Administrative Package Cover Page

This file contains the following documents:

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

Attachment II

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

DOMESTIC WASTEWATER

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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Texas Department of Transportation (CN600803456) operates TxDOT Victoria County Safety Rest Area Wastewater Treatment Facility RN102075918, a wastewater (sewage) treatment facility that is a pre-engineered, extended aeration activated sludge package plant that includes screening, activated sludge aeration, clarification, chlorine feed and chlorine contact, return and waste activated sludge pumping, and aerobic digestion. The pipe discharges the treated effluent from the WWTP to a nearby creek. The Wastewater Treatment Facility of TxDOT Victoria County Safety Rest Area is located on the right-of-way of U.S. Highway 59, approximately 0.5 miles west of the City of Inez on the southbound side in Victoria County, Texas 77968. This application is for a renewal of the Texas Pollutant Discharge Elimination System (TPDES) for the TxDOT Victoria County Wastewater Treatment Facility (WWTF) with Permit No. WQ0012024001 (EPA I.D. No. TX0077291). This facility is allowed to discharge treated wastewater at a volume not to exceed a daily average flow of 20,000 gallons per day. The wastewater primarily consists of human solids and urine. Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($cBOD_5$), total suspended solids (TSS), ammonia nitrate, and *Escherichia coli*. Additional potential pollutants are included in Domestic Technical Report 1.0, Section 7 of form 10054 and are treated by an activated sludge extended aeration system. The influents enter the WWTF through a pipe to a bar screen, then to two aeration chambers and a chlorinator with a chlorine contact chamber. Then, the treated effluent leaves the facility through a 4-inch pipe and is discharged into Garcitas Creek. The settled sludge is recycled into the aeration chambers or wasted in the sludge holding tank.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0012024001

APPLICATION. Texas Department of Transportation, 6230 East Stassney Lane, Austin, Texas 78744, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0012024001 (EPA I.D. No. TX0077291) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 20,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.5 mile east of the intersection of Treasure Oaks Road and U.S. Highway 59, near the city of Inez, in Victoria County, Texas 77968. The discharge route is from the plant site to an unnamed tributary; thence to Garcitas Creek; thence to Lavaca Bay/Chocolate Bay. TCEQ received this application on October 15, 2024. The permit application will be available for viewing and copying at Texas Department of Transportation, Area Engineering & Maintenance Office, 11401 U.S. Highway 59 North, Victoria, in Victoria 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=-96.823888,28.890277&level=18

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 Texas Department of Transportation at the address stated above or by calling Mr. Md. Saidul Borhan, Ph.D., Environmental Specialist, at 737-270-2822.

Issuance Date: November 6, 2024

Texas Department of Transportation

6230 E. STASSNEY LANE, AUSTIN, TX 78744

October 14, 2024

Texas Commission on Environmental Quality,
Water Quality Division
Applications Review and Processing Team (MC 148)
P.O. Box 13087
Austin, Texas 78711-3087

Re: Application to Renew Permit No. WQ0012024001
Texas Department of Transportation (CN600803456)
Regulated Entity: Victoria County Safety Rest Area (RN102075918)

Dear Review Team:

Please find enclosed an original and three (3) copies of the TCEQ Water Quality Permit Renewal Application forms 10053, 10054, and 10400 with attachments for the above-referenced facility. The facility is located on the right of way of U.S. Highway 59 on the southbound side, approximately 0.5 miles west of the city of Inez in Victoria County, Texas 77968. To consider the application complete, we also uploaded an electronic copy via TCEQ's FTP server.

Currently, the Safety Rest Area wastewater treatment facility has permission to discharge domestic wastewater effluent at a daily flow of no more than 0.020 MGD.

Please initiate an Interagency Voucher (ITV) for the application fee. The TxDOT contact is Bryce Bayles, Finance Division, Email: Bryce.Bayles@txdot.gov. Phone: 512-486-5647.

Please contact me if you have any questions or require further information.

Sincerely,

Md Saidul Borhan, PhD.
Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

Enclosures: TCEQ Forms 10053, 10054, 10400, and attachments.

cc: Brent Johnson, P.E., TxDOT Maintenance Division Section Director.
Justin Obinna, P.E., TxDOT Safety Rest Area Program Team Lead

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Texas Department of Transportation

6230 EAST STASSNEY LANE, AUSTIN, TX 78744

TxDOT Victoria County Southbound Rest Area Wastewater Treatment Plant

TPDES DISCHARGE PERMIT APPLICATION (RENEWAL)

TPDES Permit No. WQ 0012024001

October 14, 2024

Prepared by:

Md Saidul Borhan, PhD.
Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

Table of Contents

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: **Texas Department of Transportation**

PERMIT NUMBER (If new, leave blank): WQ00 **12024001**

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed vouchers — Check/Money Order Number: **Will be paid by interagency transaction**

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY — Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

☒ Publicly-Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Wastewater Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: Click to enter text.

f. **For existing permits:**

Permit Number: WQ00 **0012024001**

EPA I.D. (TPDES only): TX **0077291**

Expiration Date: **04/14/2025**

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

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

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

Texas Department of Transportation

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

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

CN: **600803456**

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

Prefix: **Mr.** Last Name, First Name: **Stevenson, James**

Title: **Director, TxDOT Maintenance Division** Credential: **P.E.**

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

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

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

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: **Mr.** Last Name, First Name: **Borhan, Md Saidul**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: **Mr.** Last Name, First Name: **Obinna, Justin**

Title: **Safety Rest Area Program Lead** Credential: **P.E.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-465-2751** E-mail Address: **justin.obinna@txdot.gov**

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: **Borhan, Md Saidul**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

B. Prefix: **Mr.** Last Name, First Name: **Obinna, Justin**

Title: **Safety Rest Area Program Lead** Credential: **P.E.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-465-2751** E-mail Address: **justin.obinna@txdot.gov**

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: **Miss** Last Name, First Name: **Kaderka, Sandra**

Title: **Contract Specialist** Credential: Click to enter text.

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **512-803-8750** E-mail Address: **Sandra.kaderka@txdot.gov**

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

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

Prefix: **Mr.** Last Name, First Name: **Borhan, Md Saidul**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: **Mr.** Last Name, First Name: **Borhan, Md Saidul**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: **Mr.** Last Name, First Name: **Borhan, Md Saidul**

Title: **Environmental Specialist** Credential: **Ph.D.**

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

D. Public Viewing Information

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

Public building name: **TxDOT Area Engineering & Maintenance Office**

Location within the building: **Front entrance reception desk**

Physical Address of Building: **11401 US HWY 59 North**

City: **Victoria** County: **Victoria**

Contact (Last Name, First Name): Will Sorensen, Maintenance Section Supervisor

Phone No.: 361-573-6681 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

F. Plain Language Summary Template

Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment.

Attachment: II: Plain Language Summary

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN 102075918**

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

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

Victoria County Southbound Rest Area Wastewater Treatment Facility

C. Owner of treatment facility: **Texas Department of Transportation**

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

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

Prefix: **N/A** Last Name, First Name: Click to enter text.

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

Organization Name: **Texas Department of Transportation**

Mailing Address: **6230 E. Stassney Lane** City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-270-2822** E-mail Address: **md.borhan@txdot.gov**

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: **N/A** Last Name, First Name: **N/A**

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

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

Prefix: **N/A** Last Name, First Name: **N/A**

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Click to enter text.

County in which the outfalls(s) is/are located: Click to enter text.

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

B. City nearest the disposal site: Click to enter text.

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: **WQ0012024001**

Applicant: **Texas Department of Transportation**

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): **James Stevenson, P.E.**

Signatory title: **Director, TxDOT Maintenance Division**

Signed by:
Signature: Chris Henry 5D75509D31FA4E7... Date: 10/14/2024

(Use blue ink)

Subscribed and Sworn to before me by the said Chris Henry

on this 14th day of October, 2024.

My commission expires on the 17th day of May, 2026.

DocuSigned by:
Tina Dukes
523CB3813B594D5...
Notary Public

[SEAL]

TINA CARICE DUKES
NOTARY PUBLIC
STATE OF TEXAS
Commission #131575044
My Comm. Expires May 17, 2026

Bexar
County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

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

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

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

C. Indicate by a check mark in which format the landowners list is submitted:

☐ USB Drive ☐ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: IV SPIF (TCEQ Form 20971)

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- 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 **Waste Permit No: WQ0012024001**

1. Check or Money Order Number: **Will be paid by interagency transfer voucher (see below)**
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: **TxDOT Victoria County SB Safety Rest Area (RN 102075918)**

   Physical Address of Project or Site: **Located on the right-of-way of U.S. Highway 59, approximately 0.6 miles west of the City of Inez on the southbound side in Victoria County.**

   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.

Staple Check or Money Order in This Space

Please initiate an Interagency Transfer Voucher (ITV) for the application fee. The TxDOT contact is: Bryce Bayles, Finance Division, Email Bryce.Bayles@txdot.gov, Ph.: 512-486-5647.

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): Click to enter text.

Full legal name (Last Name, First Name, Middle Initial): Click to enter text.

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

Landowners Labels or USB Drive attached ☐ N/A ☐ Yes
(See instructions for landowner requirements)

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

Plain Language Summary ☒ Yes

Kept blank (back page)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.020

2-Hr Peak Flow (MGD): 0.0547 (38 gpm)

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): **0.020**

2-Hr Peak Flow (MGD): **0.0547 (38 gpm)**

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: **In operation- final**

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

Victoria County SRA's wastewater treatment facility (WWTF) is a pre-engineered, extended aeration activated sludge package plant that includes screening, activated sludge aeration, clarification, chlorine feed and chlorine contact, return and waste activated sludge pumping, and aerobic digestion. The pipe discharges the treated effluent from the WWTP to a nearby creek. The settled sludge is recycled into the aeration chambers or is wasted in the sludge holding tank.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Head Works	1	Screening
Activated Sludge Aeration	4	13' L x 6.0' W x 8.6' D
Clarification	1	6.5' L x 6.0' W x 12.3' D
Chlorine Contact Chamber	1	2.25' L x 6.0' W x 8.6' D
Chlorination	1	1.0 mg/L after 20 min
Aerobic Digestion	1	3.6' L x 6.0' W x 8.6' D

C. Process Flow Diagram

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

Attachment: **Attachment V: Flow Diagram**

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

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

- Latitude: **28.891080**
- Longitude: **-96.823767**

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

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

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

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

disposal site.

