordane	NA	NA	NA	NA	0.2
4,4'-DDT	NA	NA	NA	NA	0.02
4,4'-DDE	NA	NA	NA	NA	0.1
4,4'-DDD	NA	NA	NA	NA	0.1
Dieldrin	NA	NA	NA	NA	0.02
Endosulfan I (alpha)	NA	NA	NA	NA	0.01
Endosulfan II (beta)	NA	NA	NA	NA	0.02
Endosulfan sulfate	NA	NA	NA	NA	0.1
Endrin	NA	NA	NA	NA	0.02
Endrin aldehyde	NA	NA	NA	NA	0.1
Heptachlor	NA	NA	NA	NA	0.01
Heptachlor epoxide	NA	NA	NA	NA	0.01
PCB 1242	<0.0125	<0.0125	<0.0125	<0.0125	0.2
PCB 1254	<0.00780	<0.00780	<0.00780	<0.00780	0.2
PCB 1221	<0.0125	<0.0125	<0.0125	<0.0125	0.2
PCB 1232	<0.0125	<0.0125	<0.0125	<0.0125	0.2
PCB 1248	<0.0125	<0.0125	<0.0125	<0.0125	0.2

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
PCB 1260	<0.00780	<0.00780	<0.00780	<0.00780	0.2
PCB 1016	<0.0125	<0.0125	<0.0125	<0.0125	0.2
Toxaphene	NA	NA	NA	NA	0.3

* Indicate units if different from µg/L.

Attachment: NA

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 59-60)

Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- ☐ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☒ None of the above

Description: NA – chemicals not used

Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

☐ Yes ☒ No

Description: Not present – process knowledge

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 12 for Outfall No.: NA **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.03					50
2,3,4,7,8-PeCDF	0.3					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls** as directed below. (Instructions, Pages 60-61)

Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

☐ Yes ☒ No

Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

☐ Yes ☒ No

If **yes** to either Items a **or** b, complete Table 13 as instructed.

Table 13 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

Item 1. Domestic Drinking Water Supply (Instructions, Page 80)

a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

1. The legal name of the owner of the drinking water supply intake: Click to enter text.
2. The distance and direction from the outfall to the drinking water supply intake: Click to enter text.

b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☒ Check this box to confirm the above requested information is provided.

Item 2. Discharge Into Tidally Influenced Waters (Instructions, Page 80)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3. **NA – Discharge is to Colorado River in Segment 1402.**

a. Width of the receiving water at the outfall: Click to enter text. feet

b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: Click to enter text.

c. Are there sea grasses within the vicinity of the point of discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: Click to enter text.

Item 3. Classified Segment (Instructions, Page 80)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☒ Yes ☐ No

If **yes**, stop here and do not complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

Item 4. Description of Immediate Receiving Waters (Instructions, Page 80)

a. Name of the immediate receiving waters: Click to enter text.

b. Check the appropriate description of the immediate receiving waters:

☐ Lake or Pond

- Surface area (acres): Click to enter text.
- Average depth of the entire water body (feet): Click to enter text.
- Average depth of water body within a 500-foot radius of the discharge point (feet): Click to enter text.

☐ Man-Made Channel or Ditch

☐ Stream or Creek

☐ Freshwater Swamp or Marsh

☐ Tidal Stream, Bayou, or Marsh

☐ Open Bay

☐ Other, specify:

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

☐ Intermittent (dry for at least one week during most years)

☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)

☐ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

☐ USGS flow records

☐ personal observation

☐ historical observation by adjacent landowner(s)

☐ other, specify: Click to enter text.

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: Click to enter text.

e. 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**, describe how: Click to enter text.

f. General observations of the water body during normal dry weather conditions: Click to enter text.

Date and time of observation: Click to enter text.

g. The water body was influenced by stormwater runoff during observations.

☐ Yes ☐ No

If **yes**, describe how: Click to enter text.

Item 5. General Characteristics of Water Body (Instructions, Page 81)

a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

☐ oil field activities
☐ agricultural runoff
☐ upstream discharges
☐ urban runoff
☐ septic tanks
☐ other, specify: Click to enter text.

b. Uses of water body observed or evidence of such uses (check all that apply):

☐ livestock watering
☐ non-contact recreation
☐ domestic water supply
☐ contact recreation
☐ fishing
☐ industrial water supply
☐ irrigation withdrawal
☐ navigation
☐ picnic/park activities
☐ other, specify: Click to enter text.

c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):

☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional

☐ **Natural Area:** trees or native vegetation common; 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

Attachment A-1

Delegation Letter and

Copy of Application Fee Payment

August 15, 2024

Via overnight delivery and electronic mail
Texas Commission on Environmental Quality
Compliance Monitoring Team
Mail Code 224 Enforcement
Division P.O. Box 13087 Austin, TX 78711-3087
OCE@tceq.texas.gov

Re: Delegation of Signatory Authority
Colorado Bend I Power, LLC
CN602999633; RN104772538
TPDES Permit No. WQ0004781000

Dear Sir or Madam,

This letter is being sent to correct an earlier letter sent on March 27, 2024 which delegated authority for "Colorado Bend Power I, LLC" instead of the correct name "Colorado Bend I Power, LLC."

In my capacity as President and CFO of Colorado Bend I Power, LLC and in accordance with 30 TAC 305.44 and 305.128, I hereby appoint the following positions as Duly Authorized Representatives and hereby authorize and delegate to the following positions all authority necessary to execute any and all certifications, applications, reports, notifications and/or submittals as may be required by the Clean Water Act, 33 USC 1251 et seq., the federal regulations adopted thereunder and all comparable Texas state environmental laws and regulations.

1. Those individuals serving in the capacity and holding title of "Facility Manager" for Colorado Bend I Power, LLC

2. Those individuals serving in the capacity and holding title of "Health, Safety and Environmental Manager" for Colorado Bend I Power, LLC.

The above-referenced delegations of authority will remain in effect until revoked or superseded.

Sincerely,

DocuSigned by:
Alexander Adotevi
387773CB178844A...

Alexander ADOTEVI
President and CFO
Colorado Bend I Power, LLC

Attachment A-2
TCEQ CORE Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☒ Renewal (*Core Data Form should be submitted with the renewal form*) ☐ Other

2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 602999633		RN 104772538

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

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).

6. Customer Legal Name (*If an individual, print last name first: eg: Doe, John*) | *If new Customer, enter previous Customer below:*

Colorado Bend I Power, LLC

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
802039150	32054794048		

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☒ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ **Yes** ☐ **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:							
	City		State		ZIP		ZIP + 4	

16. Country Mailing Information (if outside USA)	17. E-Mail Address (if applicable)

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)

( ) -		( ) -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected, a new permit application is also required.)*

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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).

22. Regulated Entity Name *(Enter name of the site where the regulated action is taking place.)*

Colorado Bend I Power, LLC

23. Street Address of the Regulated Entity: *(No PO Boxes)*	3863 South State Hwy 60							
	City	Wharton	**State**	TX	**ZIP**	77488	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	3863 South State Hwy 60				
26. Nearest City			**State**	**Nearest ZIP Code**	
Wharton			TX	77488	

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).

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	17	07	96	05	32

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4911			

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Electric Power Generation

34. Mailing Address:	**Colorado Bend I Power, LLC**							
	3863 South State Hwy 60							
	City	**Wharton**	**State**	**TX**	**ZIP**	**77488**	**ZIP + 4**	
35. E-Mail Address:								

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(979) 358-3040		( ) -

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.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

SECTION IV: Preparer Information

40. Name:		41. Title:	
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
( ) -		( ) -	

SECTION V: Authorized Signature

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

Company:	Colorado Bend I Power, LLC	**Job Title:**	Facility Manager
Name *(In Print)*:	Daniel Mercier	**Phone:**	(979) 358- **3039**
Signature:	Daniel Mercier	**Date:**	7-17-2024

Attachment A-3
Plain Language Summary

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Colorado Bend I Power, LLC (CN 604698449) operates Colorado Bend (CB) I Power (RN104772538), a natural gas-fired power plant with 530 megawatt (MW) combined cycle gas turbines (CCGT) and a 74 MW open-cycle gas turbine (OCGT). The facility is located at 3863 South State Highway 60, in Wharton, Wharton County, Texas 77488. The application is submitted for renewal of the existing TPDES discharge permit, The application also requests deletion of the interim limits/conditions for Outfall 001 that included discharges from the adjacent Colorado Bend II Power facility. Colorado Bend II Power discharges are authorized by TPDES Permit No. WQ0005296000.

Discharges from the facility are expected to contain free available and total residual chlorine, total suspended solids, oil and grease, pH, and temperature. Other potential pollutants that may be in the discharges are included in Worksheet 2 of the TPDES application.. The TPDES permit authorizes the discharge of cooling tower blowdown, low volume wastes, stormwater from areas of industrial activity and water treatment wastes. Cooling tower blowdown and

low volume wastes are subject to the Federal Effluent Limitations Guidelines at 40 Code of Federal Register Part 423. Potentially contaminated stormwater is treated by an oil/water separator.

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

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

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

Colorado Bend I Power, LLC (CN 604698449) opera Colorado Bend I Power (RN104772538), una central eléctrica alimentada por gas natural con turbinas de gas de ciclo combinado (CCGT) de 530 megavatios (MW) y una turbina de gas de ciclo abierto de 74 MW. (OCGT) . La instalación está ubicada en 3863 South State Highway 60, en Wharton, Condado de Wharton, Texas 77488. La solicitud se presenta para la renovación del permiso de descarga del TPDES existente. La solicitud también solicita la eliminación de los límites/condiciones provisionales para el emisario 001 que incluía descargas. de las instalaciones adyacentes de Colorado Bend II Power. Las descargas de Colorado Bend II Power están autorizadas mediante el permiso TPDES No. WQ0005296000.

Se espera que las descargas de la instalación contengan cloro libre disponible y residual total, sólidos suspendidos totales, aceite y grasa, pH y temperatura. Otros posibles contaminantes que pueden estar en las descargas se incluyen en la Hoja de Trabajo 2 de la solicitud TPDES.. El permiso TPDES autoriza la descarga de purgas de torres de enfriamiento, desechos de bajo volumen, aguas pluviales de áreas de actividad industrial y desechos de tratamiento de agua. La purga de torres de enfriamiento y los desechos de bajo volumen están sujetos a las Pautas federales de limitaciones de efluentes en el Código 40 del Registro Federal, Parte 423. Las aguas pluviales potencialmente contaminadas están tratado por se tratan mediante un separador de aceite/agua.

Attachment A-4
U.S.G.S. Map

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

WHARTON QUADRANGLE
TEXAS—WHARTON CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

Colorado Bend I

Colorado Bend II

Discharge Pipeline

1 Mile Radius

- Discharge Location
- Downstream Mile
- Discharge Path
- Property Boundary
- 1 Mile Radius

Mapped, edited, and published by the Geological Survey

Control by USGS, NOS/NOAA, USCE, and Texas GLO—State Reclamation Department

Culture and drainage in part compiled from aerial photographs taken 1951. Topography by plane-table surveys by Texas GLO—State Reclamation Department 1939, and by U.S. Corps of Engineers 1945. Field check 1953

Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system, south central zone

Red tint indicates area in which only landmark buildings are shown

1000-meter Universal Transverse Mercator grid ticks, zone 14, shown in blue

UTM GRID AND 1980 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

To place on the predicted North American Datum 1983 move the projection lines 22 meters south and 23 meters east as shown by dashed corner ticks

SCALE 1:24 000

CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION

Heavy-duty — 4 LANE | 6 LANE — Light-duty
Medium-duty — 4 LANE | 6 LANE — Unimproved dirt
U. S. Route — State Route

QUADRANGLE LOCATION

2996—141

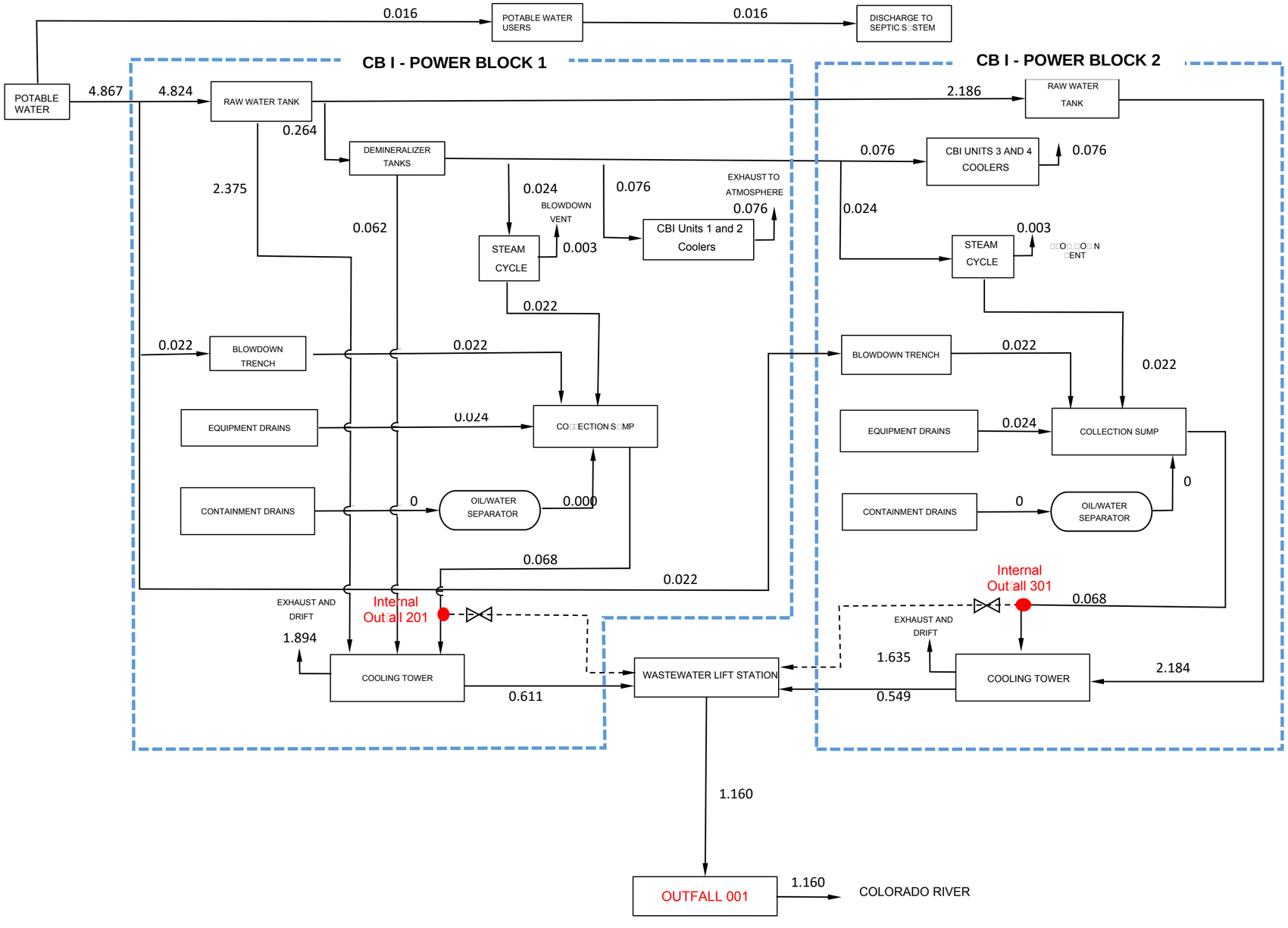
Revisions shown in purple compiled from aerial photographs taken 1977 and other source data. THis information not field checked. Map edited 1980

Purple tint indicates extension of urban areas

WHARTON, TEX.
N2915—W9600/7.5

1953
PHOTOREVISED 1980
DMA 6742 I SE—SERIES V882

INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1981



ATTACHMENT T-1

COLORADO BEND I

WATER BALANCE DIAGRAM

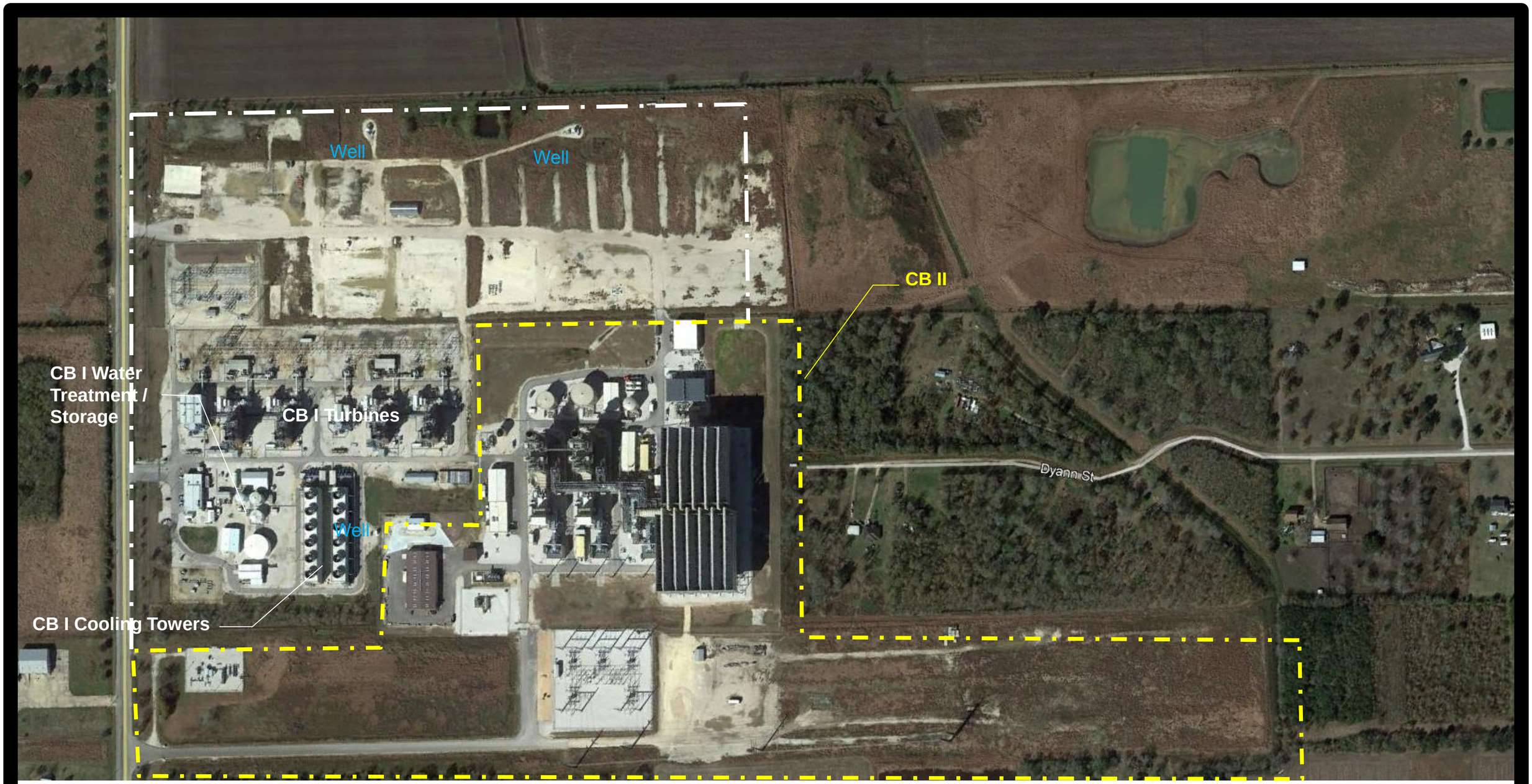
NOTE: Flows in million gallons per day (MGD)

POWER ENGINEERS
TEXAS REGISTERED ENGINEEING FIRM - 986
2600 VIA FORTUNA, SUITE 450
AUSTIN, TEXAS 78746

Attachment T-2
Wastewater Sources

Outfall	Wastewater Sources	Monthly Average (MGD)	Flow as Percent of Outfall 001	Applicable Effluent Limitations Guideline
001	Cooling Tower Blowdown	1.16	100*	423.15(b)(10)
201	Steam Cycle Blowdown	0.022	1.83	423.15(b)(3)
	Blowdown Quench	0.022	1.83	423.15(b)(3)
	Equipment Drains	0.024	2.0	423.15(b)(3)
	Containment Area Stormwater	Intermittent	NA	423.15(b)(3)
301	Steam Cycle Blowdown	0.022	1.83	423.15(b)(3)
	Blowdown Quench	0.022	1.83	423.15(b)(3)
	Equipment Drains	0.024	2.0	423.15(b)(3)
	Containment Area Stormwater	Intermittent	NA	423.15(b)(3)

*Make up water = 95.75 percent groundwater and remainder from Internal Outfalls 201 and 301.



CB I Property

CB II Property

N
W
E
S

Attachment T-3

Date: 5/29/2019

Drawn By: HS

Rev 0

Facility Map
Colorado Bend I

ATTACHMENT T-4
CHEMICAL ADDITIVES

Manufacturer	Manufacturer's Product Identification	Product Use	Chemical Compostition	CAS Number	Toxicity		Toxicity for Whole or Active Product	Persistent Non-persistent Bioaccumulative	Product or Active Ingredient Half-Life			Concentration of Product in Discharge	Frequency of Product Use
					Species	LC50, EC50 and NOEL			Time	pH	Temp.		
Aqua-Cat	Aqua Ammonia (5-19%)	Air Emissions	Ammonia (5-19%) Water	7664-41-7 7732-18-5	Daphnia Magna	LC50 (48 hr) = 0.53 mg/l	Whole Product	Not expected to bioaccumulate	Not Available	11.6	Not Available	NA Decomposes	Continuous during gas turbine operation
Skyhawk	Sulfuric Acid (77-100%)	Alkalinity Control	Sulfuric Acid (77-100%)	7664-93-9	Fathead Minnow Mysidopsis bahia	LC50 (96hr) = 7,175 mg/l LC50 (96hr) > 5,000 mg/l	Whole Product	Not expected to bioaccumulate	Not Available	<1	Not Available	NA Decomposes	As needed
Skyhawk	Sodium Hypochlorite Solution (10-20%)	Microorganism Control	Sodium Hypochlorite (10-20%) Sodium Hydroxide (0.1-1%)	7681-52-9 1310-73-2	Fathead Minnow Daphnia magna	LC50 (48hr) = 4.8 mg/l NOEC (96hr) = 3.1 mg/l LC50 (48hr) = 1.57 mg/l	Whole Product	Not expected to bioaccumulate	Not Available	12.5 - 13.5	Not Available	NA Decomposes	As needed
Nalco	7408	Chlorine Scavenger	Sodium Bisulfite (30-60%)	7631-90 “5	Fathead Minnow Daphnia magna	LOEC (7 days) = 500 mg/l NOEC (7 days) = 250 mg/l LC50 (48hr) = 275 mg/l	Whole Product	Not expected to bioaccumulate	Not Available	Not Available	Not Available	NA Decomposes	As needed
ChemTreat	BL1794	Boiler Treatment	Sodium Phosphate, Tribasic (1 -5%)	7601-54-9	Fathead Minnow Daphnia magna	LC50 (96hr) > 10,000 mg/l LC50 (50hr) - 2158 mg/l	Whole Product	Not expected to bioaccumulate	Not Available	2 - 2.5	Not Available	NA Decomposes	As needed
ChemTreat	CL5840	Cooling Water Treatment	Tetrapotassium pyrophosphate (3-7%) Potassium hydroxide (10-30%)	7320−34−5 1310−58−3	Ceriodaphnia dubia Fathead Minnow	EC50 (48hr) = 817 mg/l EC50 (96hr) = 1708 mg/l	Whole Product	Not expected to bioaccumulate	Not Available	1.0	Not Available	NA Decomposes	As needed

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME : **NALCO® 7408**

APPLICATION : CHLORINE SCAVENGER

COMPANY IDENTIFICATION : Nalco Company
1601 W. Diehl Road
Naperville, Illinois
60563-1198

EMERGENCY TELEPHONE NUMBER(S) : (800) 424-9300 (24 Hours) CHEMTREC

NFPA 704M/HMIS RATING
HEALTH : 1 / 2 FLAMMABILITY : 0 / 0 INSTABILITY : 0 / 0 OTHER :
0 = Insignificant 1 = Slight 2 = Moderate 3 = High 4 = Extreme

2. COMPOSITION/INFORMATION ON INGREDIENTS

Our hazard evaluation has identified the following chemical substance(s) as hazardous. Consult Section 15 for the nature of the hazard(s).

Hazardous Substance(s)	CAS NO	% (w/w)
Sodium Bisulfite	7631-90-5	30.0 - 60.0

3. HAZARDS IDENTIFICATION

****EMERGENCY OVERVIEW****

WARNING
Harmful if swallowed. Contains Sulfite. Causes asthmatic signs and symptoms in hyper-reactive individuals.
Do not get in eyes, on skin, on clothing. Do not take internally. Use with adequate ventilation. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. After contact with skin, wash immediately with plenty of water.
Wear suitable protective clothing.
May evolve oxides of sulfur (SOx) under fire conditions.

PRIMARY ROUTES OF EXPOSURE :
Skin, Eye, Inhalation

HUMAN HEALTH HAZARDS - ACUTE :

EYE CONTACT :
Can cause mild irritation.

SKIN CONTACT :
Can cause mild irritation.

INGESTION :
Not a likely route of exposure. May cause asthmatic-like attack.

INHALATION :
Irritant to respiratory system. Causes asthmatic signs and symptoms in hyper-reactive individuals.

SYMPTOMS OF EXPOSURE :
Acute :
A review of available data does not identify any symptoms from exposure not previously mentioned.
Chronic :
A review of available data does not identify any symptoms from exposure not previously mentioned.

AGGRAVATION OF EXISTING CONDITIONS :
A review of available data does not identify any worsening of existing conditions.

HUMAN HEALTH HAZARDS - CHRONIC :
Ingestion of sulfite can cause a severe allergic reaction in asthmatics and some sulfite sensitive individuals. The resulting symptoms can include difficulty in breathing, flushed skin and a rash. Chronic exposure to sulfites may cause symptoms of upper respiratory disease and affect sense of taste and smell.

4. FIRST AID MEASURES

EYE CONTACT :
Immediately flush eye with water for at least 15 minutes while holding eyelids open. If irritation persists, repeat flushing. Get immediate medical attention.

SKIN CONTACT :
Immediately flush with plenty of water for at least 15 minutes. If symptoms persist, call a physician.

INGESTION :
Induce vomiting if the patient is fully conscious. If conscious, washout mouth and give water to drink. Get medical attention.

INHALATION :
Remove to fresh air, treat symptomatically. If breathing is difficult, administer oxygen. Get medical attention.

NOTE TO PHYSICIAN :
Based on the individual reactions of the patient, the physician's judgement should be used to control symptoms and clinical condition.

5. FIRE FIGHTING MEASURES

FLASH POINT : None

EXTINGUISHING MEDIA :
This product would not be expected to burn unless all the water is boiled away. The remaining organics may be ignitable. Keep containers cool by spraying with water. Use extinguishing media appropriate for surrounding fire.

FIRE AND EXPLOSION HAZARD :
May evolve oxides of sulfur (SOx) under fire conditions.

SPECIAL PROTECTIVE EQUIPMENT FOR FIRE FIGHTING :
In case of fire, wear a full face positive-pressure self contained breathing apparatus and protective suit.

6. ACCIDENTAL RELEASE MEASURES

PERSONAL PRECAUTIONS :
Restrict access to area as appropriate until clean-up operations are complete. Ensure clean-up is conducted by trained personnel only. Ensure adequate ventilation. Do not touch spilled material. Stop or reduce any leaks if it is safe to do so. Use personal protective equipment recommended in Section 8 (Exposure Controls/Personal Protection). Notify appropriate government, occupational health and safety and environmental authorities.

METHODS FOR CLEANING UP :
SMALL SPILLS: Soak up spill with absorbent material. Place residues in a suitable, covered, properly labeled container. Wash affected area. LARGE SPILLS: Contain liquid using absorbent material, by digging trenches or by diking. Reclaim into recovery or salvage drums or tank truck for proper disposal. Wash site of spillage thoroughly with water. Contact an approved waste hauler for disposal of contaminated recovered material. Dispose of material in compliance with regulations indicated in Section 13 (Disposal Considerations).

ENVIRONMENTAL PRECAUTIONS :
Do not contaminate surface water.

7. HANDLING AND STORAGE

HANDLING :
Avoid eye and skin contact. Do not take internally. Do not get in eyes, on skin, on clothing. Have emergency equipment (for fires, spills, leaks, etc.) readily available. Ensure all containers are labelled. Keep the containers closed when not in use. Use with adequate ventilation.

STORAGE CONDITIONS :
Protect product from freezing. Store the containers tightly closed. Store separately from acids. Store in suitable labelled containers. Amine and sulphite products should not be stored within close proximity or resulting vapors may form visible airborne particles.

SUITABLE CONSTRUCTION MATERIAL :
HDPE (high density polyethylene), Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use., Brass, Neoprene, Polyurethane, Viton, Hypalon, EPDM, Polypropylene, Polyethylene, PVC

UNSUITABLE CONSTRUCTION MATERIAL :
Stainless Steel 304, Buna-N, Epoxy phenolic resin, 100% phenolic resin liner

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

OCCUPATIONAL EXPOSURE LIMITS :
Exposure guidelines have not been established for this product. Available exposure limits for the substance(s) are shown below. Exposure limits are listed for sulfur dioxide (SO2) since this product evolves SO2 when open to the atmosphere.

ACGIH/TLV :
Substance(s)

Sodium Bisulfite	TWA: 5 mg/m3
Sulfur Dioxide	TWA: 2 ppm , 5.2 mg/m3 STEL: 5 ppm , 13 mg/m3

OSHA/PEL :
Substance(s)

Sodium Bisulfite	TWA: 5 mg/m3
Sulfur Dioxide	TWA: 2 ppm , 5 mg/m3 STEL: 5 ppm , 13 mg/m3

ENGINEERING MEASURES :
General ventilation is recommended. Local exhaust ventilation may be necessary when dusts or mists are generated.

RESPIRATORY PROTECTION :
If significant mists, vapors or aerosols are generated an approved respirator is recommended. An approved respirator must be worn if the occupational exposure limit is likely to be exceeded.

HAND PROTECTION :
Neoprene gloves, Nitrile gloves, Butyl gloves, PVC gloves

SKIN PROTECTION :
Wear standard protective clothing.

EYE PROTECTION :
Wear chemical splash goggles.

HYGIENE RECOMMENDATIONS :
If clothing is contaminated, remove clothing and thoroughly wash the affected area. Launder contaminated clothing before reuse. Keep an eye wash fountain available. Keep a safety shower available.