Attachment: **Attachment VI: Site Plan**

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

TxDOT Victoria County Safety Rest Area South Bound & North Bound

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
This WWTF has a single collection system with two lift stations, one on each north- and south-bound side of Victoria County Safety Rest Area.	**TxDOT**	**Publicly Owned**	**1508**
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: **03/19/2001**

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. *Acceptance of grit and grease waste*

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

☐ Yes ☒ No

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

2. *Grit and grease processing*

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

Click to enter text.

3. *Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. ***Grease and decanted liquid disposal***

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

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

Click to enter text.

E. Stormwater management

1. ***Applicability***

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. ***MSGP coverage***

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

☐ Yes ☐ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☐ No

3. ***Conditional exclusion***

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

☐ Yes ☐ No

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

Click to enter text.

4. ***Existing coverage in individual permit***

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

☐ Yes ☐ No

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

Click to enter text.

5. ***Zero stormwater discharge***

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. *Acceptance of sludge from other WWTPs*

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

☐ Yes ☒ No

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

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

Click to enter text.

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	10	-	1	GRAB	8/21/24 8:00
Total Suspended Solids, mg/l	22	-	1	GRAB	8/21/24 8:00
Ammonia Nitrogen, mg/l	0.44	-	1	GRAB	8/21/24 8:00
Nitrate Nitrogen, mg/l	119	-	1	GRAB	8/21/24 8:00
Total Kjeldahl Nitrogen, mg/l	6.41	-	1	GRAB	8/21/24 8:00
Sulfate, mg/l	29.4	-	1	GRAB	8/21/24 8:00
Chloride, mg/l	167	-	1	GRAB	8/21/24 8:00
Total Phosphorus, mg/l	8.93	-	1	GRAB	8/21/24 8:00
pH, standard units	6.8	-	1	GRAB	8/21/24 8:00
Dissolved Oxygen*, mg/l	6.5	-	1	GRAB	8/21/24 8:00
Chlorine Residual, mg/l	1.5	-	1	GRAB	8/21/24 8:00
E.coli (CFU/100ml) freshwater	770	-	1	GRAB	8/21/24 8:00
Entercocci (CFU/100ml) saltwater	-	-	1	GRAB	8/21/24 8:00
Total Dissolved Solids, mg/l	1289	-	1	GRAB	8/21/24 8:00
Electrical Conductivity, µmohs/cm, †	1800	-	1	GRAB	8/21/24 8:00
Oil & Grease, mg/l	<7	-	1	GRAB	8/21/24 8:00
Alkalinity ($CaCO_3$)*, mg/l	18.0	-	1	GRAB	8/21/24 8:00

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: **Terry Ramey**

Facility Operator's License Classification and Level: **CLASS A Wastewater Treatment Operator**

Facility Operator's License Number: **WW0033041**

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery

☐ Other Treatment Process: Click to enter text.

C. Biosolids Management

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

Biosolids Management

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

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): Click to enter text.

D. Disposal site

Disposal site name: **City of Victoria Regional Wastewater Treatment Plant**

TCEQ permit or registration number: **WQ0011078001**

County where disposal site is located: **Victoria County, Texas**

E. Transportation method

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

Name of the hauler: **ON OUR OWN SERVICES**

Hauler registration number: **26072**

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

Sludge Composting	☐ Yes	☒ No
Marketing and Distribution of sludge	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

  Attachment: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click to enter text.
- Federal Emergency Management Map:

  Attachment: Click to enter text.
- Site map:

  Attachment: Click to enter text.

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

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: Click to enter text.

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

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)

  Attachment: Click to enter text.
- Copy of the closure plan

  Attachment: Click to enter text.
- Copy of deed recordation for the site

  Attachment: Click to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click to enter text.
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click to enter text.
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click to enter text.

E. Groundwater monitoring

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

☐ Yes ☒ No

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

Attachment: Click to enter text.

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: **Md Saidul Borhan, PhD.**

Title: **Environmental Specialist**

Signature: _____

Date: 10/14/2024

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: Click to enter text.

Distance and direction to the intake: Click to enter text.

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

Click to enter text.

C. Sea grasses

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

☐ Yes ☐ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: **To an unnamed tributary to Garcitas Creek**

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☒ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Garcitas Creek

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Clear running stream

Date and time of observation: **September 16, 2024**

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities
☐ Urban runoff
☐ Upstream discharges
☒ Agricultural runoff
☐ Septic tanks
☐ Other(s), specify: Click to enter text.

B. Waterbody uses

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

- ☒ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works.**

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: **0**

Average Daily Flows, in MGD: **0**

Significant IUs – non-categorical:

Number of IUs: **0**

Average Daily Flows, in MGD: **0**

Other IUs:

Number of IUs: **0**

Average Daily Flows, in MGD: **0**

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

A. General information

Company Name: **N/A**

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: **N/A**

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Category: Subcategories: **N/A**

Click or tap here to enter text. **N/A**

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☒ No

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

Click to enter text.

ATTACHMENTS

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 600803456		RN 102075918

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:*

Texas Department of Transportation

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

11. Type of Customer: ☐ 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:							
	6230 E. Stassney Lane						
	City	Austin	State	TX	ZIP	78744	ZIP + 4

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	md.borhan@txdot.gov

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

(737) 270-2822		( ) -

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.)*

Victori County Southbound Rest Area Wastewater Treatment Facility

23. Street Address of the Regulated Entity: ***(No PO Boxes)***								
	No Street Address							
	City	Inez	**State**	TX	**ZIP**	77968	**ZIP + 4**	
24. County	Victoria							

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

25. Description to Physical Location:	The site is situated on the southbound side of U.S. Highway 59's right-of-way, roughly 0.5 miles east of the Treasure Oaks Road and U.S. Highway 59 intersection in Victoria County, Texas 77968.

26. Nearest City	**State**	**Nearest ZIP Code**
Inez	TX	77968

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:	28.890956		**28. Longitude (W) In Decimal:**	-96.823430	
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)
4952		22132	

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

Sewage Treatment Facility

34. Mailing Address:								
	6230 E. Stassney Lane							
	City	**Austin**	**State**	**TX**	**ZIP**	**78744**	**ZIP + 4**	

35. E-Mail Address:	**md.borhan@txdot.gov**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(737) 270-2822		( ) -

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:	Md Saidul Borhan, Ph.D.	41. Title:	Environmental Specialist

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(737) 270-2822		( ) -	

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:	Texas Department of Transportation	Job Title:	Director, TxDOT Maintenance Division
Name *(In Print)*:	James Stevenson, P.E.	Phone:	(512) 284- 1689
Signature:	DocuSigned by: Chris C. Henry, P.E. 7AE2ECC9AFE84DD	Date:	10/14/2024

Chris C. Henry, P.E. MNT Deputy Director

Attachment II

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

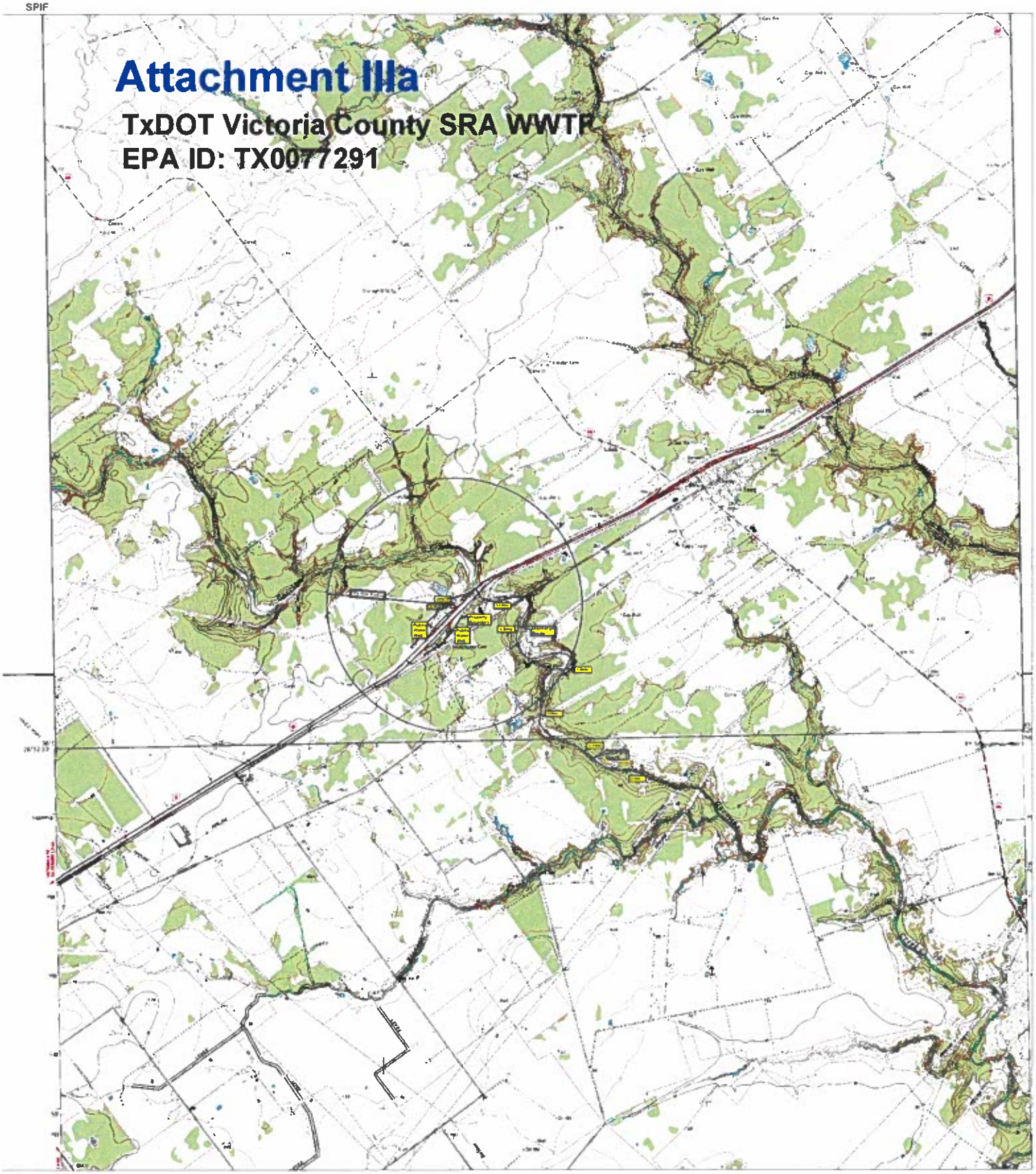
DOMESTIC WASTEWATER

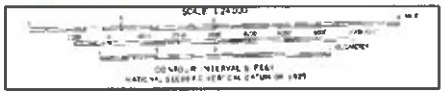
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application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