HUMAN EXPOSURE CHARACTERIZATION :
Based on our recommended product application and personal protective equipment, the potential human exposure is: Low

9. PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL STATE	Liquid
APPEARANCE	Yellow
ODOR	Pungent

SPECIFIC GRAVITY	1.37 @ 77 °F / 25 °C
DENSITY	11.4 lb/gal
BULK DENSITY	11.4 lb/ft3
SOLUBILITY IN WATER	Complete
pH (1 %)	4.1
VISCOSITY	2.8 cps @ 77 °F / 25 °C
FREEZING POINT	34 °F / 1.1 °C
BOILING POINT	219 °F / 104 °C
VAPOR PRESSURE	32 mm Hg @ 77 °F / 25 °C 76 mm Hg @ 99.9 °F / 37.7 °C
VAPOR DENSITY	2.2 (Air = 1)
VOC CONTENT	0.00 % EPA Method 24

Note: These physical properties are typical values for this product and are subject to change.

10. STABILITY AND REACTIVITY

STABILITY :
Stable under normal conditions.

HAZARDOUS POLYMERIZATION :
Hazardous polymerization will not occur.

CONDITIONS TO AVOID :
Freezing temperatures.

MATERIALS TO AVOID :
Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors. Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors. SO2 may react with vapors from neutralizing amines and may produce a visible cloud of amine salt particles.

HAZARDOUS DECOMPOSITION PRODUCTS :
Under fire conditions: Oxides of sulfur

11. TOXICOLOGICAL INFORMATION

The following results are for a similar product.

ACUTE ORAL TOXICITY :

Species	LD50	Test Descriptor
Rat	4.1 g/kg	Similar Product

Rating : Non-Hazardous

ACUTE DERMAL TOXICITY :

Species	LD50	Test Descriptor
Rabbit	3 g/kg	Similar Product

Rating : Non-Hazardous

PRIMARY SKIN IRRITATION :

Draize Score	Test Descriptor
1.0 / 8.0	Similar Product

Rating : Slightly irritating

PRIMARY EYE IRRITATION :

Draize Score	Test Descriptor
9.4 / 110.0	Similar Product

Rating : Practically non-irritating

SENSITIZATION :
Sulfites can cause an allergic reaction in sensitive individuals.

CARCINOGENICITY :
None of the substances in this product are listed as carcinogens by the International Agency for Research on Cancer (IARC), the National Toxicology Program (NTP) or the American Conference of Governmental Industrial Hygienists (ACGIH).

HUMAN HAZARD CHARACTERIZATION :
Based on our hazard characterization, the potential human hazard is: Low

12. ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL EFFECTS :

The following results are for the product and a similar product.

ACUTE FISH RESULTS :

Species	Exposure	LC50	Test Descriptor
Rainbow Trout	96 hrs	> 100 mg/l	Product
Fathead Minnow	96 hrs	382 mg/l	Similar Product

ACUTE INVERTEBRATE RESULTS :

Species	Exposure	LC50	EC50	Test Descriptor
Daphnia magna	48 hrs	275 mg/l		Product
Daphnia magna	48 hrs	728 mg/l		Similar Product

CHRONIC FISH RESULTS :

Species	Exposure	NOEC / LOEC	End Point	Test Descriptor
Fathead Minnow	7 Days	250 mg/l / 500 mg/l	Growth	Product

CHRONIC INVERTEBRATE RESULTS :

Species	Test Type	NOEC / LOEC	End Point	Test Descriptor
Ceriodaphnia dubia	3 Brood	250 mg/l / 500 mg/l	Reproduction	Product

MOBILITY :
The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM , provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models. If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	Water	Soil/Sediment
<5%	30 - 50%	50 - 70%

The portion in water is expected to be soluble or dispersible.

BIOACCUMULATION POTENTIAL
This preparation or material is not expected to bioaccumulate.

ENVIRONMENTAL HAZARD AND EXPOSURE CHARACTERIZATION
Based on our hazard characterization, the potential environmental hazard is: Low
Based on our recommended product application and the product's characteristics, the potential environmental exposure is: High

If released into the environment, see CERCLA/SUPERFUND in Section 15.

13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

As a non-hazardous waste, it is not subject to federal regulation. Consult state or local regulation for any additional handling, treatment or disposal requirements. For disposal, contact a properly licensed waste treatment, storage, disposal or recycling facility.

14. TRANSPORT INFORMATION

The information in this section is for reference only and should not take the place of a shipping paper (bill of lading) specific to an order. Please note that the proper Shipping Name / Hazard Class may vary by packaging, properties, and mode of transportation. Typical Proper Shipping Names for this product are as follows.

LAND TRANSPORT :

Proper Shipping Name :	BISULPHITES, AQUEOUS SOLUTION, N.O.S.
Technical Name(s) :	SODIUM BISULPHITE
UN/ID No :	UN 2693
Hazard Class - Primary :	8
Packing Group :	III
Flash Point :	None
DOT Reportable Quantity (per package) :	12,500 lbs
DOT RQ Component :	SODIUM BISULFITE

AIR TRANSPORT (ICAO/IATA) :

Proper Shipping Name :	BISULPHITES, AQUEOUS SOLUTION, N.O.S.
Technical Name(s) :	SODIUM BISULPHITE
UN/ID No :	UN 2693
Hazard Class - Primary :	8
Packing Group :	III
IATA Cargo Packing Instructions :	820
IATA Cargo Aircraft Limit :	60 L (Max net quantity per package)

MARINE TRANSPORT (IMDG/IMO) :

Proper Shipping Name :	BISULPHITES, AQUEOUS SOLUTION, N.O.S.
Technical Name(s) :	SODIUM BISULPHITE
UN/ID No :	UN 2693
Hazard Class - Primary :	8
Packing Group :	III

15. REGULATORY INFORMATION

NATIONAL REGULATIONS, USA :

OSHA HAZARD COMMUNICATION RULE, 29 CFR 1910.1200 :
Based on our hazard evaluation, the following substance(s) in this product is/are hazardous and the reason(s) is/are shown below.

Sodium Bisulfite : Respiratory irritant

CERCLA/SUPERFUND, 40 CFR 117, 302 :
This product contains the following Reportable Quantity (RQ) Substance. Also listed is the RQ for the product.

RQ Substance	RQ
Sodium Bisulfite	12,000 lbs

SARA/SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 (TITLE III) - SECTIONS 302, 311, 312, AND 313 :

SECTION 302 - EXTREMELY HAZARDOUS SUBSTANCES (40 CFR 355) :
This product does not contain substances listed in Appendix A and B as an Extremely Hazardous Substance.

SECTIONS 311 AND 312 - MATERIAL SAFETY DATA SHEET REQUIREMENTS (40 CFR 370) :
Our hazard evaluation has found this product to be hazardous. The product should be reported under the following indicated EPA hazard categories:

X	Immediate (Acute) Health Hazard
-	Delayed (Chronic) Health Hazard
-	Fire Hazard
-	Sudden Release of Pressure Hazard
-	Reactive Hazard

Under SARA 311 and 312, the EPA has established threshold quantities for the reporting of hazardous chemicals. The current thresholds are: 500 pounds or the threshold planning quantity (TPQ), whichever is lower, for extremely hazardous substances and 10,000 pounds for all other hazardous chemicals.

SECTION 313 - LIST OF TOXIC CHEMICALS (40 CFR 372) :
This product does not contain substances on the List of Toxic Chemicals.

TOXIC SUBSTANCES CONTROL ACT (TSCA) :
The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

FOOD AND DRUG ADMINISTRATION (FDA) Federal Food, Drug and Cosmetic Act :
When use situations necessitate compliance with FDA regulations, this product is acceptable under : 21 CFR 173.310 Boiler Water Additives, 21 CFR 176.170 Components of paper and paperboard in contact with aqueous and fatty foods and 21 CFR 176.180 Components of paper and paperboard in contact with dry foods.

Limitations: no more than required to produce intended technical effect.

This product has been certified as KOSHER/PAREVE for year-round use INCLUDING THE PASSOVER SEASON by the CHICAGO RABBINICAL COUNCIL.

FEDERAL WATER POLLUTION CONTROL ACT, CLEAN WATER ACT, 40 CFR 401.15 / formerly Sec. 307, 40 CFR 116.4 / formerly Sec. 311 :
This product contains the following substances listed in the regulation:

Substance(s)	Citations
• Sodium Bisulfite	Sec. 311

CLEAN AIR ACT, Sec. 112 (40 CFR 61, Hazardous Air Pollutants), Sec. 602 (40 CFR 82, Class I and II Ozone Depleting Substances) :
None of the substances are specifically listed in the regulation.

CALIFORNIA PROPOSITION 65 :
This product does not contain substances which require warning under California Proposition 65.

MICHIGAN CRITICAL MATERIALS :
None of the substances are specifically listed in the regulation.

STATE RIGHT TO KNOW LAWS :
The following substances are disclosed for compliance with State Right to Know Laws:

Sodium Bisulfite	7631-90-5
Water	7732-18-5

NATIONAL REGULATIONS, CANADA :

WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS) :
This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the CPR.

WHMIS CLASSIFICATION :
E - Corrosive Material

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA) :
The substances in this preparation are listed on the Domestic Substances List (DSL), are exempt, or have been reported in accordance with the New Substances Notification Regulations.

INTERNATIONAL CHEMICAL CONTROL LAWS

AUSTRALIA
All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA
All substances in this product comply with the Chemical Control Law and are listed on the Inventory of Existing Chemical Substances China (IECSC).

EUROPE
The substances in this preparation have been reviewed for compliance with the EINECS or ELINCS inventories.

JAPAN
All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Ministry of International Trade & industry List (MITI).

KOREA
All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND
This product complies with Parts XI - XV of the HSNO Act (1996).

THE PHILIPPINES
All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippine Inventory of Chemicals & Chemical Substances (PICCS).

16. OTHER INFORMATION

Due to our commitment to Product Stewardship, we have evaluated the human and environmental hazards and exposures of this product. Based on our recommended use of this product, we have characterized the product's general risk. This information should provide assistance for your own risk management practices. We have evaluated our product's risk as follows:

* The human risk is: Low

* The environmental risk is: Low

Any use inconsistent with our recommendations may affect the risk characterization. Our sales representative will assist you to determine if your product application is consistent with our recommendations. Together we can implement an appropriate risk management process.

This product material safety data sheet provides health and safety information. The product is to be used in applications consistent with our product literature. Individuals handling this product should be informed of the recommended safety precautions and should have access to this information. For any other uses, exposures should be evaluated so that appropriate handling practices and training programs can be established to insure safe workplace operations. Please consult your local sales representative for any further information.

REFERENCES

Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices, American Conference of Governmental Industrial Hygienists, OH., (Ariel Insight# CD-ROM Version), Ariel Research Corp., Bethesda, MD.

Hazardous Substances Data Bank, National Library of Medicine, Bethesda, Maryland (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, CO.

IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Man, Geneva: World Health Organization, International Agency for Research on Cancer.

Integrated Risk Information System, U.S. Environmental Protection Agency, Washington, D.C. (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, CO.

Annual Report on Carcinogens, National Toxicology Program, U.S. Department of Health and Human Services, Public Health Service.

Title 29 Code of Federal Regulations, Part 1910, Subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration (OSHA), (Ariel Insight# CD-ROM Version), Ariel Research Corp., Bethesda, MD.

Registry of Toxic Effects of Chemical Substances, National Institute for Occupational Safety and Health, Cincinnati, OH, (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, CO.

Ariel Insight# (An integrated guide to industrial chemicals covered under major regulatory and advisory programs), North American Module, Western European Module, Chemical Inventories Module and the Generics Module (Ariel Insight# CD-ROM Version), Ariel Research Corp., Bethesda, MD.

The Teratogen Information System, University of Washington, Seattle, WA (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, CO.

Prepared By : Product Safety Department
Date issued : 05/03/2006
Version Number : 1.13

SAFETY DATA SHEET

Section 1. Chemical Product and Company Identification

Product Name:	ChemTreat CL5840
Product Use:	Cooling Water Treatment
Supplier's Name:	ChemTreat, Inc.
Emergency Telephone Number:	(800)424−9300 (Toll Free)
Address (Corporate Headquarters):	5640 Cox Road Glen Allen, VA 23060
Telephone Number for Information:	(800)648−4579
Date of SDS:	July 23, 2018
Revision Date:	July 23, 2018
Revision Number:	18072301AN

Section 2. Hazard(s) Identification

Signal Word: **DANGER**

GHS Classification(s):

Skin corrosion/irritation − Category 1b
Eye damage/irritation − Category 1
Corrosive to Metals − Category 1
Acute Toxicity Oral − Category 4

Hazard Statement(s):

H314 Causes severe skin burns and eye damage.
H318 Causes serious eye damage.
H290 May be corrosive to metals.
H302 Harmful if swallowed.

Precautionary Statement(s):

Prevention:

P234 Keep only in original container.
P264 Wash thoroughly after handling.
P270 Do not eat, drink, or smoke when using this product.
P260 Do not breathe dust/fume/gas/mist/vapors/spray.
P280 Wear protective gloves/protective clothing/eye protection/face protection.

Response:

P390 Absorb spillage to prevent material damage.
P301 + P312 + P330 IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell. Rinse mouth.
P301 + 330 + 331 IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303 + P361 + P353 IF ON SKIN (or hair): Remove/take off immediately all contaminated clothing. Rinse skin with water/shower
P363 Wash contaminated clothing before reuse.
P304 + P340 IF INHALED: Remove person to fresh air and keep comfortable for breathing
P310 Immediately call a POISON CENTER/doctor.
P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

Storage:

P405 Store locked up.
P406 Store in a corrosive resistant container with a resistant inner liner.

Disposal:

P501 Dispose of contents and container in accordance with applicable local, regional, national, and/or international regulations.

System of Classification Used: Classification under 2012 OSHA Hazard Communication Standard (29 CFR 1910.1200).

Hazards Not Otherwise Classified: None.

Section 3. Composition/Hazardous Ingredients

Component	CAS Registry #	Wt.%
Tetrapotassium pyrophosphate	7320−34−5	3 − 7
Potassium hydroxide	1310−58−3	10 − 30

Comments If chemical identity and/or exact percentage of composition has been withheld, this information is considered to be a trade secret.

Section 4. First Aid Measures

Inhalation:	Call a POISON CENTER or doctor/physician if you feel unwell.
Eyes:	Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a poison center or doctor/physician.
Skin:	Immediately remove/take off all contaminated clothing. Rinse skin with water/shower. Wash contaminated clothing before re−use. Immediately call a poison center or doctor/physician.
Ingestion:	DO NOT INDUCE VOMITING. Rinse mouth. Call a POISON CENTER or doctor/physician.
Most Important Symptoms:	N/D
Indication of Immediate Medical Attention and Special Treatment Needed, If Necessary:	N/A

Section 5. Fire Fighting Measures

Flammability of the Product:	Not flammable.
Suitable Extinguishing Media:	Use extinguishing media suitable to surrounding fire.
Specific Hazards Arising from the Chemical:	None known.
Protective Equipment:	If product is involved in a fire, wear full protective clothing including a positive−pressure, NIOSH approved, self−contained breathing apparatus.

Section 6. Accidental Release Measures

Personal Precautions: Use appropriate Personal Protective Equipment (PPE).

Environmental Precautions: Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains, and sewers.