Texas Department of Transportation (CN600803456) operates TxDOT Victoria County Safety Rest Area Wastewater Treatment Facility RN102075918, a wastewater (sewage) treatment facility that is a pre-engineered, extended aeration activated sludge package plant that includes screening, activated sludge aeration, clarification, chlorine feed and chlorine contact, return and waste activated sludge pumping, and aerobic digestion. The pipe discharges the treated effluent from the WWTP to a nearby creek. The Wastewater Treatment Facility of TxDOT Victoria County Safety Rest Area is located on the right-of-way of U.S. Highway 59, approximately 0.5 miles west of the City of Inez on the southbound side in Victoria County, Texas 77968. This application is for a renewal of the Texas Pollutant Discharge Elimination System (TPDES) for the TxDOT Victoria County Wastewater Treatment Facility (WWTF) with Permit No. WQ0012024001 (EPA I.D. No. TX0077291). This facility is allowed to discharge treated wastewater at a volume not to exceed a daily average flow of 20,000 gallons per day. The wastewater primarily consists of human solids and urine. Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($cBOD_5$), total suspended solids (TSS), ammonia nitrate, and *Escherichia coli*. Additional potential pollutants are included in Domestic Technical Report 1.0, Section 7 of form 10054 and are treated by an activated sludge extended aeration system. The influents enter the WWTF through a pipe to a bar screen, then to two aeration chambers and a chlorinator with a chlorine contact chamber. Then, the treated effluent leaves the facility through a 4-inch pipe and is discharged into Garcitas Creek. The settled sludge is recycled into the aeration chambers or wasted in the sludge holding tank.

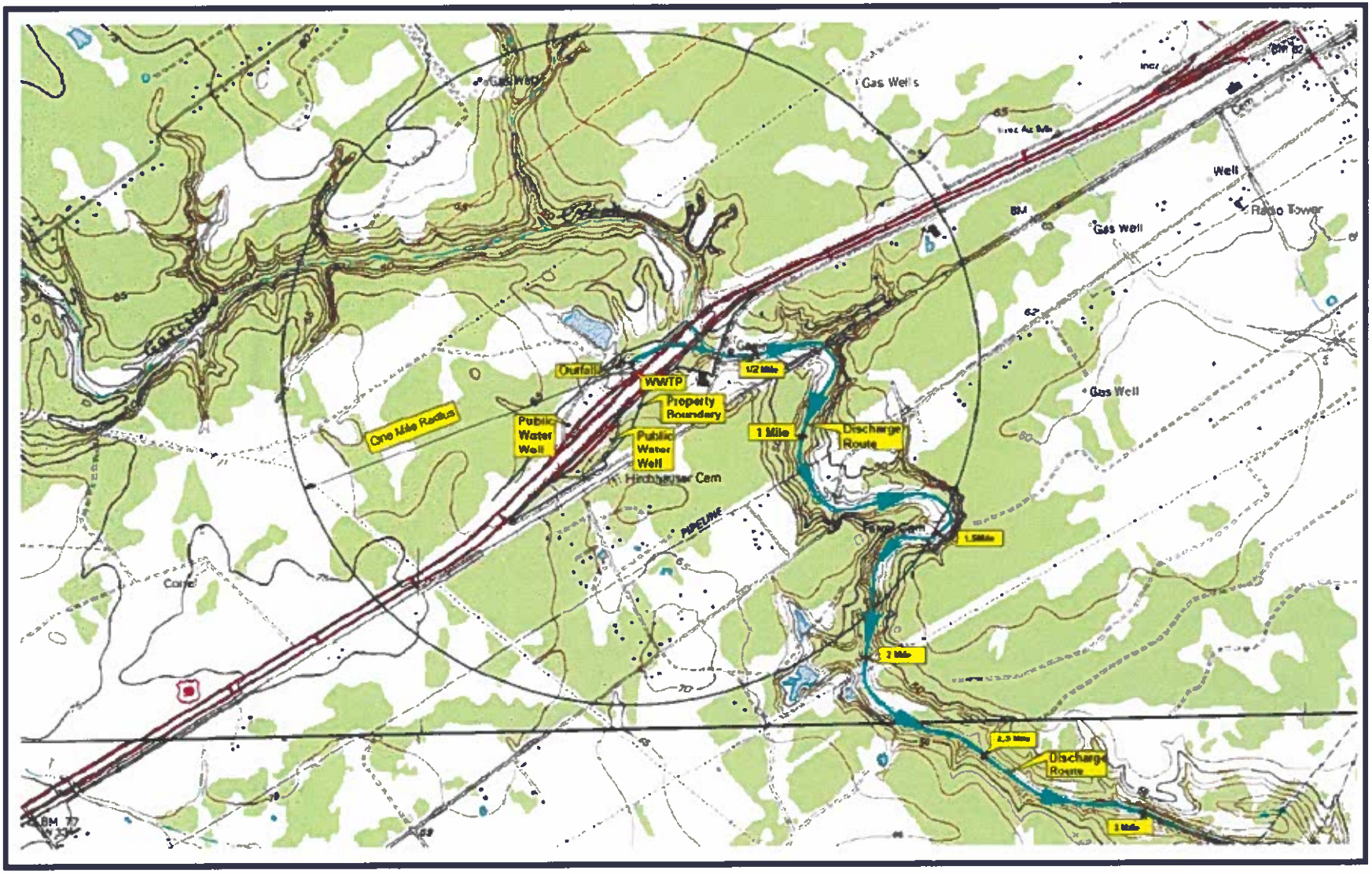
Attachment IIIa

TxDOT Victoria County SRA WWTF
EPA ID: TX0077291





Attachment IIIb



TxDOT Victoria County SRA WWTF, EPA ID: TX0077291

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: **Texas Department of Transportation**

   Permit No. WQ00 **12024001** EPA ID No. TX **0077291**

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

   The site is situated on the southbound side of U.S. Highway 59's right-of-way, roughly 0.5 miles east of the Treasure Oaks Road and U.S. Highway 59 intersection in Victoria County, Texas 77968.

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: **Md Saidul Borhan**

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

Title: **Environmental Specialist**

Mailing Address: **6230 E. Stassney Lane**

City, State, Zip Code: **Austin, TX 78744**

Phone No.: **737-270-2822** Ext.: Fax No.:

E-mail Address: **md.borhan@txdot.gov**

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

N/A

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.

Effluent is discharged to an unnamed tributary, thence to the Garcitas Creek, thence to Lavaca Bay/Chocolate Bay in Segment 2453 of the Bays and Estuaries.

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

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

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

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

- ☐ Sealing caves, fractures, sinkholes, other karst features
- ☐ Disturbance of vegetation or wetlands

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

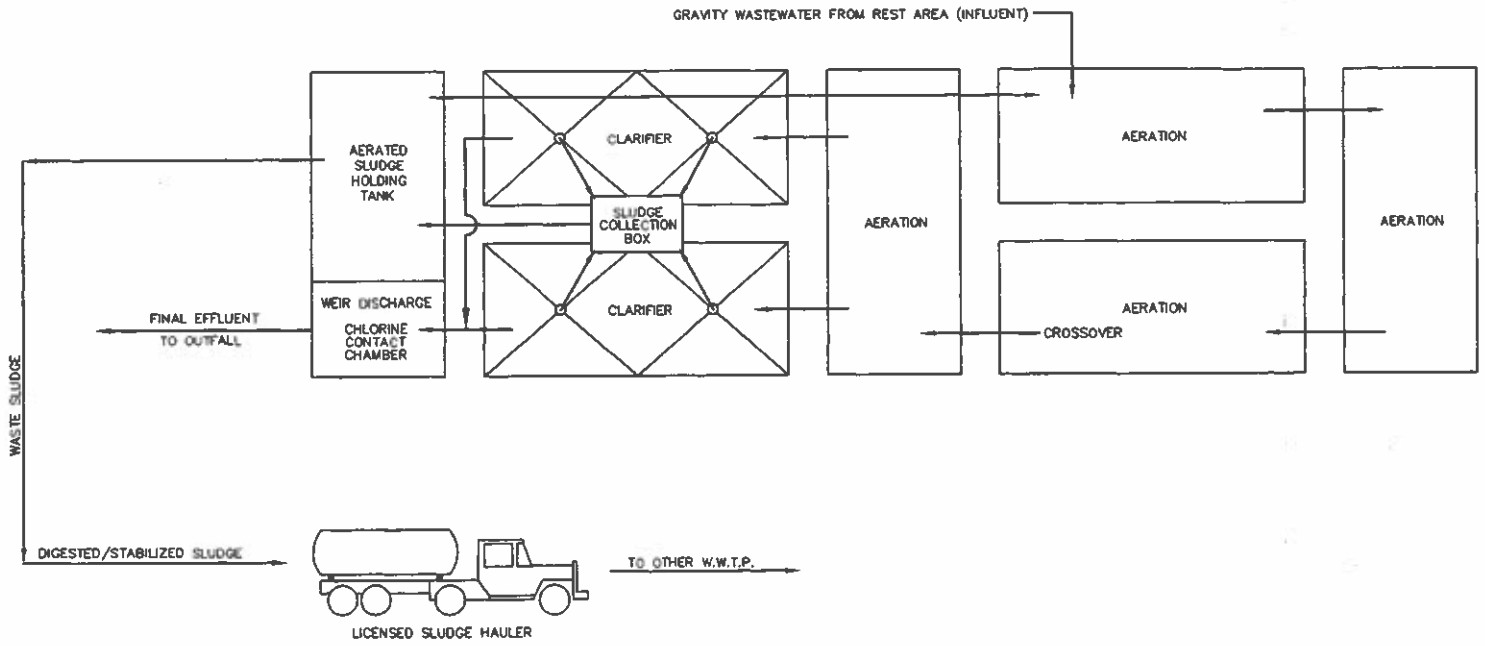
2. Describe existing disturbances, vegetation, and land use:

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:

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

Attachment V



PROCESS FLOW DIAGRAM

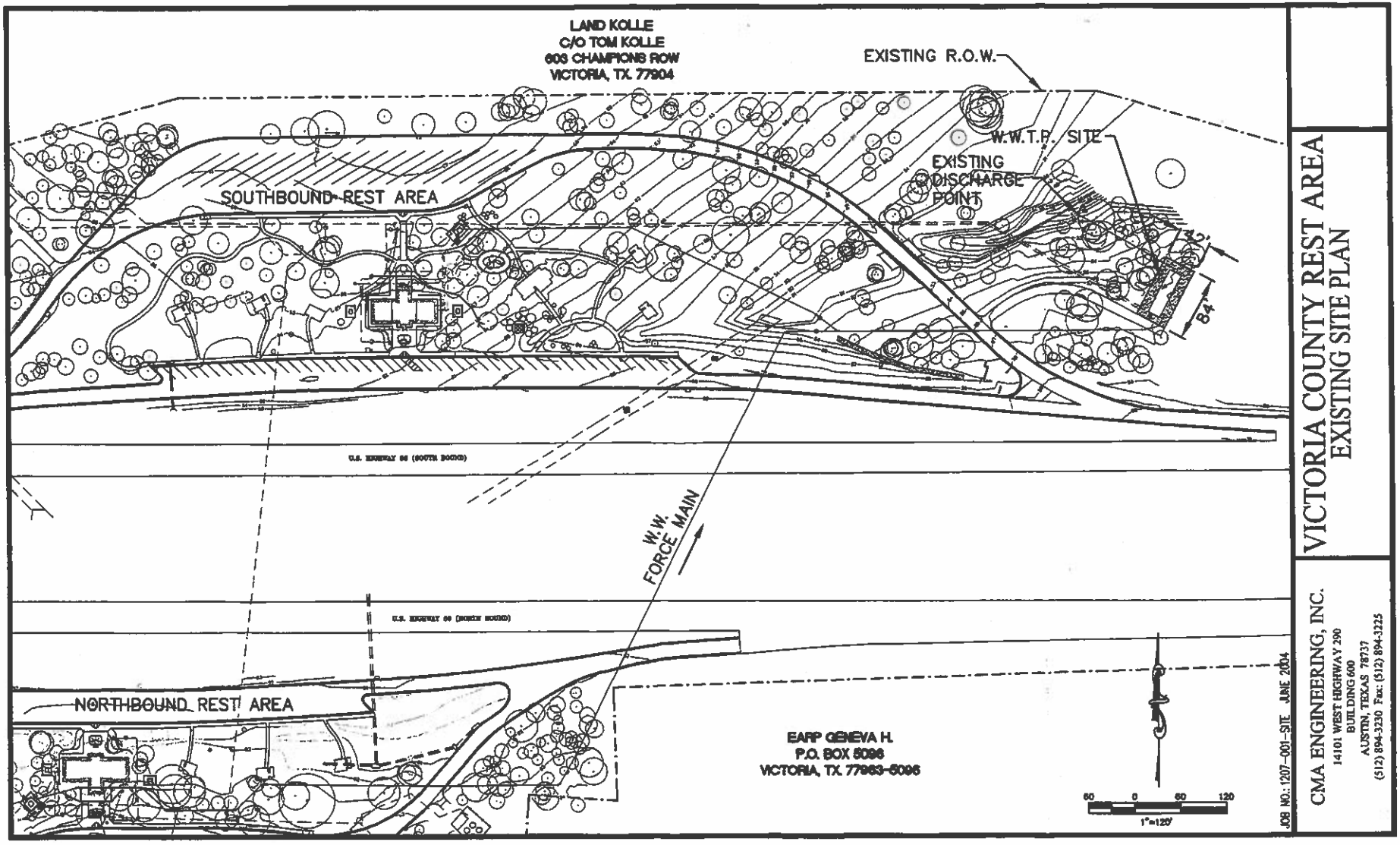
(EXTENDED AERATION MODEL OF THE ACTIVATED SLUDGE PROCESS)
SCHEMATIC N.T.S.

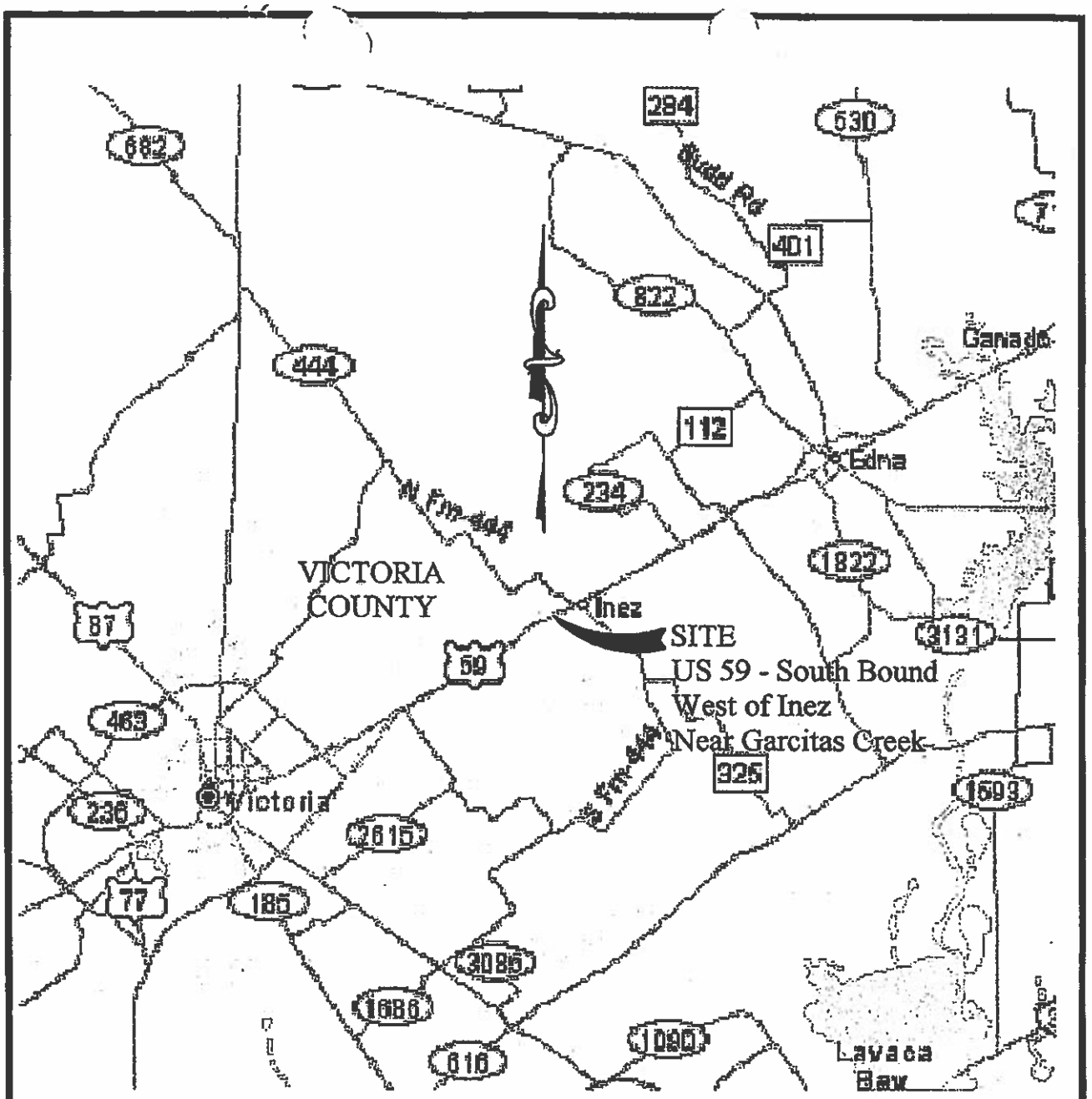
VICTORIA COUNTY REST AREA
PROCESS FLOW DIAGRAM

CMA ENGINEERING, INC.
14101 WEST HIGHWAY 290
BUILDING 600
AUSTIN, TEXAS 78737
(512) 894-3230 Fax: (512) 894-3225

JOB NO.: 1207-001-FLOW JUNE 2004

Attachment VI





CMA ENGINEERING, INC.
14101 WEST HIGHWAY 290
BUILDING 600
AUSTIN, TEXAS 78737
(512) 894-3230 Fax: (512) 894-3225

VICTORIA COUNTY REST AREA
GENERAL LOCATION MAP

Attachment VII

A: Laboratory Reports

ENVIRONMENTAL MONITORING LABORATORY, L.L.C.

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

September 9, 2024

Victoria Co. Rest Area
HWY 59 South
Inez, TX 77968

Re: Victoria Co. Rest Area– Digester– 870-29775-1

Dear Client:

EML collected a sample on 8/28/24 and submitted for analysis on 9/03/24. The following is the result of the analytical procedures performed on this sample and listed on the following pages that include QA/QC information, chain of custody form, and other lab identification information.

Respectfully Submitted,
Environmental Monitoring Laboratory

Lisa Soward B.A
Data Manager

Home Office: P. O. BOX 477 Hillsboro, TX 76645 Office: (254) 582-2622 Fax: (254) 582-0380 Email: homeoffice@yourwaterlab.com
Panhandle Division: 13260 South US Highway 287 Amarillo, TX 79114 Office: (806) 335-9393
Southwest Division: 811 E Young Street, Llano, TX 78643 Office: (325) 247-3295
East Texas Division: 14295 S.H. 155 North, Winona, TX 75792 Office: (903) 877-9222
Coastal Division: 34 East Avenue, Schulenburg, TX 78956 Office: (979) 743-7010

eurofins | Environment Testing

ANALYTICAL REPORT

PREPARED FOR

Attn: Brittney Perkins
Environmental Monitoring Laboratory, LLC
6145 State Highway 171
PO BOX 477
Hillsboro, Texas 76645
Generated 9/9/2024 1:07:08 PM

JOB DESCRIPTION

Victoria County Rest Area

JOB NUMBER

870-29775-1

Eurofins Dallas
9701 Harry Hines Blvd
Dallas TX 75220

See page two for job notes and contact information.

Eurofins Dallas

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

Analytical test results meet all requirements of the associated regulatory program (i.e., NELAC (TNI), DoD, and ISO 17025) unless otherwise noted under the individual analysis.

Authorization

Generated
9/9/2024 1:07:08 PM

Authorized for release by
Anita Patel, Project Manager
Anita.Patel@et.eurofinsus.com
(832)776-2275

Table of Contents

Definitions/Glossary

Client: Environmental Monitoring Laboratory, LLC
Job ID: 870-29775-1
Project/Site: Victoria County Rest Area

Qualifiers

GC/MS VOA

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

GC/MS Semi VOA

Qualifier	Qualifier Description
*+	LCS and/or LCSD is outside acceptance limits, high biased.
*1	LCS/LCSD RPD exceeds control limits.
I	Value is EMPC (estimated maximum possible concentration).
S1+	Surrogate recovery exceeds control limits, high biased.
U	Indicates the analyte was analyzed for but not detected.