Methods for Cleaning up: Contain and/or absorb spill with inert material then place in suitable container.

Other Statements: If RQ (Reportable Quantity) is exceeded, report to National Spill Response Office at 1−800−424−8802.
Reportable Quantity of the product is 566 Gal.

Section 7. Handling and Storage

Handling: Wear appropriate Personal Protective Equipment (PPE) when handling this product. Do not get in eyes, or on skin and clothing. Wash thoroughly after handling. Do not ingest. Avoid breathing vapors, mist or dust.

Storage: Store in corrosive resistant container with a resistant inliner. Store away from incompatible materials (see Section 10). Store at ambient temperatures. Keep container securely closed when not in use. Label precautions also apply to empty container. Recondition or dispose of empty containers in accordance with government regulations. For Industrial use only.
Store above Freeze Point.

Section 8. Exposure Controls/Personal Protection

Exposure Limits

Component	Source	Exposure Limits
Tetrapotassium pyrophosphate	N/E	N/E
Potassium hydroxide	ACGIH TLV	2 mg/m³ Ceiling

Engineering Controls: Use only with adequate ventilation. The use of local ventilation is recommended to control emission near the source.

Personal Protection

Eyes:	Wear chemical splash goggles or safety glasses with full−face shield. Maintain eyewash fountain in work area.
Skin:	Maintain quick−drench facilities in work area. Wear appropriate chemical resistant gloves.
Respiratory:	If misting occurs, use NIOSH approved organic vapor/acid gas dual cartridge respirator with a dust/mist prefilter in accordance with 29 CFR 1910.134.

Section 9. Physical and Chemical Properties

Physical State and Appearance:	Liquid, Yellow, Clear
Specific Gravity:	1.343 @ 20°C
pH:	13.4 @ 20°C, 100.0%
Freezing Point:	14°F
Flash Point:	N/A
Odor:	Mild
Melting Point:	N/D
Initial Boiling Point and Boiling Range:	N/D
Solubility in Water:	N/D
Evaporation Rate:	N/D
Vapor Density:	N/D
Molecular Weight:	N/D
Viscosity:	<100 CPS @ 20°C
Flammability (solid, gas):	N/D
Flammable Limits:	N/A
Autoignition Temperature:	N/D
Density:	11.20 LB/GA
Vapor Pressure:	N/D
% VOC:	N/D
Odor Threshold	N/D
n−octanol Partition Coefficient	N/D
Decomposition Temperature	N/D

Section 10. Stability and Reactivity

Chemical Stability: Stable at normal temperatures and pressures.

Incompatibility with Various Substances: Metals or metal oxides, Oxidizers, Acids, Phosphorous, Aluminum/aluminum alloys, Zinc, Tin.

Hazardous Decomposition Products: None known.

Possibility of Hazardous Reactions: None known.

Reactivity: N/D

Conditions To Avoid: N/D

Section 11. Toxicological Information

Acute Toxicity

Chemical Name	Exposure	Type of Effect	Concentration	Species
Tetrapotassium pyrophosphate	Oral	LD50	2980 MG/KG	Rat
	Dermal	LD50	>7940 MG/KG	Rabbit
Potassium hydroxide	Oral	LD50	365 MG/KG	Rat
ChemTreat CL5840	N/D	N/D	N/D	N/D

Carcinogenicity Category

Component	Source	Code	Brief Description
Tetrapotassium pyrophosphate	N/E	N/E	N/E
Potassium hydroxide	N/E	N/E	N/E

Likely Routes of Exposure: N/D

Symptoms

Inhalation: N/D

Eye Contact: N/D

Skin Contact: N/D

Ingestion: N/D

Skin Corrosion/Irritation: N/D

Serious Eye Damage/Eye Irritation: N/D

Sensitization: N/D

Germ Cell Mutagenicity: N/D

Reproductive/Developmental Toxicity: N/D

Specific Target Organ Toxicity

Single Exposure: N/D

Repeated Exposure: N/D

Aspiration Hazard: N/D

Comments: None.

Section 12. Ecological Information

Ecotoxicity

Species	Duration	Type of Effect	Test Results
Ceriodaphnia dubia	48h	LC50	817 mg/l
Fathead Minnow	96h	LC50	1708 mg/l

Persistence and Biodegradability: N/D

Bioaccumulative Potential: N/D

Mobility In Soil: N/D

Other Adverse Effects: N/D

Comments: None.

Section 13. Disposal Considerations

Dispose of in accordance with local, state and federal regulations.
EPA corrosivity characteristic hazardous waste D002 when disposed of in the original product form.

Section 14. Transport Information

Controlling Regulation	UN/NA#:	Proper Shipping Name:	Technical Name:	Hazard Class:	Packing Group:
DOT	UN1760	CORROSIVE LIQUIDS, N.O.S.	(POTASSIUM HYDROXIDE AND TETRAPOTASSIUM PYROPHOSPHATE)	8	PGII
Over 566 GA	RQ UN1760	CORROSIVE LIQUIDS, N.O.S.	(POTASSIUM HYDROXIDE AND TETRAPOTASSIUM PYROPHOSPHATE)	8	PGII

Note: N/A

Section 15. Regulatory Information

Inventory Status

United States (TSCA): All ingredients listed or exempt.
Canada (DSL/NDSL): All ingredients listed or exempt.

Federal Regulations

SARA Title III Rules

Sections 311/312 Hazard Classes

Fire Hazard: No
Reactive Hazard: No
Release of Pressure: No
Acute Health Hazard: Yes
Chronic Health Hazard: No

Other Sections

Component	Section 313 Toxic Chemical	Section 302 EHS TPQ	CERCLA RQ
Tetrapotassium pyrophosphate	N/A	N/A	N/A
Potassium hydroxide	N/A	N/A	1000

Comments: None.

State Regulations

California Proposition 65: None known.

Special Regulations

Component	States
Tetrapotassium pyrophosphate	None.
Potassium hydroxide	MA, MN, NY, PA, WA

Compliance Information

NSF: N/A

Food Regulations: N/A

KOSHER: This product has not been evaluated for Kosher approval.

Halal: This product has not been evaluated for Halal approval.

FIFRA: N/A

Other: None

Comments: None.

Section 16. Other Information

HMIS Hazard Rating

Health: 3
Flammability: 1
Physical Hazard: 0
PPE: X

Notes:

The PPE rating depends on circumstances of use. See Section 8 for recommended PPE.
The Hazardous Material Information System (HMIS) is a voluntary, subjective alpha−numeric symbolic system for recommending hazard risk and personal protection equipment information. It is a subjective rating system based on the evaluator's understanding of the chemical associated risks. The end−user must determine if the code is appropriate for their use.

Abbreviations

Abbreviation	Definition
<	Less Than
>	Greater Than
ACGIH	American Conference of Governmental Industrial Hygienists
EHS	Environmental Health and Safety Dept
N/A	Not Applicable
N/D	Not Determined
N/E	Not Established
OSHA	Occupational Health and Safety Dept
PEL	Personal Exposure Limit
STEL	Short Term Exposure Limit
TLV	Threshold Limit Value
TWA	Time Weight Average
UNK	Unknown

Prepared by: Product Compliance Department; ProductCompliance@chemtreat.com

Revision Date: July 23, 2018

Disclaimer

SOUTHERN IONICS INCORPORATED (SII)
SAFETY DATA SHEET

SDS NO. 216
Effective Date: April 30, 2015
Revision Date: June 20, 2016

I. Product and Company Information

SII Product Name(s):	AQUA-CAT® Aqua Ammonia (5 % - 19 %)	**Synonym:**	Ammonia Solution, Aqua Ammonia
Chemical Name:	Ammonium Hydroxide	**CAS Number:**	1336-21-6

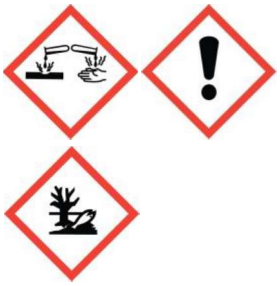
Manufacturer's Name:
Southern Ionics Incorporated
579 Commerce Street
West Point, MS 39773
Customer Service: 1-800-953-3585
Web Site **www.southernionics.com**

Emergency Contacts:
After hours (Southern Ionics)1-888-610-2379

For Chemical Emergency, Spill or Accident
Call CHEMTREC at 1-800-424-9300
CHEMTREC CCN - 20596

II. Hazard Identification

OSHA HCS / GHS Classification(s):	**Hazard Statement(s):**
Acute Toxicity, Oral (Category 4)	Harmful if swallowed.
Skin Corrosion (Category 1)	Causes severe skin burn.
Serious Eye Damage (Category 1)	Causes serious eye damage.
Specific Target Organ Toxicity (Respiratory - single exposure) - (Category 3)	May cause respiratory irritation.
Simple Asphyxiants	May displace oxygen and cause rapid suffocation.
Acute Aquatic Toxicity (Category 1)	Very toxic to aquatic life.

Signal Word:	**Precautionary Statement(s):**	
Danger	**Prevention:**	Wash affected body parts thoroughly after handling.
		Do not eat, drink, or smoke when using this product.
		Wear eye and face protection.
		Wear protective gloves and clothing.
		Do not breathe mist, vapors, or spray.
		Avoid release to the environment.
	Response:	IF SWALLOWED: Rinse mouth. Do not induce vomiting. Immediately seek medical advice.
		IF ON SKIN: Take off immediately all contaminated clothing. Rinse skin with water.
		IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do so. Continue rinsing.
		IF INHALED: Remove victim to fresh air and keep comfortable for breathing.
		Collect spillage: See section VI - Accidential Release Measures.
		For specific treatment: See section IV - First Aid Measures.

III. Composition / Information on Ingredients

Chemical Name	**CAS Reg #'s**	**%**
Ammonia (NH_3)	7664-41-7	5 - 19.9
Water	7732-18-5	Balance

IV. First Aid Measures	
Eyes:	Immediately flush eyes with running water for at least 15 minutes, keeping eyelids open. Remove any contact lenses. Seek medical attention, if you feel unwell.
Dermal / Skin:	Remove contaminated clothing and wash exposed area thoroughly with soap and water. Seek medical attention, if you feel unwell.
Inhalation:	Move to fresh air immediately. If breathing is difficult, give oxygen. Seek medical attention, if you feel unwell.
Ingestion:	If swallowed, DO NOT induce vomiting. Rinse mouth. Seek medical attention, if you feel unwell.

V. Fire Fighting Measures				
NFPA Hazard Rating:	Health (Blue)	Fire (Red)	Reactivity (Yellow)	Special Instructions (White)
	3	1	0	None
NFPA Hazard Classification: 0 = Least 1 = Slight 2 = Moderate 3 = High 4 = Extreme				
Extinguishing Media:	Use extinguishing media appropriate for surrounding fire (Not CO_2).			
Special Firefighting Procedure:	Wear full protective clothing and a self-contained breathing apparatus (SCBA) because toxic fumes are emitted. Stop flow if possible. Use water to keep fire-exposed containers cool and to protect persons shutting off flow of liquid. For a serious leak, use fire hose with a fog nozzle and plenty of water to absorb ammonia vapors.			
Unusual Fire and Explosive Hazards:	At elevated temperatures, aqua ammonia will emit ammonia gas and possibly small amounts of nitrogen oxides which have been classified as toxic. Presence of oil or other combustible materials increases the fire hazard of ammonia gas. Ammonia concentrations in the range of 16-25 % by volume in air can be ignited or caused to explode if heated to the auto-ignition temperature.			

VI. Accidental Release Measures	
Precaution if Spilled or Released:	Steps should be taken to contain spilled liquids and prevent discharges to streams or sewer systems. Ventilate spill or leak area to disperse gas. Eliminate all sources of ignition. Stop flow if possible. If small spill, either allow it to vaporize or absorb the vapor in water. If large spill, spray the vapor cloud with water to reduce fire and fume hazard.
Neutralizing Chemicals:	Neutralization with acid not recommended. Flush area with water.

VII. Handling and Storage	
Handling:	Handle all chemicals with respect. Keep separated from incompatible substances. Handle only with equipment, materials, and supplies specified by their manufacturer as being compatible and appropriate for use with this product.
Storage:	Storage in specially designated areas outside or in detached structure is preferred. Store inside only in a cool, well-ventilated area free from combustibles and away from all sources of ignition. Protect containers from corrosion and mechanical damage. Containers should have safety relief valves. Separate from other chemicals, particularly oxidizing gases, organic materials, chlorine, bromine, iodine, mercury, and acids. Post readily visible warning signs in the storage area listing emergency measures. Water hoses should be readily available to knock down vapors from spill.

VIII. Exposure Control / Personal Protective Equipment

Component Workplace Control Parameters:

Components:	CAS-No.	Value	Parameters	Basis
Ammonia NH_3	7664-41-7	TWA	25 ppm	as Ammonia NH_3 (ACGIH)

Engineering Controls:	Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective threshold limit value.
General Hygiene:	Practice good personal hygiene after using this material, especially before eating, drinking, smoking, or using the toilet.
Personal Protection Equipment:	
Eye:	Wear chemical goggles and face shield unless protected by a respirator with a full face piece. Do not wear contact lenses as they may trap fumes against the eyes and can make flushing ineffective.
Skin:	The use of gloves, boots, and aprons impermeable to the specific material handled (for Ammonia, includes Butyl, Teflon, Neoprene, and Viton) is advised to prevent skin contact, possible irritation, and skin damage.
Respiratory:	None required under normal conditions. When conditions warrant a respirator, use NIOSH approved respirator and cartridge for particulates and ammonia.
Other Protective Items:	Where splash is possible, full chemically resistant protective clothing and boots are required. Ensure that eyewash stations and safety showers are proximal to the work-station location.

	Health (Blue)	Flammability (Red)	Physical Hazard (Yellow)	PPE (White)
HMIS Classification:	3	1	0	See Above

Hazard Classification: 0 = Minimal 1 = Slight 2 = Moderate 3 = Serious 4 = Severe

IX. Physical and Chemical Properties

Physical State:	Liquid	**pH:**	>12
Appearance:	Clear, colorless liquid	**Molecular Weight:**	35.05
Odor:	Pungent odor	**Odor Threshold:**	1-50 ppm
Specific Gravity:(H_2O=1)	0.98 (5 % Solution); 0.94 (15 % Solution); 0.93 (19 % Solution); @ 60 °F (15.5 °C)	**Weight per Gallon:**	8.17 (5 % Solution); 7.87 (15 % Solution); 7.76 (19 % Solution); lbs @ 60 °F (15.5 °C)
Vapor Density: (Air=1)	0.60 @ 32 °F (0 °C)	**Vapor Pressure:**	78 mm Hg (5 %) 194 mm Hg (15 %) 264 mm Hg (19 %) @ 77 °F (25 °C)
Boiling Point: at 14.7 psia	177 °F (80.5 °C) for (5 %) 120 °F (48.9 °C) for (19 %)	**Freezing/Melting Point:**	25 °F (-4 °C) for (5 %) -30 °F (- 34 °C) for (19 %)
Lower Explosive Limit:	16 % by volume Ammonia gas	**Upper Explosive Limit:**	25 % by volume Ammonia gas
Flash Point:	N/A	**Autoignition Temp:**	1,204 ° F (651 °C) (vapor)
Solubility in water:	100 %		
Other:			

X. Stability and Reactivity Data

Chemical Stability:	Product is stable under normal or expected use.
Conditions To Avoid:	Heat, sunlight, incompatibles, sources of ignition.
Incompatible Materials:	Corrosive to copper, brass, silver, zinc, aluminum alloys, and galvanized steel. Immediately boils when mixed with acids and is dangerous. Forms explosive compounds with calcium hypochlorite, bleaches, gold, mercury, silver, chlorine, and other halogens.
Hazardous products of Decomposition:	Burning may produce ammonia and nitrogen oxides.

XI. Toxicological Information

Routes of Entry:	☒ Eyes ☒ Skin ☒ Ingestion ☒ Inhalation
Sign and symptoms of Exposure:	Burning of the eyes, conjunctivitis, skin irritations, swelling of the eyelids and lips, dry red mouth and tongue, burning in the throat, and coughing. In more severe cases of exposure, difficulty in breathing, signs and symptoms of lung congestion, and, ultimately, death from respiratory failure due to pulmonary edema may occur.
Eye Contact:	Vapor is irritating to the eyes. Liquid will cause burns.
Ingestion:	Ingestion causes burning pain in mouth, throat, stomach, thorax, constriction of throat, and coughing. This is soon followed by vomiting of blood or by passage of loose stools containing blood. Ingestion of 3-4 mL may be fatal.
Skin Contact:	Absorption: Because of its alkalinity and water solubility, ammonia tends to break down and disrupt the outer cell layers, permitting rapid penetration; however, ammonia is not a systemic poison, and the effects will be limited to local effects. Contact: Causes smarting of the skin and first-degree burns on short exposure. May cause second-degree burns on long exposure.
Inhalation:	Ammonia vapors are highly irritating to throat at approximately 400 ppm. Causes edema, dyspnoea, bronchospasm, chest pain, pink frothy sputum. Inhalation of ≥500 ppm ammonia is considered immediately dangerous to life and health (OSHA).

Carcinogenicity:	**NPT**	Not Listed	**IARC**	Not Listed	**OSHA**	Not Regulated	
Ingredient Name:		**Species**		**Test**	**Period**	**Results**	
Ammonium Hydroxide		Rat		350 mg/kg	oral	LD50	
Comments:							

XII. Ecological Information

Ingredient Name:	**Species**	**Test**	**Period**	**Results**
Ammonia NH_3	Chinook Salmon	0.45 mg/L	96 hrs	LC50

Comments:	Ammonia dissipates relatively quickly in ambient air and rapidly returns to the soil via combination with sulfate ions or washout by rainfall. Ammonia strongly adsorbs to soil, sediment particles, and colloids in water under aerobic conditions. Biodegradation of ammonia to nitrate occurs in water under aerobic conditions which results in a biological oxygen demand (BOD).

XIII. Disposal Considerations

Waste Disposal:	Always dispose of material in accordance with local, state, and federal regulations.

XIV. Transportation Information

Proper Shipping Name:	Ammonium Hydroxide, with more than 10 % but not more than 35 % as ammonia. Marine pollutant.				
DOT Classification:	8				
Identification Number:	UN 2672	**Packing Group:**	III	**Other Labels:**	Corrosive
Comments:					

XV. Regulatory Information

Inventory Status:		**US Regulations:**	
U. S. TSCA	Yes	SARA 302 TPQ	500 lbs as ammonia NH_3
Europe EINECS	Yes	SARA 304 RQ	100 lbs as ammonia NH_3
Canadian DSL	Yes	SARA 313 List	Listed
Japan ENCS	Yes	CERCLA (RQ)	1,000 lbs for pure ammonium hydroxide
Korean KECI	Yes	RCRA 261.33	Not Listed
Philippines PICCS	Yes		
Australian AICS	Yes		
		SARA 311/312	☒ Acute ☐ Chronic ☐ Fire ☐ Release of Pressure ☐ Reactive

International Regulations:			**Other Regulations:**	
Canada WHMIS	E	Corrosive	California PROP 65	No
EINECS	231-635-3	as Anhydrous Ammonia		
EINECS	215-647-6	as Aqua Ammonia		

XVI. Other Information

NSF Certification:	Aqua Ammonia manufactured at Lake Charles, LA is NSF-60 certified. Maximum use in potable water is 10 mg/L.
Other:	_____
Revision Notes:	5/20/16, SDS product compositoin was changed from 19 - 30.5 to 5 - 19. 06/02/16, Added Marine pollutant designation under proper shipping name.
MSDS Replacements:	SII MSDS 097 AQUA-CAT® Aqua Ammonia

SALES OFFICE

For Product Information:
TEL: 662-494-3055
FAX: 662-494-2828

Post Office Drawer 1217
West Point, MS 39773

To Place An Order:
TEL: 800-953-3585
FAX: 800-953-3588

Sulfuric Acid (77 to 100%)

Version 3.0

Revision Date 08/01/2015 Ref. 150000002271

This SDS adheres to the standards and regulatory requirements of the United States and may not meet the regulatory requirements in other countries.

SECTION 1. PRODUCT AND COMPANY IDENTIFICATION

Product name	:	Sulfuric Acid (77 to 100%)
Product Use	:	Raw material, Manufacture of inorganic basic chemicals, Catalyst for oil refining industry, For the manufacturing of pharmaceutical products., Textile products (incl. nonwoven fabric processing) - Bleaching agents, discharging agents, Paper and board products - Bleaching agents, stabilizers for bleaching bath, Chemical plating of metals
Restrictions on use	:	Not to be used as a biocidal product., Not to be used as a drain cleaner., Not to be used as a direct component of a cleaning product., Not to be used for cleaning sludge out of oil tanks.
Supplier	:	Skyhawk Chemicals, Inc. 701 N. Post Oak Rd., Ste. 540 Houston, TX 77024 Phone: 713-957-2200 / 800-535-2847 Fax: 713-957-0345 Email: order@skyhawkchemicals.com
Emergency Contact	:	CHEMTREC USA 800-424-9300 ACCT#: CCN721839

SECTION 2. HAZARDS IDENTIFICATION

Product hazard category

Acute toxicity (Inhalation)	Category 1
Acute toxicity (Dermal)	Category 4
Skin corrosion	Category 1A
Serious eye damage/eye irritation	Category 1

Sulfuric Acid (77 to 100%)

Version 3.0

Revision Date 08/01/2015 Ref. 150000002271

Carcinogenicity	Category 2
Specific target organ toxicity - single exposure	Category 1
Specific target organ toxicity - repeated exposure	Category 1

Label content

Pictogram :

Signal word : Danger

Hazardous warnings : Harmful in contact with skin.
Causes severe skin burns and eye damage.
Fatal if inhaled.
Suspected of causing cancer.
Causes damage to organs. (Respiratory system)
Causes damage to organs through prolonged or repeated exposure. (Respiratory system)

Sulfuric Acid (77 to 100%)

Hazardous prevention measures : Obtain special instructions before use.
Do not handle until all safety precautions have been read and understood.
Do not breathe dust/ fume/ gas/ mist/ vapours/ spray.
Wash skin thoroughly after handling.
Do not eat, drink or smoke when using this product.
Use only outdoors or in a well-ventilated area.
Wear protective gloves/ protective clothing/ eye protection/ face protection.
Use personal protective equipment as required.
Wear respiratory protection.
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower.
IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
IF exposed: Call a POISON CENTER or doctor/ physician.
Immediately call a POISON CENTER/doctor.
Wash contaminated clothing before reuse.
Store in a well-ventilated place. Keep container tightly closed.
Store locked up.
Dispose of contents/ container to an approved waste disposal plant.

Other hazards
No applicable data available.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

Component	CAS-No.	Concentration
Sulfuric Acid	7664-93-9	77 - 100 %

Water	7732-18-5	0 - 23 %

SECTION 4. FIRST AID MEASURES

General advice	:	When symptoms persist or in all cases of doubt seek medical advice.
Inhalation	:	Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Call a physician.
Skin contact	:	Wash off with plenty of water. Remove contaminated clothing and shoes. Consult a physician. Wash contaminated clothing before re-use. Discard contaminated shoes.
Eye contact	:	Immediately flush eyes for at least 15 minutes. Get medical attention.
Ingestion	:	Do NOT induce vomiting. Immediately give large quantities of water to drink. Call a physician immediately. Never give anything by mouth to an unconscious person.
Most important symptoms/effects, acute and delayed	:	No applicable data available.
Protection of first-aiders	:	If potential for exposure exists refer to Section 8 for specific personal protective equipment.
Notes to physician	:	No applicable data available.

SECTION 5. FIREFIGHTING MEASURES

Suitable extinguishing media	:	The product itself does not burn., Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media	:	None known.
Specific hazards	:	Does not readily burn or support combustion.
Special protective equipment for firefighters	:	No applicable data available.
Further information	:	Do not get water inside any containers.

SECTION 6. ACCIDENTAL RELEASE MEASURES

NOTE: Review FIRE FIGHTING MEASURES and HANDLING (PERSONNEL) sections before proceeding with clean-up. Use appropriate PERSONAL PROTECTIVE EQUIPMENT during clean-up.

Safeguards (Personnel)	:	Use personal protective equipment. Keep people away from and upwind of spill/leak.
Environmental precautions	:	Try to prevent the material from entering drains or water courses.
Spill Cleanup	:	Clean-up methods - small spillage Soak up with sand, oil dry, or other noncombustible absorbent materials. Clean-up methods - large spillage Dam up. Carefully apply fine water mist or mid-expansion foam to slowly dilute to non-fuming sulfuric acid. This process may release sulfuric acid mists into the air. Neutralize with: lime soda ash other alkali material
Accidental Release Measures	:	No applicable data available.

SECTION 7. HANDLING AND STORAGE

Handling (Personnel)	:	Do not get in eyes. Do not get on skin or clothing. Do not breathe vapours or spray mist. Wash hands thoroughly after handling.

Handling (Physical Aspects)	:	No applicable data available.
Dust explosion class	:	No applicable data available.
Storage	:	Keep containers dry and tightly closed to avoid moisture absorption and contamination. Protect containers from damage. Never allow product to get in contact with water during storage. Never allow product to get in contact with water during storage.
Storage period	:	No applicable data available.
Storage temperature	:	No applicable data available.

SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Personal protective equipment

Respiratory protection	:	Wear NIOSH approved respiratory protection as appropriate.
Eye protection	:	Wear chemical splash goggles in combination with a full-length face shield or an acid hood.
Skin and body protection	:	Where there is potential for skin contact have available and wear as appropriate: Full body chemical protective clothing. Chemical-resistant gloves Chemical-resistant boots
Protective measures	:	All Personal Protection Equipment should be checked before use to confirm it is compatible with the chemicals you are handling.

Exposure Guidelines

Exposure Limit Values

Sulfuric Acid

Permissible exposure limit:	(OSHA)	1 mg/m3	8 hr. TWA
TLV	(ACGIH)	0.2 mg/m3	TWA Thoracic fraction.

Sulfuric Acid (77 to 100%)

Version 3.0

Revision Date 08/01/2015 Ref. 150000002271

SECTION 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance		
Physical state	:	liquid
Form	:	liquid, oily
Color	:	colourless, to, light grey
Odor	:	acrid
Odor threshold	:	No applicable data available.
pH	:	< 1
Melting point/freezing point	:	Freezing point -35 - 11 °C (-31 - 52 °F)
Boiling point/boiling range	:	Boiling point/boiling range 193 - 327 °C (379 - 621 °F) at 760 mm Hg
Flash point	:	does not flash
Evaporation rate	:	< 1 (Butyl Acetate=1.0)
Flammability (solid, gas)	:	No applicable data available.
Upper explosion limit	:	No applicable data available.
Lower explosion limit	:	No applicable data available.
Vapor pressure	:	< 0.3 mm Hg at 25 °C (77 °F) < 0.6 mm Hg at 38 °C (100 °F)
Vapor density	:	3.4 (Air = 1.0)
Specific gravity (Relative density)	:	1.706 - 1.844 at 15.6 °C (60.1 °F)

Water solubility	:	completely soluble, Reacts violently with water liberating sulfuric acid mist cloud.
Solubility(ies)	:	No applicable data available.
Partition coefficient: n-octanol/water	:	No applicable data available.
Auto-ignition temperature	:	No applicable data available.
Decomposition temperature	:	No applicable data available.
Viscosity, kinematic	:	No applicable data available.
Viscosity, dynamic	:	No applicable data available.

SECTION 10. STABILITY AND REACTIVITY

Reactivity	:	Stable under recommended storage conditions.
Chemical stability	:	Stable at normal temperatures and storage conditions.
Possibility of hazardous reactions	:	Reacts violently with water.
Conditions to avoid	:	Avoid excessive heat.
Incompatible materials	:	Water Organic materials, nitrates, chlorates, perchlorates, carbides, picrates, strong oxidizers, Reducing agents, Powdered metals, Cyanides, sulphides
Hazardous decomposition products	:	Hazardous decomposition products: Sulphur dioxide

SECTION 11. TOXICOLOGICAL INFORMATION

Sulfuric Acid

Inhalation 4 h LC50	:	0.375 mg/l , Rat Target Organs: Respiratory system Respiratory effects

Sulfuric Acid (77 to 100%)

Dermal LD50	:	2,000 mg/kg , Rabbit
Oral LD50	:	2,140 mg/kg , Rabbit
Skin irritation	:	Corrosive after 3 minutes or less of exposure, Rabbit
Eye irritation	:	Corrosive, Rabbit
Skin sensitization	:	Does not cause skin sensitisation., Not tested on animals Does not cause respiratory sensitisation., human
Repeated dose toxicity	:	Inhalation Rat - 28 dMethod: OECD Test Guideline 412 No toxicologically significant effects were found.
Carcinogenicity	:	Suspected human carcinogens An increased risk of cancer in humans has been shown in workplace-based studies.
Mutagenicity	:	Tests on bacterial or mammalian cell cultures did not show mutagenic effects. Evidence suggests this substance does not cause genetic damage in animals.
Reproductive toxicity	:	No toxicity to reproduction Evidence suggests the substance is not a reproductive toxin in animals.
Teratogenicity	:	Animal testing showed no developmental toxicity.

Carcinogenicity

The carcinogenicity classifications for this product and/or its ingredients have been determined according to HazCom 2012, Appendix A.6. The classifications may differ from those listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or those found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest edition).

Sulfuric Acid (77 to 100%)

Version 3.0

Revision Date 08/01/2015 Ref. 150000002271

Material	IARC	NTP	OSHA
Sulfuric Acid	1	X	

SECTION 12. ECOLOGICAL INFORMATION

Aquatic Toxicity
Sulfuric Acid

96 h LC50	:	Lepomis macrochirus (Bluegill sunfish) 16 mg/l
72 h ErC50	:	Desmodesmus subspicatus (green algae) > 100 mg/l OECD Test Guideline 201
48 h EC50	:	Daphnia magna (Water flea) > 100 mg/l OECD Test Guideline 202
65 d	:	NOEC Fish (unspecified species) 0.025 mg/l

SECTION 13. DISPOSAL CONSIDERATIONS

Waste disposal methods - Product	:	In accordance with local and national regulations. Discarded material is a RCRA Hazardous Waste.
Contaminated packaging	:	No applicable data available.