GC Semi VOA

Qualifier	Qualifier Description
*+	LCS and/or LCSD is outside acceptance limits, high biased.
S1+	Surrogate recovery exceeds control limits, high biased.
U	Indicates the analyte was analyzed for but not detected.

LCMS

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

Metals

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)

Definitions/Glossary

Client: Environmental Monitoring Laboratory, LLC
Job ID: 870-29775-1
Project/Site: Victoria County Rest Area

Glossary (Continued)

Abbreviation	These commonly used abbreviations may or may not be present in this report.
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Job Narrative
870-29775-1

Analytical test results meet all requirements of the associated regulatory program listed on the Accreditation/Certification Summary Page unless otherwise noted under the individual analysis. Data qualifiers and/or narrative comments are included to explain any exceptions, if applicable.

- Matrix QC may not be reported if insufficient sample is provided or site-specific QC samples were not submitted. In these situations, to demonstrate precision and accuracy at a batch level, a LCS/LCSD may be performed, unless otherwise specified in the method.
- Surrogate and/or isotope dilution analyte recoveries (if applicable) which are outside of the QC window are confirmed unless attributed to a dilution or otherwise noted in the narrative.

Regulated compliance samples (e.g. SDWA, NPDES) must comply with the associated agency requirements/permits.

Receipt
The sample was received on 9/3/2024 10:50 AM. Unless otherwise noted below, the sample arrived in good condition, and, where required, properly preserved and on ice. The temperature of the cooler at receipt time was 5.1°C.

GC/MS VOA
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

GC/MS Semi VOA
Method 8270E_QQQ - TCLP: The surrogate recovery for the method blank associated with preparation batch 860-185612 and analytical batch 860-185757 was outside the upper control limits.

Method 8270E_QQQ - TCLP: Six surrogates are used for this analysis. The laboratory's SOP allows one acid and one base of these surrogates to be outside acceptance criteria without performing re-extraction/re-analysis. The following sample contained an allowable number of surrogate compounds outside limits: Digester (870-29775-1). These results have been reported and qualified.

Method 8270E_QQQ - TCLP: The laboratory control sample (LCS) and / or laboratory control sample duplicate (LCSD) for preparation batch 860-185612 and analytical batch 860-185757 recovered outside control limits for the following analytes: 2,4,5-Trichlorophenol and 2,4,6-Trichlorophenol. These analytes were biased high in the LCS and were not detected in the associated samples; therefore, the data have been reported.

Method 8270E_QQQ - TCLP: The RPD of the laboratory control sample (LCS) and laboratory control sample duplicate (LCSD) for preparation batch 860-185612 and analytical batch 860-185757 recovered outside control limits for the following analytes: Hexachlorobutadiene.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

PCBs
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Pesticides
Method 8081B - TCLP: The surrogate recovery for the blank associated with preparation batch 860-185518 and analytical batch 860-185654 was outside the upper control limits.
(MB 860-185518/1-A)

Method 8081B - TCLP: The surrogate recovery for the laboratory control sample and laboratory control sample duplicate associated with preparation batch 860-185518 and analytical batch 860-185654 was outside the upper control limits. (LCS 860-185518/2-A) and (LCSD 860-185518/3-A)

Method 8081B - TCLP: The surrogate recovery for the leachate blank associated with preparation batch 860-185190 and 860-185518 and analytical batch 860-185654 was outside the upper control limits.

(LB 860-185190/1-D)

Method 8081B - TCLP: The laboratory control sample (LCS) and laboratory control sample duplicate (LCSD) for preparation batch 860-185518 and analytical batch 860-185654 recovered outside control limits for the following analytes: Endrin, gamma-BHC

(Lindane), Heptachlor, Heptachlor epoxide and Methoxychlor. These analytes were biased high in the LCS and were not detected in the associated samples; therefore, the data have been reported.

Method 8081B - TCLP: Surrogate recovery for the following sample was outside the upper control limit: Digester (870-29775-1). This sample did not contain any target analytes; therefore, re-extraction and/or re-analysis was not performed.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Herbicides
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Metals
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Detection Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Client Sample ID: Digester

Lab Sample ID: 870-29775-1

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Barium	0.364		0.0500	0.00625	mg/L	1		6010D	TCLP

This Detection Summary does not include radiochemical test results.

Client Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Client Sample ID: Digester

Date Collected: 08/28/24 07:18
Date Received: 09/03/24 10:50

Lab Sample ID: 870-29775-1
Matrix: Sludge

Method: SW846 8260C - Volatile Organic Compounds by GC/MS - TCLP

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Benzene	<0.0230	U	0.0500	0.0230	mg/L			09/05/24 15:26	50
Carbon tetrachloride	<0.0448	U	0.250	0.0448	mg/L			09/05/24 15:26	50
Chlorobenzene	<0.0228	U	0.0500	0.0228	mg/L			09/05/24 15:26	50
Chloroform	<0.0232	U	0.0500	0.0232	mg/L			09/05/24 15:26	50
1,2-Dichloroethane	<0.0186	U	0.0500	0.0186	mg/L			09/05/24 15:26	50
1,1-Dichloroethene	<0.0369	U	0.0500	0.0369	mg/L			09/05/24 15:26	50
2-Butanone	<0.414	U	2.50	0.414	mg/L			09/05/24 15:26	50
Tetrachloroethene	<0.0328	U	0.0500	0.0328	mg/L			09/05/24 15:26	50
Trichloroethene	<0.0750	U	0.250	0.0750	mg/L			09/05/24 15:26	50
Vinyl chloride	<0.0214	U	0.100	0.0214	mg/L			09/05/24 15:26	50

Surrogate	*%Recovery*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
1,2-Dichloroethane-d4 (Surr)	*110*		*63 - 144*		*09/05/24 15:26*	*50*
4-Bromofluorobenzene (Surr)	*113*		*74 - 124*		*09/05/24 15:26*	*50*
Dibromofluoromethane (Surr)	*109*		*75 - 131*		*09/05/24 15:26*	*50*
Toluene-d8 (Surr)	*106*		*80 - 120*		*09/05/24 15:26*	*50*

Method: SW846 8270E - Semivolatile Organic Compounds (GC-MS/MS) - TCLP

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
1,4-Dichlorobenzene	<1.54	U	11.3	1.54	ug/L		09/06/24 05:55	09/07/24 10:25	20
2,4,5-Trichlorophenol	<2.83	U *+	11.3	2.83	ug/L		09/06/24 05:55	09/07/24 10:25	20
2,4,6-Trichlorophenol	<4.56	U *+	11.3	4.56	ug/L		09/06/24 05:55	09/07/24 10:25	20
2,4-Dinitrotoluene	<4.05	U	11.3	4.05	ug/L		09/06/24 05:55	09/07/24 10:25	20
2-Methylphenol	<2.07	U	11.3	2.07	ug/L		09/06/24 05:55	09/07/24 10:25	20
3 & 4 Methylphenol	<2.75	U	11.3	2.75	ug/L		09/06/24 05:55	09/07/24 10:25	20
Hexachlorobenzene	<1.93	U	11.3	1.93	ug/L		09/06/24 05:55	09/07/24 10:25	20
Hexachlorobutadiene	<2.03	U *1	11.3	2.03	ug/L		09/06/24 05:55	09/07/24 10:25	20
Hexachloroethane	<2.01	U	11.3	2.01	ug/L		09/06/24 05:55	09/07/24 10:25	20
Nitrobenzene	<1.46	U	11.3	1.46	ug/L		09/06/24 05:55	09/07/24 10:25	20
Pentachlorophenol	<20.5	U	22.6	20.5	ug/L		09/06/24 05:55	09/07/24 10:25	20
Pyridine	<28.4	U	56.5	28.4	ug/L		09/06/24 05:55	09/07/24 10:25	20

Surrogate	*%Recovery*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
2,4,6-Tribromophenol (Surr)	*141*	*I S1+*	*35 - 130*	*09/06/24 05:55*	*09/07/24 10:25*	*20*
2-Fluorophenol (Surr)	*67*		*19 - 120*	*09/06/24 05:55*	*09/07/24 10:25*	*20*
2-Fluorobiphenyl	*72*		*43 - 130*	*09/06/24 05:55*	*09/07/24 10:25*	*20*
Nitrobenzene-d5 (Surr)	*100*		*37 - 133*	*09/06/24 05:55*	*09/07/24 10:25*	*20*
Phenol-d5 (Surr)	*46*		*8 - 124*	*09/06/24 05:55*	*09/07/24 10:25*	*20*
p-Terphenyl-d14 (Surr)	*89*		*47 - 130*	*09/06/24 05:55*	*09/07/24 10:25*	*20*

Method: SW846 8081B - Organochlorine Pesticides (GC) - TCLP

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chlordane	<0.000206	U	0.00105	0.000206	mg/L		09/05/24 14:58	09/06/24 12:33	1
Endrin	<0.0000175	U *+	0.0000527	0.0000175	mg/L		09/05/24 14:58	09/06/24 12:33	1
Heptachlor	<0.0000184	U *+	0.0000527	0.0000184	mg/L		09/05/24 14:58	09/06/24 12:33	1
Heptachlor epoxide	<0.0000192	U *+	0.0000527	0.0000192	mg/L		09/05/24 14:58	09/06/24 12:33	1
gamma-BHC (Lindane)	<0.0000179	U *+	0.0000527	0.0000179	mg/L		09/05/24 14:58	09/06/24 12:33	1
Methoxychlor	<0.0000196	U *+	0.0000527	0.0000196	mg/L		09/05/24 14:58	09/06/24 12:33	1
Toxaphene	<0.000335	U	0.00105	0.000335	mg/L		09/05/24 14:58	09/06/24 12:33	1

Client Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Client Sample ID: Digester

Date Collected: 08/28/24 07:18
Date Received: 09/03/24 10:50

Lab Sample ID: 870-29775-1
Matrix: Sludge

Surrogate	%Recovery	Qualifier	Limits	Prepared	Analyzed	Dil Fac
DCB Decachlorobiphenyl (Surr)	102	S1+	28 - 94	09/05/24 14:58	09/06/24 12:33	1
Tetrachloro-m-xylene	126		52 - 134	09/05/24 14:58	09/06/24 12:33	1