SECTION 14. TRANSPORT INFORMATION

DOT	UN number	:	1830
	Proper shipping name	:	Sulfuric acid
	Class	:	8
	Packing group	:	II
	Labelling No.	:	8
IATA_C	UN number	:	1830

Sulfuric Acid (77 to 100%)

Version 3.0

Revision Date 08/01/2015 Ref. 150000002271

	Proper shipping name	:	Sulphuric acid
	Class	:	8
	Packing group	:	II
	Labelling No.	:	8
IMDG	UN number	:	1830
	Proper shipping name	:	SULPHURIC ACID
	Class	:	8
	Packing group	:	II
	Labelling No.	:	8

SECTION 15. REGULATORY INFORMATION

TSCA	:	On the inventory, or in compliance with the inventory
SARA 313 Regulated Chemical(s)	:	Sulfuric Acid
		Sulfuric Acid
PA Right to Know Regulated Chemical(s)	:	Substances on the Pennsylvania Hazardous Substances List present at a concentration of 1% or more (0.01% for Special Hazardous Substances): Sulfuric Acid
NJ Right to Know Regulated Chemical(s)	:	Substances on the New Jersey Workplace Hazardous Substance List present at a concentration of 1% or more (0.1% for substances identified as carcinogens, mutagens or teratogens): Sulfuric Acid
SARA Reportable Quantity	:	1000 lbs Based on the percentage composition of this chemical in the product.: Sulphuric acid
California Prop. 65	:	WARNING! This product contains a chemical or chemicals known to the State of California to cause cancer. Sulfuric Acid

Sulfuric Acid (77 to 100%)

Version 3.0

Revision Date 08/01/2015 Ref. 150000002271

SECTION 16. OTHER INFORMATION

Revision Date : 08/01/2015

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

Significant change from previous version is denoted with a double bar.

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Section 1: Identification of the Substance/Mixture and of the Company/Undertaking

· **Product Identifier: Sodium Hypochlorite Solution (10-20%)**

· **Synonyms:** Bleach

· **Product Use:** Various industrial uses.

· **Supplier:**
Skyhawk Chemicals, Inc.
701 N. Post Oak Rd., Ste. 540
Houston, TX 77024
Phone: 713-957-2200 / 800-535-2847
Fax: 713-957-0345
Email: order@skyhawkchemicals.com

· **Emergency Telephone Number:**
In case of a chemical emergency, contact CHEMTREC (24 hrs) at:
+1 (800) 424-9300 (United States)
Account #: CCN721839

* Section 2: Hazards Identification

· **Hazard Classification:**


GHS09

Aquatic Acute 2 H401 Toxic to aquatic life.


GHS05

Skin Corr. 1A H314 Causes severe skin burns and eye damage.

Eye Dam. 1 H318 Causes serious eye damage.

· **Signal Word:** DANGER

· **Precautionary Statements:**

P260	Do not breathe dusts or mists.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P301+P330+P331	If swallowed: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/ shower.
P305+P351+P338	If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P309	If exposed or if you feel unwell:
P310	Immediately call a doctor.
P501	Dispose of contents/container in accordance with local regulations.

· **NFPA Ratings (scale 0 - 4):**

Health = 3
Fire = 0
Reactivity = 2

(Contd. on Page 2)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 1)

· **Additional Information:**
If you do not understand the hazards or safety precautions described in this data sheet, contact your supervisor or safety administrator before handling this product.

Section 3: Composition/Information on Ingredients

· **Dangerous Components:**
· **CAS No. Description**

7681-52-9 sodium hypochlorite, solution 10-20%
Skin Corr. 1B, H314; Aquatic Acute 1, H400

1310-73-2 sodium hydroxide ≤5%
Skin Corr. 1A, H314

Section 4: First Aid Measures

· **General information:**
Rescue personnel must wear appropriate protective equipment during removal of victims from contaminated areas.

· **After Inhalation:**
Remove victim to fresh air.
Administer oxygen if breathing is difficult.
Administer artifical respiration if breathing has stopped.
Onset of symptoms may be delayed up to 48 hours.
Get immediate medical attention.

· **After Skin Contact:**
Remove contaminated clothing and shoes. Wash affected area with soap and water.
Use caution to avoid spreading contamination while washing.
Delayed skin damage is possible if product is not completely washed off.
Get immediate medical attention.

· **After Eye Contact:**
In case of accidental contact, immediately flush eyes with water.
Hold eyelids open to ensure adequate flushing.
Remove contact lenses, if present and easy to do. Continue rinsing.
Get immediate medical attention.

· **After Swallowing:**
Rinse mouth.
Administer 1-2 glasses of water to dilute ingested material.
Do NOT induce vomiting.
Never give anything by mouth to an unconscious person.
Get immediate medical attention.

· **Most Important Symptoms and Effects:** No further relevant information available.

(Contd. on Page 3)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 2)

Section 5: Firefighting Measures

· **Suitable Extinguishing Agents:**
CO_2, extinguishing powder or water spray. Fight larger fires with water spray.

· **Special Firefighting Hazards:**
Decomposes when heated. Decomposition products may cause containers to rupture or explode. May react vigorously with organic materials. Depending on temperature and concentration, decomposition products may include hypochlorous acid, sodium oxide, chlorine gas, sodium chlorate and oxygen. Sodium chlorate crystals may cause fire or explosion if subjected to friction or impact.

· **Protective Equipment:**
In the event of a fire, wear a NIOSH (USA) or CEN (EU) approved self-contained breathing apparatus (SCBA) and full protective clothing.

· **Additional Information:** Evacuate all non-essential personnel from the danger area.

Section 6: Accidental Release Measures

· **Personal Precautions, Protective Equipment and Emergency Procedures:**
In case of a spill or other accidental release of this material, contact your supervisor, safety administrator, or emergency response team immediately.
Restrict access to keep out unauthorized or unprotected personnel.
Stay upwind of spilled material.
Wear appropriate personal protective equipment during all clean-up activities. See Section 8 for more information.
Avoid inhalation and direct contact.
All clean-up personnel must be properly trained.

· **Environmental Precautions:**
Keep spilled material out of sewage/drainage systems and waterways.
This product contains a U.S. EPA Reportable Quantity (RQ) substance. If amounts exceeding the Reportable Quantity are released, notification of the National Response Center +1 (800) 424-8802 is required. See Section 15 for more information.

· **Methods for Containment and Clean-Up:**
Ensure adequate ventilation.
Secure the source of the leak if conditions are safe.
Use neutralizing agent.
Collect using an appropriate absorbent material such as clay or sand.
Place waste in an appropriate container for disposal.
Use care during clean-up to avoid exposure to the material and injury from broken containers.

Section 7: Handling and Storage

· **Precautions for Safe Handling:**
Ensure adequate ventilation.
Avoid inhalation and direct contact.
Wear appropriate personal protective equipment.
Do not mix with water without dilution and agitation to prevent potentially violent reaction.
Do not mix with acids, ammonia, alcohol, ethers or hydrocarbons.

· **Protection Against Fires and Explosions:** No special measures required.

(Contd. on Page 4)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 3)

· **Conditions for Safe Storage:**
Store in closed, properly labeled containers.
Protect containers from heat, physical damage, ignition sources and incompatible materials.
Have emergency equipment for fires and spills readily available.

· **Additional Information:**
If you do not understand the hazards or safety precautions described in this data sheet, contact your supervisor or safety administrator before handling this product.

Section 8: Exposure Controls/Personal Protection

· **Occupational Exposure Limits:**

7681-52-9 sodium hypochlorite, solution
WEEL (USA) Short-Term Value: 2 mg/m³

1310-73-2 sodium hydroxide
PEL (USA) Eight-Hour Value: 2 mg/m³
REL (USA) Ceiling Limit Value: 2 mg/m³
TLV (USA) Ceiling Limit Value: 2 mg/m³

· **Exposure Controls:**
Use local exhaust ventilation during open transfers.
Check ventilation for proper operation before starting work.
Ensure emergency eyewash and shower facilities are available.

· **General Protective and Hygienic Measures:**
Wash thoroughly after handling.
Use only outdoors or in a well-ventilated area.
Follow all safety precautions, posted signs and warnings.
Do not inhale gases / fumes / aerosols.
Avoid contact with the eyes and skin.

· **Respiratory Protection:**
An industrial hygiene risk assessment is required to determine appropriate respiratory protection.
An air-purifying respirator may be appropriate under limited exposure conditions.
Perform a respirator fit/seal check after donning.
Protection provided by air-purifying respirators is limited.
Wear a self-contained breathing apparatus (SCBA) if there is a potential for uncontrolled release, exposure levels are not known, or in other circumstances where air-purifying respirators may not provide adequate protection.

· **Hand Protection:**

Chemical resistant gloves.

Work gloves may be worn over chemical resistant gloves.
Wear a second pair of chemical resistant gloves for added protection.
Tape gloves to coveralls or suit, if worn.
Use caution when removing gloves to avoid exposure to hazardous chemicals.

(Contd. on Page 5)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 4)

· **Eye/Face Protection:**

Safety glasses with side shields.

Splash goggles/mono-goggles recommended during tasks with high potential for exposure.

· **Body Protection:**
Lab coat recommended for small scale operations.
Tasks with a high probability for splashing or skin contact may require:
Chemical resistant coveralls or apron.
Heavy duty chemical resistant boots.

· **Additional Information:**
If unusual exposures are expected, an industrial hygiene review of work practices, engineering controls and personal protective equipment is recommended.

Section 9: Physical/Chemical Properties

· **Form:**	Liquid
· **Color:**	Light yellow
· **Odor:**	Pungent
· **Odor Threshold:**	Not determined.
· **pH Value at 20 °C (68 °F):**	12.5
· **Melting Point:**	Not determined.
· **Boiling Point:**	Not determined.
· **Flash Point:**	Not applicable.
· **Autoignition Temperature:**	Not determined.
· **Decomposition Temperature:**	Not determined.
· **Lower Explosive Limit (LEL):**	Not determined.
· **Upper Explosive Limit (UEL):**	Not determined.
· **Vapor Pressure at 20 °C (68 °F):**	20 hPa (15 mm Hg)
· **Density:**	Not determined.
· **Vapor Density at 20 °C (68 °F):**	2.6 g/cm³ (21.697 lbs/gal) (air = 1)
· **Evaporation Rate:**	Not determined.
· **Solubility in Water:**	Not determined.
· **Partition Coefficient (n-octanol/water):**	Not determined.
· **Viscosity:**	Not determined.

(Contd. on Page 6)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 5)

Section 10: Stability and Reactivity

· **Chemical Stability/Reactivity:** Stable if used and stored according to the specifications listed below.

· **Conditions to Avoid:**
Keep away from heat, sparks and open flames.
Keep away from incompatible materials.
Do not mix with water without dilution and agitation to prevent potentially violent reaction.
Do not mix with acids, ammonia, alcohol, ethers or hydrocarbons.

· **Possibility of Hazardous Reactions/Incompatible Materials:**
Keep away from strong acids and bases.
Keep away from strong oxidizers.
Contact with acids releases toxic gases.

· **Hazardous Decomposition Products:**
Decomposes when heated. Decomposition products may cause containers to rupture or explode. May react vigorously with organic materials. Depending on temperature and concentration, decomposition products may include hypochlorous acid, sodium oxide, chlorine gas, sodium chlorate and oxygen. Sodium chlorate crystals may cause fire or explosion if subjected to friction or impact.

* Section 11: Toxicological Information

· **Acute Toxicity:** No data available.

· **Relevant LD/LC50 Values:**

7681-52-9 sodium hypochlorite, solution
Oral LD50 5800 mg/kg (mouse)

1310-73-2 sodium hydroxide
Oral LD50 2000 mg/kg (rat)

· **Skin Irritation:**
Causes severe skin burns and eye damage.

· **Eye Irritation:**
Causes severe skin burns and eye damage.
Causes serious eye damage.

· **Respiratory Irritation:** May cause respiratory irritation.

· **Sensitization/Allergic Reaction:** No data available.

· **Subchronic/Chronic Toxicity:** No data available.

* Section 12: Ecological Information

· **Aquatic Toxicity:** Toxic to aquatic life.

· **Persistence and Degradability:** No data available.

· **Bioaccumulative Potential:** No data available.

(Contd. on Page 7)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 6)

Section 13: Disposal Considerations

· **Disposal Instructions:**
Keep spilled material out of sewage/drainage systems and waterways.
Maximize product recovery for reuse or recycling.
Waste materials may be hazardous due to the pH/corrosivity.
Dispose of waste in accordance with applicable laws and regulations.

· **Additional Information:**
It is the responsiblity of the product user to determine at the time of disposal whether a material containing or derived from this product should be classified as hazardous waste.

*
Section 14: Transport Information

· **UN Number:**

· **DOT, ADR, IMDG, IATA** UN1791

· **UN Proper Shipping Name:**

· **DOT:** RQ Hypochlorite solutions

· **ADR:** 1791 Hypochlorite solutions

· **IMDG:** HYPOCHLORITE SOLUTION, MARINE POLLUTANT

· **IATA:** HYPOCHLORITE SOLUTION

· **Transport Hazard Class(es):**

· **DOT:**

· **Class:** 8 Corrosive substances

· **Label:** 8

· **ADR, IMDG**

· **Class:** 8 Corrosive substances

· **Label:** 8

· **IATA:**

· **Class:** 8 Corrosive substances

(Contd. on Page 8)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 7)

· **Label:** 8

· **Packing Group:**

· **DOT, ADR, IMDG, IATA** III

· **Environmental Hazards:**

· **Marine Pollutant:** Yes
Symbol (fish and tree)

· **Special Marking (ADR):** Symbol (fish and tree)

· **Special Precautions:** Warning: Corrosive substances

· **EMS Number:** F-A,S-B

· **Segregation Groups:** Hypochlorites

· **Additional Information:**

· **DOT:**

· **Remarks:** This product contains a U.S. EPA Reportable Quantity (RQ) substance. If amounts exceeding the Reportable Quantity are released, notification of the National Response Center +1 (800) 424-8802 is required. See Section 15 for more information.
.
Shippers must consult transportation regulations for packaging instructions, quantity limitations and other regulatory information applicable to the desired mode of transport.

* Section 15: Regulatory Information

· **U.S. Superfund Amendments & Reauthorization Act (SARA) 355 (Extremely Hazardous Substances):**
None of the ingredients are listed.

· **U.S. Superfund Amendments & Reauthorization Act (SARA) 313 (Specific Toxic Chemical Listings):**
None of the ingredients is listed.

· **U.S. Environmental Protection Agency Reportable Quantity:**
7681-52-9 sodium hypochlorite, solution: 100 lbs.

1310-73-2 sodium hydroxide: 1,000 lbs.

· **U.S. Toxic Substances Control Act (TSCA):**
All ingredients are listed.

· **California Proposition 65 Carcinogens:**
None of the ingredients is listed.

· **Canadian Domestic Substances List (DSL):**
All ingredients are listed.

· **Canadian Ingredient Disclosure List (limit 0.1%)**
None of the ingredients are listed.

(Contd. on Page 9)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 8)

· **Canadian Ingredient Disclosure List (limit 1%):**
All ingredients are listed.

· **Container Labeling According to Regulation (EC) No 1272/2008:**
The product is classified and labeled according to the CLP regulation.

· **Hazard Pictograms:**


GHS09


GHS05

· **Signal Word:** DANGER

· **Hazard Statements:**
H401 Toxic to aquatic life.
H314 Causes severe skin burns and eye damage.

· **Precautionary Statements:**

P260	Do not breathe dusts or mists.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P301+P330+P331	If swallowed: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/ shower.
P305+P351+P338	If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P309	If exposed or if you feel unwell:
P310	Immediately call a doctor.
P501	Dispose of contents/container in accordance with local regulations.

Section 16: Other Information

This information is furnished without warranty, expressed or implied, except that it is accurate to the best knowledge of Skyhawk Chemicals, Inc. at the time it was prepared. Skyhawk Chemicals, Inc. does not assume any liability whatsoever for the accuracy or completeness of the information contained herein. Final determination of suitability of any material is the sole responsibility of the user. All materials may present unknown hazards and should be used with caution. Although certain hazards are described herein, Skyhawk Chemicals, Inc. and its subsidiaries cannot guarantee that these are the only hazards that exist. Skyhawk Chemicals, Inc. assumes no legal responsibility for loss, damage or expense arising out of, or in any way connected with, the handling, storage, use or disposal of this product.

· **Department Issuing Safety Data Sheet:** Corporate Environment, Health & Safety

· **Abbreviations & Acronyms:**
ADR: Accord européen sur le transport des marchandises dangereuses par Route (European Agreement concerning the International Carriage of Dangerous Goods by Road)
IMDG: International Maritime Code for Dangerous Goods
DOT: US Department of Transportation

(Contd. on Page 10)

Safety Data Sheet
according to 1907/2006/EC, Article 31

Date Printed: 04/05/2017 Version 3 Date Reviewed: 04/04/2017

Product Identifier: Sodium Hypochlorite Solution (10-20%)

(Contd. from Page 9)

IATA: International Air Transport Association
GHS: Globally Harmonised System of Classification and Labeling of Chemicals
EINECS: European Inventory of Existing Commercial Chemical Substances
ELINCS: European List of Notified Chemical Substances
CAS: Chemical Abstracts Service (division of the American Chemical Society)
NFPA: National Fire Protection Association (USA)
LC50: Lethal concentration, 50 percent
LD50: Lethal dose, 50 percent
Skin Corr. 1A: Skin corrosion/irritation – Category 1A
Skin Corr. 1B: Skin corrosion/irritation – Category 1B
Eye Dam. 1: Serious eye damage/eye irritation – Category 1
Aquatic Acute 1: Hazardous to the aquatic environment - acute aquatic hazard – Category 1

· **Sources & References:**

* - Indicates that data has been updated from the previous version.
This Safety Data Sheet conforms to regulation 1907/2006/EC (REACH). This product has been classified in accordance with European CLP regulations (1272/2008/EC) and the U.S. Hazard Communication standard (29 CFR 1910.1200).

SAFETY DATA SHEET

Section 1. Chemical Product and Company Identification

Product Name:	ChemTreat BL1794
Product Use:	Boiler Water Treatment
Supplier's Name:	ChemTreat International
Emergency Telephone Number:	(800)424–9300 (Toll Free)
Address (Corporate Headquarters):	#124, 11870–88 Avenue Fort Saskatchewan, AB T8L 0K1
Telephone Number for Information:	(800)648–4579
Date of SDS:	23 July 2018
Revision Date:	23 July 2018
Revision Number:	18072301AN

Section 2. Hazard(s) Identification

Signal Word: **WARNING**

GHS Classification(s):

Eye damage/irritation – Category 2b
Skin corrosion/irritation – Category 2
Acute Toxicity Inhalation – Category 4
Acute Toxicity Oral – Category 4

Hazard Statement(s):

H320 Causes eye irritation.
H315 Causes skin irritation.
H332 Harmful if inhaled.
H302 Harmful if swallowed.

Precautionary Statement(s):

Prevention:

P264 Wash thoroughly after handling.
P270 Do not eat, drink, or smoke when using this product.
P261 Avoid breathing dust/fume/gas/mist/vapours/spray.
P271 Use only outdoors or in a well–ventilated area.
P280 Wear protective gloves/protective clothing/eye protection/face protection.

Response:

P301 + P312 + P330 IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell. Rinse mouth.
P304 + P340 IF INHALED: Remove person to fresh air and keep comfortable for breathing
P312 Call a POISON CENTER or doctor/physician if you feel unwell.
P302 + P352 IF ON SKIN: Wash with plenty of soap and water.
P332 + P313 If skin irritation develops or persists, get medical advice/attention.
P362 + P364 Take off contaminated clothing and wash it before reuse.
P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337 + P313 If eye irritation persists, get medical advice/attention.

Storage: None.

Disposal: None.

System of Classification Used: The SDS Conforms to the GHS Standards for hazard communication as implemented.

Hazards Not Otherwise Classified: None.

Section 3. Composition/Hazardous Ingredients

Component	CAS Registry #	Wt%
Sodium phosphate, tribasic	7601-54-9	1 – 5

Comments If chemical identity and/or exact percentage of composition has been withheld, this information is considered to be a trade secret.

Section 4. First Aid Measures

Inhalation:	Remove to fresh air and keep at rest in a position comfortable for breathing. Call a poison center or doctor/physician if you feel unwell.
Eyes:	Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice/attention.
Skin:	Wash with plenty of soap and water. Take off contaminated clothing and wash before re-use. If skin irritation occurs, seek medical advice/attention.
Ingestion:	DO NOT INDUCE VOMITING. Rinse mouth. Call a POISON CENTER or doctor/physician.
Most Important Symptoms:	N/D
Indication of Immediate Medical Attention and Special Treatment Needed, If Necessary:	N/A

Section 5. Fire Fighting Measures

Flammability of the Product:	Not flammable.
Suitable Extinguishing Media:	Use extinguishing media suitable to surrounding fire.
Specific Hazards Arising from the Chemical:	None known.
Protective Equipment:	If product is involved in a fire, wear full protective clothing including a positive-pressure, NIOSH approved, self-contained breathing apparatus.

Section 6. Accidental Release Measures

Personal Precautions: Use appropriate Personal Protective Equipment (PPE).

Environmental Precautions: Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains, and sewers.

Methods for Cleaning up: Contain and recover liquid when possible. Flush spill area with water spray.

Other Statements: None.

Section 7. Handling and Storage

Handling: Wear appropriate Personal Protective Equipment (PPE) when handling this product. Do not get in eyes, or on skin and clothing. Wash thoroughly after handling. Do not ingest. Avoid breathing vapours, mist or dust.

Storage: Store away from incompatible materials (see Section 10). Store at ambient temperatures. Keep container securely closed when not in use. Label precautions also apply to empty container. Recondition or dispose of empty containers in accordance with government regulations. For Industrial use only.
Store above Freeze Point.

Section 8. Exposure Controls/Personal Protection

Exposure Limits

Component	Source	Exposure Limits
Sodium phosphate, tribasic	N/E	N/E

Engineering Controls: Use only with adequate ventilation. The use of local ventilation is recommended to control emission near the source.

Personal Protection

Eyes: Wear chemical splash goggles or safety glasses with full-face shield. Maintain eyewash fountain in work area.

Skin:	Maintain quick–drench facilities in work area. Wear butyl rubber or neoprene gloves. Wash them after each use and replace as necessary. If conditions warrant, wear protective clothing such as boots, aprons, and coveralls to prevent skin contact.
Respiratory:	If misting occurs, use NIOSH approved organic vapour/acid gas dual cartridge respirator with a dust/mist prefilter.

Section 9. Physical and Chemical Properties

Physical State and Appearance:	Liquid, Colorless, Clear
Specific Gravity:	1.040 @ 20°C
pH:	12.1 @ 20°C, 100.0%
Freezing Point:	2.8°C
Flash Point:	N/D
Odour:	Odourless
Melting Point:	N/D
Initial Boiling Point and Boiling Range:	100°C
Solubility in Water:	Complete
Evaporation Rate:	<1
Vapour Density:	N/D
Molecular Weight:	N/D
Viscosity:	N/A
Flammability (solid, gas):	N/D
Flammable Limits:	N/A
Autoignition Temperature:	N/A
Density:	1.04 KG/L
Vapour Pressure:	Negligible
% VOC:	0
Odour Threshold	N/D
n–octanol Partition Coefficient	N/D
Decomposition Temperature	N/D

Section 10. Stability and Reactivity

Chemical Stability:	Stable at normal temperatures and pressures.
Incompatibility with Various Substances:	Strong oxidizers, Acids.
Hazardous Decomposition Products:	Oxides of phosphorus.

Possibility of Hazardous Reactions: None known.

Reactivity: N/D

Conditions To Avoid: N/D

Section 11. Toxicological Information

Acute Toxicity

Chemical Name	Exposure	Type of Effect	Concentration	Species
Sodium phosphate, tribasic	Oral	LD50	7400 MG/KG	Rat

Carcinogenicity Category

Component	Source	Code	Brief Description
Sodium phosphate, tribasic	N/E	N/E	N/E

Likely Routes of Exposure: N/D

Symptoms

Inhalation: N/D

Eye Contact: N/D

Skin Contact: N/D

Ingestion: N/D

Skin Corrosion/Irritation: N/D

Serious Eye Damage/Eye Irritation: N/D

Sensitization: N/D

Germ Cell Mutagenicity: N/D

Reproductive/Developmental Toxicity: N/D

Specific Target Organ Toxicity

Single Exposure: N/D

Repeated Exposure: N/D

Aspiration Hazard: N/D

Comments: None.

Section 12. Ecological Information

Ecotoxicity

Species	Duration	Type of Effect	Test Results
Daphnia magna	50h	EC50	2158 mg/l
Bluegill Sunfish	96h	LC50	2682 mg/l
Rainbow Trout	96h	LC50	1463 mg/l
Ceriodaphnia dubia	48h	LC50	>10000 mg/l
Fathead Minnow	96h	LC50	>10000 mg/l

Persistence and Biodegradability: N/D

Bioaccumulative Potential: N/D

Mobility In Soil: N/D

Other Adverse Effects: N/D

Comments: None.

Section 13. Disposal Considerations

Incinerate or bury in approved landfill. There may be additional local or provincial requirements relating to the disposal of waste. Consult provincial or local regulations regarding the proper disposal of this material. Refer to Transportation of Dangerous Goods (T.D.G.) classifications.
Not a U.S.A. RCRA–regulated hazardous waste when disposed in the original product form.

Section 14. Transport Information

Controlling Regulation	UN/NA#:	Proper Shipping Name:	Technical Name:	Hazard Class:	Packing Group:
DOT	N/A	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID	N/A	N/A	N/A
IMDG	N/A	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID	N/A	N/A	N/A
ICAO	N/A	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID	N/A	N/A	N/A
TDG	N/A	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID	N/A	N/A	N/A

Note: N/A

Section 15. Regulatory Information

Inventory Status

United States (TSCA): All ingredients listed.
Canada (DSL/NDSL): All ingredients listed.

Federal Regulations

SARA Title III Rules

Sections 311/312 Hazard Classes

Fire Hazard: No
Reactive Hazard: No
Release of Pressure: No
Acute Health Hazard: Yes
Chronic Health Hazard: No

Other Sections

Component	Section 313 Toxic Chemical	Section 302 EHS TPQ	CERCLA RQ
Sodium phosphate, tribasic	N/A	N/A	5000

Comments: None.

State Regulations

California Proposition 65: None known.

Special Regulations

Component	States
Sodium phosphate, tribasic	MN, NY, PA

Compliance Information

NSF: N/A

Food Regulations: FDA: All ingredients in this product are authorized in 21 CFR 173.310 for use as "Boiler Water Additives" where the steam may contact food.

KOSHER: This product is certified by the Orthodox Union as kosher pareve.
Only when prepared by the following ChemTreat facilities: Ashland, VA; Eldridge, IA; Nederland, TX.

Halal: This product has not been evaluated for Halal approval.

FIFRA: N/A

Other: None

Comments: None.

Section 16. Other Information

HMIS Hazard Rating

Health:	1
Flammability:	0
Physical Hazard:	0
PPE:	X

Notes: The PPE rating depends on circumstances of use. See Section 8 for recommended PPE.
The Hazardous Material Information System (HMIS) is a voluntary, subjective alpha–numeric symbolic system for recommending hazard risk and personal protection equipment information. It is a subjective rating system based on the evaluator's understanding of the chemical associated risks. The end–user must determine if the code is appropriate for their use.

Abbreviations

Abbreviation	Definition
<	Less Than
>	Greater Than
ACGIH	American Conference of Governmental Industrial Hygienists
EHS	Environmental Health and Safety Dept
N/A	Not Applicable
N/D	Not Determined
N/E	Not Established
OSHA	Occupational Health and Safety Dept
PEL	Personal Exposure Limit
STEL	Short Term Exposure Limit
TLV	Threshold Limit Value
TWA	Time Weight Average
UNK	Unknown

Prepared by: Product Compliance Department; ProductCompliance@chemtreat.com

Revision Date: 23 July 2018

Disclaimer

Although the information and recommendations set forth herein (hereinafter "information") are presented in good faith and believed to be correct as of the date hereof, ChemTreat, Inc. makes no representations as to the completeness or accuracy thereof. Information is supplied upon the condition that the persons receiving same will make their own determination as to its suitability for their purposes prior to use. In no event will ChemTreat, Inc. be responsible for damages of any nature whatsoever resulting from the use or reliance upon information. No representation or warranties, either expressed or implied, of merchantability, fitness for a particular purpose, or of any other nature are made hereunder with respect to information or the product to which information refers.

Attachment T-5
Contract Laboratory

All analytes:

Eurofins Houston
4145 Greenbriar Drive
Stafford, Texas 77477
(832) 986-6768
Debbie.Simmons@et.eurofinsus.com

Eurofins measured field pH, temperature and dissolved oxygen when each sample was collected.

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:	582EA000628617
Date:	10/09/2024 10:31 AM
Payment Method:	CC - Authorization 0000072510
ePay Actor:	COLORADO BEND I POWER LL
Actor Email:	shelton.clerk@ethosenergy.com
IP:	12.191.74.10
TCEQ Amount:	$100.00
Texas.gov Price:	$102.51*

* 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:	SHELTON CLERK
Company:	COLORADO BEND I POWER LLC
Address:	3863 S STATE HWY 60, WHARTON, TX 77488
Phone:	979-358-3049

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
724788	WATER RIGHTS CHANGE OF OWNERSHIP-RECORDING FEE		$100.00
		TCEQ Amount:	$100.00

ePay Again | Exit ePay

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0004781000

What is the EPA I.D. Number? TX 0128341

What is the Current Name on the Permit?

Colorado Bend Services LLC

What is the Customer Number (CN) for the current permittee? CN 604698449

What is the Regulated Entity Reference Number (RN): RN 104772538

For Publicly Owned Treatment Works (POTWs) Only:

a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes ☐ No ☒

b) Does this permit have a domestic reclaimed water authorization associated with it? NOTE: **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place.** See instructions for more information.
Yes ☐ No ☒

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Colorado Bend I Power, LLC

B. What is the Customer Number (CN) issued to this entity? CN 602999633

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 3. CO-APPLICANT INFORMATION

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

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

B. What is the Customer Number (CN) issued to this entity? CN

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Daniel Mercier

Title: Facility Manager Credentials:

Company Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Hwy 60

City, State, and Zip Code: Wharton, TX 77488

Phone Number: 979-358-3039 Fax Number:

E-mail Address: Daniel.mercier@ethosenergy.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Shelton Clerk

Title: HSE Manager Credentials: Ph.D.