Method: SW846 8082A - Polychlorinated Biphenyls (PCBs) by Gas Chromatography

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<0.116	U	0.490	0.116	mg/Kg		09/05/24 14:45	09/06/24 14:25	1
PCB-1221	<0.116	U	0.490	0.116	mg/Kg		09/05/24 14:45	09/06/24 14:25	1
PCB-1232	<0.116	U	0.490	0.116	mg/Kg		09/05/24 14:45	09/06/24 14:25	1
PCB-1242	<0.116	U	0.490	0.116	mg/Kg		09/05/24 14:45	09/06/24 14:25	1
PCB-1248	<0.116	U	0.490	0.116	mg/Kg		09/05/24 14:45	09/06/24 14:25	1
PCB-1254	<0.0766	U	0.490	0.0766	mg/Kg		09/05/24 14:45	09/06/24 14:25	1
PCB-1260	<0.0766	U	0.490	0.0766	mg/Kg		09/05/24 14:45	09/06/24 14:25	1
Polychlorinated biphenyls, Total	<0.123	U	0.490	0.123	mg/Kg		09/05/24 14:45	09/06/24 14:25	1

Surrogate	%Recovery	Qualifier	Limits	Prepared	Analyzed	Dil Fac
Tetrachloro-m-xylene	53		35 - 140	09/05/24 14:45	09/06/24 14:25	1
DCB Decachlorobiphenyl (Surr)	109		37 - 142	09/05/24 14:45	09/06/24 14:25	1

Method: SW846 8321B - Herbicides (LC/MS) - TCLP

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Silvex (2,4,5-TP)	<3.00	U	12.5	3.00	ug/Kg			09/05/24 15:05	1
2,4-D	<2.70	U	12.5	2.70	ug/Kg			09/05/24 15:05	1

Surrogate	%Recovery	Qualifier	Limits	Prepared	Analyzed	Dil Fac
DCAA	65		50 - 150		09/05/24 15:05	1

Method: SW846 6010D - Metals (ICP) - TCLP

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	<0.0325	U	0.0500	0.0325	mg/L		09/05/24 10:30	09/05/24 17:50	1
Barium	0.364		0.0500	0.00625	mg/L		09/05/24 10:30	09/05/24 17:50	1
Cadmium	<0.00416	U	0.0250	0.00416	mg/L		09/05/24 10:30	09/05/24 17:50	1
Chromium	<0.0108	U	0.0500	0.0108	mg/L		09/05/24 10:30	09/05/24 17:50	1
Lead	<0.0184	U	0.0500	0.0184	mg/L		09/05/24 10:30	09/05/24 17:50	1
Selenium	<0.0464	U	0.150	0.0464	mg/L		09/05/24 10:30	09/05/24 17:50	1
Silver	<0.0394	U	0.100	0.0394	mg/L		09/05/24 10:30	09/05/24 17:50	1

Method: SW846 7470A - TCLP Mercury - TCLP

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Mercury	<0.0000706	U	0.000200	0.0000706	mg/L		09/06/24 05:08	09/06/24 18:18	1

Surrogate Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8260C - Volatile Organic Compounds by GC/MS

Matrix: Sludge

Prep Type: TCLP

		Percent Surrogate Recovery (Acceptance Limits)			
		DCA	BFB	DBFM	TOL
Lab Sample ID	Client Sample ID	(63-144)	(74-124)	(75-131)	(80-120)
870-29775-1	Digester	110	113	109	106

Surrogate Legend

DCA = 1,2-Dichloroethane-d4 (Surr)
BFB = 4-Bromofluorobenzene (Surr)
DBFM = Dibromofluoromethane (Surr)
TOL = Toluene-d8 (Surr)

Method: 8260C - Volatile Organic Compounds by GC/MS

Matrix: Solid

Prep Type: Total/NA

		Percent Surrogate Recovery (Acceptance Limits)			
		DCA	BFB	DBFM	TOL
Lab Sample ID	Client Sample ID	(63-144)	(74-124)	(75-131)	(80-120)
LCS 860-185359/3	Lab Control Sample	103	111	109	103
LCSD 860-185359/4	Lab Control Sample Dup	104	112	111	103
MB 860-185359/10	Method Blank	109	112	110	106

Surrogate Legend

DCA = 1,2-Dichloroethane-d4 (Surr)
BFB = 4-Bromofluorobenzene (Surr)
DBFM = Dibromofluoromethane (Surr)
TOL = Toluene-d8 (Surr)

Method: 8260C - Volatile Organic Compounds by GC/MS

Matrix: Solid

Prep Type: TCLP

		Percent Surrogate Recovery (Acceptance Limits)			
		DCA	BFB	DBFM	TOL
Lab Sample ID	Client Sample ID	(63-144)	(74-124)	(75-131)	(80-120)
LB 860-185291/1-A	Method Blank	110	112	108	106

Surrogate Legend

DCA = 1,2-Dichloroethane-d4 (Surr)
BFB = 4-Bromofluorobenzene (Surr)
DBFM = Dibromofluoromethane (Surr)
TOL = Toluene-d8 (Surr)

Method: 8270E - Semivolatile Organic Compounds (GC-MS/MS)

Matrix: Sludge

Prep Type: TCLP

		Percent Surrogate Recovery (Acceptance Limits)					
		TBP	2FP	FBP	NBZ	PHL	TPHd14
Lab Sample ID	Client Sample ID	(35-130)	(19-120)	(43-130)	(37-133)	(8-124)	(47-130)
870-29775-1	Digester	141 I S1+	67	72	100	46	89

Surrogate Legend

TBP = 2,4,6-Tribromophenol (Surr)
2FP = 2-Fluorophenol (Surr)
FBP = 2-Fluorobiphenyl
NBZ = Nitrobenzene-d5 (Surr)
PHL = Phenol-d5 (Surr)
TPHd14 = p-Terphenyl-d14 (Surr)

Surrogate Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8270E - Semivolatile Organic Compounds (GC-MS/MS)

Matrix: Solid — **Prep Type: Total/NA**

		Percent Surrogate Recovery (Acceptance Limits)					
		TBP	2FP	FBP	NBZ	PHL	TPHd14
Lab Sample ID	Client Sample ID	(35-130)	(19-120)	(43-130)	(37-133)	(8-124)	(47-130)
LCS 860-185612/2-A	Lab Control Sample	121	66	111	125	39	118
LCSD 860-185612/3-A	Lab Control Sample Dup	121	69	107	130	41	116
MB 860-185612/1-A	Method Blank	131 S1+	71	120	141 S1+	42	142 S1+

Surrogate Legend

TBP = 2,4,6-Tribromophenol (Surr)
2FP = 2-Fluorophenol (Surr)
FBP = 2-Fluorobiphenyl
NBZ = Nitrobenzene-d5 (Surr)
PHL = Phenol-d5 (Surr)
TPHd14 = p-Terphenyl-d14 (Surr)

Method: 8270E - Semivolatile Organic Compounds (GC-MS/MS)

Matrix: Solid — **Prep Type: TCLP**

		Percent Surrogate Recovery (Acceptance Limits)					
		TBP	2FP	FBP	NBZ	PHL	TPHd14
Lab Sample ID	Client Sample ID	(35-130)	(19-120)	(43-130)	(37-133)	(8-124)	(47-130)
LB 860-185190/1-F	Method Blank	109	69	95	118	43	109

Surrogate Legend

TBP = 2,4,6-Tribromophenol (Surr)
2FP = 2-Fluorophenol (Surr)
FBP = 2-Fluorobiphenyl
NBZ = Nitrobenzene-d5 (Surr)
PHL = Phenol-d5 (Surr)
TPHd14 = p-Terphenyl-d14 (Surr)

Method: 8081B - Organochlorine Pesticides (GC)

Matrix: Sludge — **Prep Type: TCLP**

		Percent Surrogate Recovery (Acceptance Limits)	
		DCB1	TCX1
Lab Sample ID	Client Sample ID	(28-94)	(52-134)
870-29775-1	Digester	102 S1+	126

Surrogate Legend

DCB = DCB Decachlorobiphenyl (Surr)
TCX = Tetrachloro-m-xylene

Method: 8081B - Organochlorine Pesticides (GC)

Matrix: Solid — **Prep Type: Total/NA**

		Percent Surrogate Recovery (Acceptance Limits)	
		DCB1	TCX1
Lab Sample ID	Client Sample ID	(28-94)	(52-134)
LCS 860-185518/2-A	Lab Control Sample	136 S1+	126
LCSD 860-185518/3-A	Lab Control Sample Dup	129 S1+	124
MB 860-185518/1-A	Method Blank	136 S1+	133

Surrogate Legend

DCB = DCB Decachlorobiphenyl (Surr)
TCX = Tetrachloro-m-xylene

Surrogate Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8081B - Organochlorine Pesticides (GC)

Matrix: Solid

Prep Type: TCLP

Lab Sample ID	Client Sample ID	DCB1 (28-94)	TCX1 (52-134)
LB 860-185190/1-D	Method Blank	125 S1+	134

Percent Surrogate Recovery (Acceptance Limits)

Surrogate Legend

DCB = DCB Decachlorobiphenyl (Surr)
TCX = Tetrachloro-m-xylene

Method: 8082A - Polychlorinated Biphenyls (PCBs) by Gas Chromatography

Matrix: Sludge

Prep Type: Total/NA

Lab Sample ID	Client Sample ID	TCX1 (35-140)	DCB1 (37-142)
870-29775-1	Digester	53	109

Percent Surrogate Recovery (Acceptance Limits)

Surrogate Legend

TCX = Tetrachloro-m-xylene
DCB = DCB Decachlorobiphenyl (Surr)

Method: 8082A - Polychlorinated Biphenyls (PCBs) by Gas Chromatography

Matrix: Solid

Prep Type: Total/NA

Lab Sample ID	Client Sample ID	TCX1 (35-140)	DCB1 (37-142)
LCS 860-185513/2-A	Lab Control Sample	64	87
LCSD 860-185513/3-A	Lab Control Sample Dup	64	87
MB 860-185513/1-A	Method Blank	63	88

Percent Surrogate Recovery (Acceptance Limits)

Surrogate Legend

TCX = Tetrachloro-m-xylene
DCB = DCB Decachlorobiphenyl (Surr)

Method: 8321B - Herbicides (LC/MS)

Matrix: Sludge

Prep Type: TCLP

Lab Sample ID	Client Sample ID	DCPAA (50-150)
870-29775-1	Digester	65

Percent Surrogate Recovery (Acceptance Limits)

Surrogate Legend

DCPAA = DCAA

Method: 8321B - Herbicides (LC/MS)

Matrix: Solid

Prep Type: Total/NA

Lab Sample ID	Client Sample ID	DCPAA (50-150)
LCS 860-185470/5	Lab Control Sample	84
LCSD 860-185470/6	Lab Control Sample Dup	86
MB 860-185470/9	Method Blank	86

Percent Surrogate Recovery (Acceptance Limits)

Surrogate Legend

Surrogate Summary

Client: Environmental Monitoring Laboratory, LLC
Job ID: 870-29775-1
Project/Site: Victoria County Rest Area

DCPAA = DCAA

Method: 8321B - Herbicides (LC/MS)

Matrix: Solid
Prep Type: TCLP

		Percent Surrogate Recovery (Acceptance Limits)
		DCPAA
Lab Sample ID	Client Sample ID	(50-150)
LB 860-185190/1-A	Method Blank	82

Surrogate Legend

DCPAA = DCAA

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8260C - Volatile Organic Compounds by GC/MS

Lab Sample ID: MB 860-185359/10
Matrix: Solid
Analysis Batch: 185359

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Benzene	<0.000460	U	0.00100	0.000460	mg/L			09/05/24 12:01	1
Carbon tetrachloride	<0.000896	U	0.00500	0.000896	mg/L			09/05/24 12:01	1
Chlorobenzene	<0.000455	U	0.00100	0.000455	mg/L			09/05/24 12:01	1
Chloroform	<0.000464	U	0.00100	0.000464	mg/L			09/05/24 12:01	1
1,2-Dichloroethane	<0.000372	U	0.00100	0.000372	mg/L			09/05/24 12:01	1
1,1-Dichloroethene	<0.000738	U	0.00100	0.000738	mg/L			09/05/24 12:01	1
2-Butanone	<0.00828	U	0.0500	0.00828	mg/L			09/05/24 12:01	1
Tetrachloroethene	<0.000655	U	0.00100	0.000655	mg/L			09/05/24 12:01	1
Trichloroethene	<0.00150	U	0.00500	0.00150	mg/L			09/05/24 12:01	1
Vinyl chloride	<0.000428	U	0.00200	0.000428	mg/L			09/05/24 12:01	1

Surrogate	*MB %Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
1,2-Dichloroethane-d4 (Surr)	*109*		*63 - 144*		*09/05/24 12:01*	*1*
4-Bromofluorobenzene (Surr)	*112*		*74 - 124*		*09/05/24 12:01*	*1*
Dibromofluoromethane (Surr)	*110*		*75 - 131*		*09/05/24 12:01*	*1*
Toluene-d8 (Surr)	*106*		*80 - 120*		*09/05/24 12:01*	*1*

Lab Sample ID: LCS 860-185359/3
Matrix: Solid
Analysis Batch: 185359

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Benzene	0.0500	0.05352		mg/L		107	75 - 125
Carbon tetrachloride	0.0500	0.04193		mg/L		84	70 - 125
Chlorobenzene	0.0500	0.04996		mg/L		100	82 - 135
Chloroform	0.0500	0.05548		mg/L		111	70 - 121
1,2-Dichloroethane	0.0500	0.05083		mg/L		102	72 - 130
1,1-Dichloroethene	0.0500	0.05186		mg/L		104	50 - 150
2-Butanone	0.250	0.2429		mg/L		97	60 - 140
Tetrachloroethene	0.0500	0.04558		mg/L		91	71 - 125
Trichloroethene	0.0500	0.04831		mg/L		97	75 - 135
Vinyl chloride	0.0500	0.05155		mg/L		103	60 - 140

Surrogate	*LCS %Recovery*	*LCS Qualifier*	*Limits*
1,2-Dichloroethane-d4 (Surr)	*103*		*63 - 144*
4-Bromofluorobenzene (Surr)	*111*		*74 - 124*
Dibromofluoromethane (Surr)	*109*		*75 - 131*
Toluene-d8 (Surr)	*103*		*80 - 120*

Lab Sample ID: LCSD 860-185359/4
Matrix: Solid
Analysis Batch: 185359

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Benzene	0.0500	0.05328		mg/L		107	75 - 125	0	25
Carbon tetrachloride	0.0500	0.04112		mg/L		82	70 - 125	2	25
Chlorobenzene	0.0500	0.04992		mg/L		100	82 - 135	0	25
Chloroform	0.0500	0.05530		mg/L		111	70 - 121	0	25

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8260C - Volatile Organic Compounds by GC/MS (Continued)

Lab Sample ID: LCSD 860-185359/4
Matrix: Solid
Analysis Batch: 185359

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
1,2-Dichloroethane	0.0500	0.05255		mg/L		105	72 - 130	3	25
1,1-Dichloroethene	0.0500	0.05046		mg/L		101	50 - 150	3	25
2-Butanone	0.250	0.2585		mg/L		103	60 - 140	6	25
Tetrachloroethene	0.0500	0.04491		mg/L		90	71 - 125	1	25
Trichloroethene	0.0500	0.04833		mg/L		97	75 - 135	0	25
Vinyl chloride	0.0500	0.04886		mg/L		98	60 - 140	5	25

Surrogate	*LCSD %Recovery*	*LCSD Qualifier*	*Limits*
1,2-Dichloroethane-d4 (Surr)	*104*		*63 - 144*
4-Bromofluorobenzene (Surr)	*112*		*74 - 124*
Dibromofluoromethane (Surr)	*111*		*75 - 131*
Toluene-d8 (Surr)	*103*		*80 - 120*

Lab Sample ID: LB 860-185291/1-A
Matrix: Solid
Analysis Batch: 185359

Client Sample ID: Method Blank
Prep Type: TCLP

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Benzene	<0.00230	U	0.00500	0.00230	mg/L			09/05/24 11:40	5
Carbon tetrachloride	<0.00448	U	0.0250	0.00448	mg/L			09/05/24 11:40	5
Chlorobenzene	<0.00228	U	0.00500	0.00228	mg/L			09/05/24 11:40	5
Chloroform	<0.00232	U	0.00500	0.00232	mg/L			09/05/24 11:40	5
1,2-Dichloroethane	<0.00186	U	0.00500	0.00186	mg/L			09/05/24 11:40	5
1,1-Dichloroethene	<0.00369	U	0.00500	0.00369	mg/L			09/05/24 11:40	5
2-Butanone	<0.0414	U	0.250	0.0414	mg/L			09/05/24 11:40	5
Tetrachloroethene	<0.00328	U	0.00500	0.00328	mg/L			09/05/24 11:40	5
Trichloroethene	<0.00750	U	0.0250	0.00750	mg/L			09/05/24 11:40	5
Vinyl chloride	<0.00214	U	0.0100	0.00214	mg/L			09/05/24 11:40	5

Surrogate	*LB %Recovery*	*LB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
1,2-Dichloroethane-d4 (Surr)	*110*		*63 - 144*		*09/05/24 11:40*	*5*
4-Bromofluorobenzene (Surr)	*112*		*74 - 124*		*09/05/24 11:40*	*5*
Dibromofluoromethane (Surr)	*108*		*75 - 131*		*09/05/24 11:40*	*5*
Toluene-d8 (Surr)	*106*		*80 - 120*		*09/05/24 11:40*	*5*

Method: 8270E - Semivolatile Organic Compounds (GC-MS/MS)

Lab Sample ID: MB 860-185612/1-A
Matrix: Solid
Analysis Batch: 185757

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 185612

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
1,4-Dichlorobenzene	<0.0779	U	0.571	0.0779	ug/L		09/06/24 05:55	09/06/24 17:05	1
2,4,5-Trichlorophenol	<0.143	U	0.571	0.143	ug/L		09/06/24 05:55	09/06/24 17:05	1
2,4,6-Trichlorophenol	<0.231	U	0.571	0.231	ug/L		09/06/24 05:55	09/06/24 17:05	1
2,4-Dinitrotoluene	<0.205	U	0.571	0.205	ug/L		09/06/24 05:55	09/06/24 17:05	1
2-Methylphenol	<0.105	U	0.571	0.105	ug/L		09/06/24 05:55	09/06/24 17:05	1
3 & 4 Methylphenol	<0.139	U	0.571	0.139	ug/L		09/06/24 05:55	09/06/24 17:05	1

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8270E - Semivolatile Organic Compounds (GC-MS/MS) (Continued)

Lab Sample ID: MB 860-185612/1-A
Matrix: Solid
Analysis Batch: 185757

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 185612

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Hexachlorobenzene	<0.0975	U	0.571	0.0975	ug/L		09/06/24 05:55	09/06/24 17:05	1
Hexachlorobutadiene	<0.103	U	0.571	0.103	ug/L		09/06/24 05:55	09/06/24 17:05	1
Hexachloroethane	<0.102	U	0.571	0.102	ug/L		09/06/24 05:55	09/06/24 17:05	1
Nitrobenzene	<0.0736	U	0.571	0.0736	ug/L		09/06/24 05:55	09/06/24 17:05	1
Pentachlorophenol	<1.04	U	1.14	1.04	ug/L		09/06/24 05:55	09/06/24 17:05	1
Pyridine	<1.44	U	2.86	1.44	ug/L		09/06/24 05:55	09/06/24 17:05	1

Surrogate	*MB %Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
2,4,6-Tribromophenol (Surr)	*131*	*S1+*	*35 - 130*	*09/06/24 05:55*	*09/06/24 17:05*	*1*
2-Fluorophenol (Surr)	*71*		*19 - 120*	*09/06/24 05:55*	*09/06/24 17:05*	*1*
2-Fluorobiphenyl	*120*		*43 - 130*	*09/06/24 05:55*	*09/06/24 17:05*	*1*
Nitrobenzene-d5 (Surr)	*141*	*S1+*	*37 - 133*	*09/06/24 05:55*	*09/06/24 17:05*	*1*
Phenol-d5 (Surr)	*42*		*8 - 124*	*09/06/24 05:55*	*09/06/24 17:05*	*1*
p-Terphenyl-d14 (Surr)	*142*	*S1+*	*47 - 130*	*09/06/24 05:55*	*09/06/24 17:05*	*1*