Company Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Hwy 60

City, State, and Zip Code: Wharton, TX 77488

Phone Number: 979-358-3049 Fax Number:

E-mail Address: Shelton.clerk@ethosenerg.com

SECTION 6. SITE INFORMATION

Site Name: Colorado Bend I Power, LLC

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Colorado Bend I Power, LLC

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: N/A

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres:

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? 09/26/2024

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Daniel Mercier

Title: Facility Manager Credentials:

Company Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Hwy 60

City, State, and Zip Code: Wharton, TX 77488

Phone Number: 373-358-3039 Fax Number:

E-mail Address: Daniel.mercier@ethosenergy.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Daniel Mercier

Title: Facility Manager Credentials:

Company Name: Colorado Bend I Power, LLC

Mailing Address: 3863 South State Hwy 60

City, State, and Zip Code: Wharton, TX 77488

Phone Number: 979-358-3039 Fax Number:

E-mail Address: Daniel.mercier@ethosenergy.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes ☐ No ☒

Do you owe any penalties to the TCEQ? Yes ☐ No ☒

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: Colorado Bend Services, LLC

Title: Vice President, Regional Operations

Signature: _____ Date: 10/8/2024

SUBSCRIBED AND SWORN to before me by the said Daniel Nemer on

this 8th day of October, 20 24

My commission expires on the 2nd day of December, 20 25

(Seal)

PATRECE MCFARLAND
Notary Public, State of Texas
Comm. Expires 12-02-2025
Notary ID 129640619

Notary Public

Tarrant, Texas
County, Texas

TRANSFEREE SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Owner: Colorado Bend I Power, LLC

Title: Facility Manager

Signature: Daniel Mercier Date: 10-9-2024

SUBSCRIBED AND SWORN to before me by the said Daniel Mercier on this 9th day of October, 20 24

My commission expires on the 2nd day of March, 20 24

(Seal)

JENNA N POPP-YORK
NOTARY PUBLIC
STATE OF TEXAS
ID # 13147085-2
My Comm. Expires 03-02-2026

Jenna Popp-York
Notary Public

Wharton
County, Texas

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 602999633		RN 104772538

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

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).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)* *If new Customer, enter previous Customer below:*

Colorado Bend I Power, LLC

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
802039150	32054794048		

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☒ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:							
	City		State		ZIP		ZIP + 4

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*

( ) -		( ) -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected, a new permit application is also required.)*

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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).

22. Regulated Entity Name *(Enter name of the site where the regulated action is taking place.)*

Colorado Bend I Power, LLC

23. Street Address of the Regulated Entity: *(No PO Boxes)*	3863 South State Hwy 60							
	City	Wharton	**State**	TX	**ZIP**	77488	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	3863 South State Hwy 60				
26. Nearest City			**State**	**Nearest ZIP Code**	
Wharton			TX	77488	

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).

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	17	07	96	05	32

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4911			

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Electric Power Generation

34. Mailing Address:	**Colorado Bend I Power, LLC**							
	3863 South State Hwy 60							
	City	**Wharton**	**State**	**TX**	**ZIP**	**77488**	**ZIP + 4**	
35. E-Mail Address:								

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(979) 358-3040		( ) -

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.

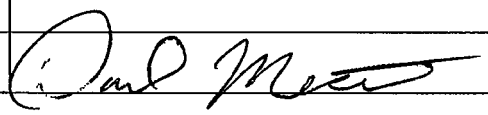
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

SECTION IV: Preparer Information

40. Name:		41. Title:	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( ) -		( ) -	

SECTION V: Authorized Signature

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

Company:	Colorado Bend I Power, LLC	**Job Title:**	Facility Manager
Name *(In Print):*	Daniel Mercier	**Phone:**	(979) 358-3039
Signature:		**Date:**	7-17-2024

Candice Calhoun

From: Clerk, Shelton (EthosEnergy) <Shelton.Clerk@ethosenergy.com>
Sent: Friday, November 1, 2024 7:51 AM
To: Candice Calhoun
Subject: Responses to Application to Transfer and Application to Renew Permit No.: WQ0004781000 - Colorado Bend I
Attachments: USGS Map.pdf; TCEQ ePay Receipt for Transfer of Name.pdf; TCEQ answers for Permit TPDES.docx; CB I Power SPIF 10-31-24.pdf; CB I Core data form 10-31-24.docx

Categories: Important Due Date

Hey Candice….hope you are well today!

Please find attached the responses, USGS Map update, SPIF, receipt of payment, and updated CORE form (I didn't get it signed in case we need more changes) Please let me know if we are good to go, and I will send the signed CORE form.

Thanks,

Shelton Clerk, Ph.D.
HSE Manager

Colorado Bend 1 Power
3863 S. State Hwy 60
Wharton, TX 77488
Office:+1(979) 358-3049

shelton.clerk@ethosenergy.com

Colorado Bend I Power, LLC (AKA Colorado Bend I)
Responses to Application to Transfer and Application to Renew Permit No.: WQ0004781000

1. Core Data Form (CDF)
Section II, Items 7 & 8 – the SOS/CPA filing number and TX State Tax ID provided does not match the applicant legal name provided on the renewal application and transfer application. Please provide and updated CDF to show the SOS/CPA filing number and the TX State Tax ID number for the new applicant.

Tax Id: 10438290834
SOS File Number: 0800563473

Section II, Items 15, 17, & 18 – the permit mailing address, owner phone number, and owner email address were not provided on the Core Data Form. Please provide an updated CDF to include this information.

See CDF

Section III, Item 22 – the site name provided differs from the site name listed in the current permit. Please confirm if you are wanting to change the site name or provide an updated CDF with the correct site name.

Colorado Bend I Power, LLC (AKA Colorado Bend I)

Section IV – the preparer information was not provided. Please provide an updated CDF to include the preparer information.

See CDF

2. USGS Topographic Map: See Attachment

3. Supplemental Permit Information Form (SPIF)
Item 1 - the EPA ID No. provided is incorrect. Our records indicate that the EPA ID No. for this permit is TX0128341. Please provide an updated SPIF to include the correct EPA ID No.

See New SPIF Attached.

4. Colorado Bend I Power, LLC, (pending applicant response), which owns a natural gas-fired combined-cycle electric generating facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004781000 (EPA I.D. No. TX0128341) to authorize the discharge of treated wastewater and stormwater at a volume not to exceed a daily average flow of (pending TCEQ PRELIM review).

The facility is located at 3863 South State Highway 60, near the city of Wharton, in Wharton County, Texas 77488. The discharge route is from the plant site directly to the Colorado River below La Grange.

TCEQ received this application on October 15, 2024. The permit application will be available for viewing and copying at Wharton County Library, reading room, 1920 North Fulton Street, Wharton, in Wharton 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=-96.066944,29.288611&level=18

Further information may also be obtained from Colorado Bend I Power, LLC at the address stated above or by calling Mr. Shelton Clerk, Ph.D., HSE Manager, at 979-358-3049.

5. Spanish

Colorado Bend I Power, LLC, (pendiente de respuesta del solicitante), propietaria de una instalación de generación eléctrica de ciclo combinado a gas natural, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) la renovación del Permiso No. WQ0004781000 (EPA, I.D. No. TX0128341) autorizar la descarga de aguas residuales y pluviales tratadas a un volumen que no exceda un caudal promedio diario de (pendiente de revisión de TCEQ PRELIM). La instalación está ubicada en 3863 South State Highway 60, cerca de la ciudad de Wharton, en el condado de Wharton, Texas 77488. La ruta de descarga es desde el sitio de la planta directamente al río Colorado debajo de La Grange. TCEQ recibió esta solicitud el 15 de octubre de 2024. La solicitud de permiso estará disponible para ver y copiar en la Biblioteca del Condado de Wharton, sala de lectura, 1920 North Fulton Street, Wharton, en el Condado de Wharton, Texas antes de la fecha en que se publique este aviso en el periódico. La solicitud, incluidas las actualizaciones, y los avisos asociados están disponibles electrónicamente en la siguiente página web:
https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications

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

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.066944,29.288611&level=18

También se puede obtener más información de Colorado Bend I Power, LLC en la dirección indicada anteriormente o llamando al Sr. Shelton Clerk, Ph.D., Gerente de HSE, al 979-358-3049.

(word document provided)

TCEQ Use Only

TCEQ Core Data Form

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

Q. SECTION I: General Information

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

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☒ Renewal (*Core Data Form should be submitted with the renewal form*) ☐ Other

2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 602999		RN 104772538

Q. SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

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).

6. Customer Legal Name (*If an individual, print last name first: eg: Doe, John*) | *If new Customer, enter previous Customer below:*

Colorado Bend I Power, LLC (AKA Colorado Bend I)

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0800563473	10438290834		

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☒ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ **Yes** ☐ **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:	Colorado Bend I Power, LLC (AKA Colorado Bend I)						
	3863 South State Hwy 60						
	City	Wharton	**State**	TX	**ZIP**	77488	**ZIP + 4**

16. Country Mailing Information (if outside USA)	17. E-Mail Address (if applicable)

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)

(979) 358-3040		( ) -

Q. SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected, a new permit application is also required.)*

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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).

22. Regulated Entity Name *(Enter name of the site where the regulated action is taking place.)*

Colorado Bend I Power, LLC (AKA Colorado Bend I)

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	3863 South State Hwy 60							
	City	Wharton	**State**	TX	**ZIP**	77488	**ZIP + 4**	
24. County	Wharton							

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**

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).

27. Latitude (N) In Decimal:	29.285278		**28. Longitude (W) In Decimal:**	96.092222	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4911		221112	

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Electric Power Generation

34. Mailing Address:	Colorado Bend I Power, LLC (AKA Colorado Bend I)							
	3863 South State Hwy 60							
	City	Wharton	**State**	TX	**ZIP**	77488	**ZIP + 4**	
35. E-Mail Address:								

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(979) 358-3040		( ) -

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.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

Q. SECTION IV: Preparer Information

40. Name:	Shelton Clerk	**41. Title:**	HSE Manager
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(979) 358-3049		( ) -	Shelton.Clerk@ethosenergy.com

Q. SECTION V: Authorized Signature

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

Company:	Colorado Bend I Power, LLC	**Job Title:**	Facility Manager
Name *(In Print):*	Daniel Mercier	**Phone:**	(763 443-8692
Signature:	Daniel Mercier	**Date:**	11-1-2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Colorado Bend I Power

   Permit No. WQ00 04781000 EPA ID No. TX TX0128341

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

   3863 South State Highway 60, Wharton, 77488

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

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

First and Last Name: Shelton Clerk

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

Title: HSE Manager

Mailing Address: 3863 South State Highway 60

City, State, Zip Code: Wharton, TX 77488

Phone No.: 979-358-3049 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: Shelton.Clerk@ethosenergy.com

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

NA

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

The discharge route is from the plant site directly to the Colorado River Below La Grange (Segment No. 1402 of the Colorado River Basin).

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. NA

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):

NA

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

Power Plant and supporting facilities.

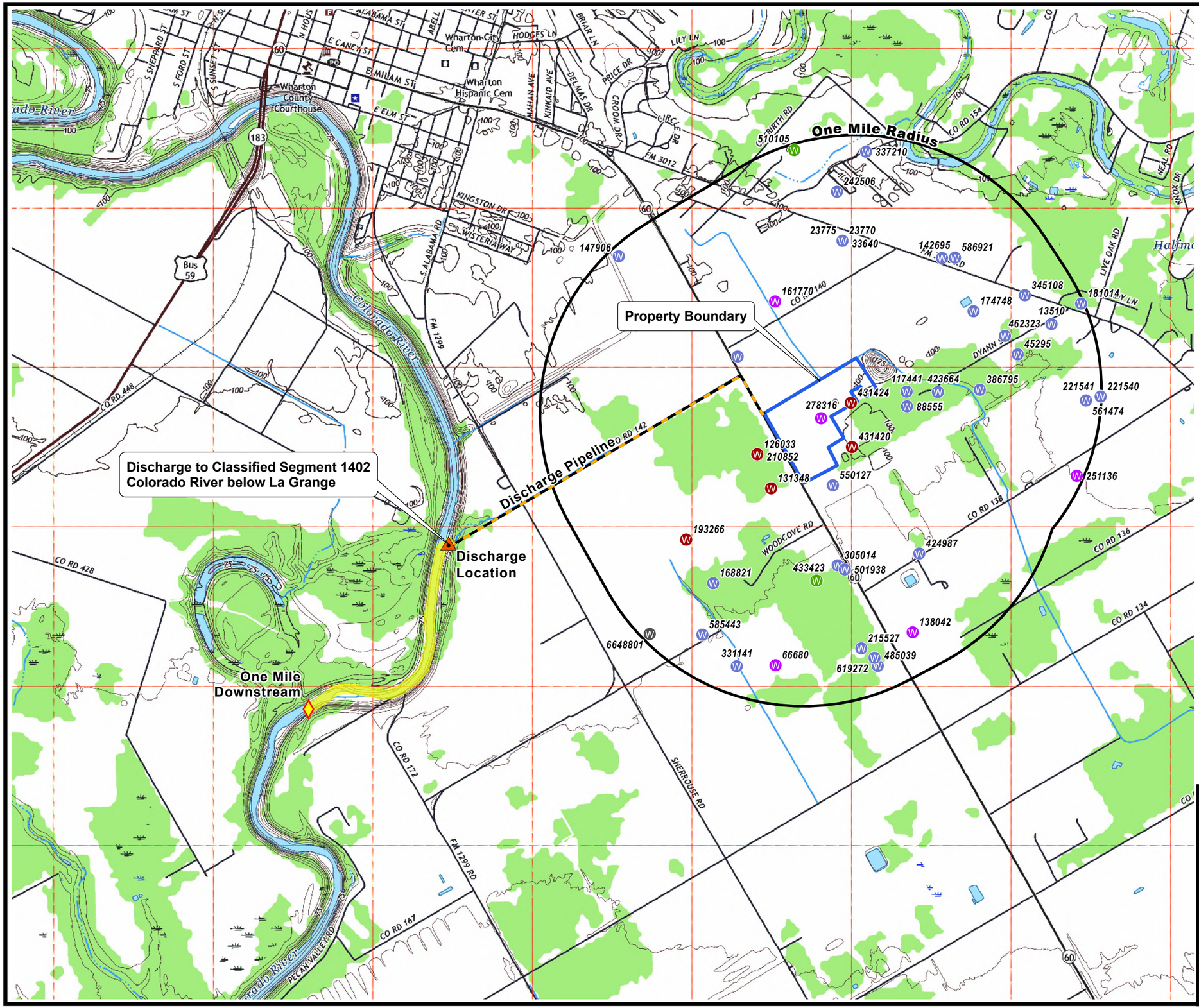
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

NA

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

NA



LEGEND

- Property Boundary
- One Mile Radius
- Discharge Location
- Discharge Pipeline
- One Mile Downstream
- Downstream Marker

TWDB Wells

- Domestic
- Industrial
- Irrigation / Stock
- Plugged or Destroyed
- Rig Supply

Data Source:
1. USGS Topographic Quadrangles 7.5 Minute Series - Wharton, TX 07/2022
2. TWDB Wells - Texas Water Development Board GIS Data

0 1,000 2,000 FEET

1" = 2,000 FEET
1:24,000

COLORADO BEND I
WHARTON COUNTY, TEXAS

USGS MAP

DRAWN BY: S WILSON	SCALE: AS NOTED	PROJ. NO.	TPDES 2024
CHECKED BY: L TISCHLER			USGS Map
APPROVED BY: L TISCHLER	DATE PRINTED: 10/25/2024		
DATE: October 2024			

sitemap your mapping professional
www.SiteMapLLC.com
Ph. 409-998-1834
Ph. 409-738-2133

J:\Prj\Colorado Bend I\TPDES 2024\GIS.aprx