Lab Sample ID: LCS 860-185612/2-A
Matrix: Solid
Analysis Batch: 185757

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 185612

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
1,4-Dichlorobenzene	2.86	1.843		ug/L		65	28 - 130
2,4,5-Trichlorophenol	2.86	4.307	*+	ug/L		151	35 - 130
2,4,6-Trichlorophenol	2.86	3.754	*+	ug/L		131	52 - 129
2,4-Dinitrotoluene	2.86	3.231		ug/L		113	48 - 127
2-Methylphenol	2.86	2.611		ug/L		91	14 - 176
3 & 4 Methylphenol	2.86	2.094		ug/L		73	22 - 130
Hexachlorobenzene	2.86	3.902		ug/L		137	8 - 142
Hexachlorobutadiene	2.86	1.402		ug/L		49	10 - 130
Hexachloroethane	2.86	1.580		ug/L		55	10 - 130
Nitrobenzene	2.86	3.222		ug/L		113	54 - 130
Pentachlorophenol	2.86	3.278		ug/L		115	38 - 152
Pyridine	2.86	<1.44	U	ug/L		11	1 - 126

Surrogate	*LCS %Recovery*	*LCS Qualifier*	*Limits*
2,4,6-Tribromophenol (Surr)	*121*		*35 - 130*
2-Fluorophenol (Surr)	*66*		*19 - 120*
2-Fluorobiphenyl	*111*		*43 - 130*
Nitrobenzene-d5 (Surr)	*125*		*37 - 133*
Phenol-d5 (Surr)	*39*		*8 - 124*
p-Terphenyl-d14 (Surr)	*118*		*47 - 130*

Lab Sample ID: LCSD 860-185612/3-A
Matrix: Solid
Analysis Batch: 185757

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 185612

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
1,4-Dichlorobenzene	2.86	2.311		ug/L		81	28 - 130	23	30
2,4,5-Trichlorophenol	2.86	4.212	*+	ug/L		147	35 - 130	2	30

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8270E - Semivolatile Organic Compounds (GC-MS/MS) (Continued)

Lab Sample ID: LCSD 860-185612/3-A
Matrix: Solid
Analysis Batch: 185757

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 185612

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
2,4,6-Trichlorophenol	2.86	3.998	*+	ug/L		140	52 - 129	6	30
2,4-Dinitrotoluene	2.86	3.140		ug/L		110	48 - 127	3	30
2-Methylphenol	2.86	2.696		ug/L		94	14 - 176	3	30
3 & 4 Methylphenol	2.86	2.262		ug/L		79	22 - 130	8	30
Hexachlorobenzene	2.86	3.783		ug/L		132	8 - 142	3	30
Hexachlorobutadiene	2.86	2.069	*1	ug/L		72	10 - 130	38	30
Hexachloroethane	2.86	2.117		ug/L		74	10 - 130	29	30
Nitrobenzene	2.86	3.368		ug/L		118	54 - 130	4	30
Pentachlorophenol	2.86	3.385		ug/L		118	38 - 152	3	30
Pyridine	2.86	<1.44	U	ug/L		14	1 - 126	27	30

Surrogate	*LCSD %Recovery*	*LCSD Qualifier*	*Limits*
2,4,6-Tribromophenol (Surr)	*121*		*35 - 130*
2-Fluorophenol (Surr)	*69*		*19 - 120*
2-Fluorobiphenyl	*107*		*43 - 130*
Nitrobenzene-d5 (Surr)	*130*		*37 - 133*
Phenol-d5 (Surr)	*41*		*8 - 124*
p-Terphenyl-d14 (Surr)	*116*		*47 - 130*

Lab Sample ID: LB 860-185190/1-F
Matrix: Solid
Analysis Batch: 185757

Client Sample ID: Method Blank
Prep Type: TCLP
Prep Batch: 185612

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
1,4-Dichlorobenzene	<0.0779	U	0.571	0.0779	ug/L		09/06/24 05:55	09/06/24 18:37	1
2,4,5-Trichlorophenol	<0.143	U	0.571	0.143	ug/L		09/06/24 05:55	09/06/24 18:37	1
2,4,6-Trichlorophenol	<0.231	U	0.571	0.231	ug/L		09/06/24 05:55	09/06/24 18:37	1
2,4-Dinitrotoluene	<0.205	U	0.571	0.205	ug/L		09/06/24 05:55	09/06/24 18:37	1
2-Methylphenol	<0.105	U	0.571	0.105	ug/L		09/06/24 05:55	09/06/24 18:37	1
3 & 4 Methylphenol	<0.139	U	0.571	0.139	ug/L		09/06/24 05:55	09/06/24 18:37	1
Hexachlorobenzene	<0.0975	U	0.571	0.0975	ug/L		09/06/24 05:55	09/06/24 18:37	1
Hexachlorobutadiene	<0.103	U	0.571	0.103	ug/L		09/06/24 05:55	09/06/24 18:37	1
Hexachloroethane	<0.102	U	0.571	0.102	ug/L		09/06/24 05:55	09/06/24 18:37	1
Nitrobenzene	<0.0736	U	0.571	0.0736	ug/L		09/06/24 05:55	09/06/24 18:37	1
Pentachlorophenol	<1.04	U	1.14	1.04	ug/L		09/06/24 05:55	09/06/24 18:37	1
Pyridine	<1.44	U	2.86	1.44	ug/L		09/06/24 05:55	09/06/24 18:37	1

Surrogate	*LB %Recovery*	*LB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
2,4,6-Tribromophenol (Surr)	*109*		*35 - 130*	*09/06/24 05:55*	*09/06/24 18:37*	*1*
2-Fluorophenol (Surr)	*69*		*19 - 120*	*09/06/24 05:55*	*09/06/24 18:37*	*1*
2-Fluorobiphenyl	*95*		*43 - 130*	*09/06/24 05:55*	*09/06/24 18:37*	*1*
Nitrobenzene-d5 (Surr)	*118*		*37 - 133*	*09/06/24 05:55*	*09/06/24 18:37*	*1*
Phenol-d5 (Surr)	*43*		*8 - 124*	*09/06/24 05:55*	*09/06/24 18:37*	*1*
p-Terphenyl-d14 (Surr)	*109*		*47 - 130*	*09/06/24 05:55*	*09/06/24 18:37*	*1*

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8081B - Organochlorine Pesticides (GC)

Lab Sample ID: MB 860-185518/1-A
Matrix: Solid
Analysis Batch: 185654

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 185518

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chlorodane	<0.000195	U	0.00100	0.000195	mg/L		09/05/24 14:58	09/06/24 10:08	1
Endrin	<0.0000166	U	0.0000500	0.0000166	mg/L		09/05/24 14:58	09/06/24 10:08	1
Heptachlor	<0.0000174	U	0.0000500	0.0000174	mg/L		09/05/24 14:58	09/06/24 10:08	1
Heptachlor epoxide	<0.0000182	U	0.0000500	0.0000182	mg/L		09/05/24 14:58	09/06/24 10:08	1
gamma-BHC (Lindane)	<0.0000170	U	0.0000500	0.0000170	mg/L		09/05/24 14:58	09/06/24 10:08	1
Methoxychlor	<0.0000186	U	0.0000500	0.0000186	mg/L		09/05/24 14:58	09/06/24 10:08	1
Toxaphene	<0.000318	U	0.00100	0.000318	mg/L		09/05/24 14:58	09/06/24 10:08	1

Surrogate	*MB %Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
DCB Decachlorobiphenyl (Surr)	*136*	*S1+*	*28 - 94*	*09/05/24 14:58*	*09/06/24 10:08*	*1*
Tetrachloro-m-xylene	*133*		*52 - 134*	*09/05/24 14:58*	*09/06/24 10:08*	*1*

Lab Sample ID: LCS 860-185518/2-A
Matrix: Solid
Analysis Batch: 185654

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 185518

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Endrin	0.00125	0.001506	*+	mg/L		120	55 - 102
Heptachlor	0.00125	0.001608	*+	mg/L		129	55 - 106
Heptachlor epoxide	0.00125	0.001601	*+	mg/L		128	56 - 109
gamma-BHC (Lindane)	0.00125	0.001624	*+	mg/L		130	59 - 107
Methoxychlor	0.00125	0.001476	*+	mg/L		118	53 - 102

Surrogate	*LCS %Recovery*	*LCS Qualifier*	*Limits*
DCB Decachlorobiphenyl (Surr)	*136*	*S1+*	*28 - 94*
Tetrachloro-m-xylene	*126*		*52 - 134*

Lab Sample ID: LCSD 860-185518/3-A
Matrix: Solid
Analysis Batch: 185654

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 185518

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Endrin	0.00125	0.001520	*+	mg/L		122	55 - 102	1	25
Heptachlor	0.00125	0.001599	*+	mg/L		128	55 - 106	1	25
Heptachlor epoxide	0.00125	0.001607	*+	mg/L		129	56 - 109	0	25
gamma-BHC (Lindane)	0.00125	0.001619	*+	mg/L		130	59 - 107	0	25
Methoxychlor	0.00125	0.001505	*+	mg/L		120	53 - 102	2	25

Surrogate	*LCSD %Recovery*	*LCSD Qualifier*	*Limits*
DCB Decachlorobiphenyl (Surr)	*129*	*S1+*	*28 - 94*
Tetrachloro-m-xylene	*124*		*52 - 134*

Lab Sample ID: LB 860-185190/1-D
Matrix: Solid
Analysis Batch: 185654

Client Sample ID: Method Blank
Prep Type: TCLP
Prep Batch: 185518

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chlorodane	<0.000201	U	0.00103	0.000201	mg/L		09/05/24 14:58	09/06/24 11:04	1

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8081B - Organochlorine Pesticides (GC) (Continued)

Lab Sample ID: LB 860-185190/1-D
Matrix: Solid
Analysis Batch: 185654

Client Sample ID: Method Blank
Prep Type: TCLP
Prep Batch: 185518

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Endrin	<0.0000171	U	0.0000514	0.0000171	mg/L		09/05/24 14:58	09/06/24 11:04	1
Heptachlor	<0.0000179	U	0.0000514	0.0000179	mg/L		09/05/24 14:58	09/06/24 11:04	1
Heptachlor epoxide	<0.0000187	U	0.0000514	0.0000187	mg/L		09/05/24 14:58	09/06/24 11:04	1
gamma-BHC (Lindane)	<0.0000175	U	0.0000514	0.0000175	mg/L		09/05/24 14:58	09/06/24 11:04	1
Methoxychlor	<0.0000191	U	0.0000514	0.0000191	mg/L		09/05/24 14:58	09/06/24 11:04	1
Toxaphene	<0.000327	U	0.00103	0.000327	mg/L		09/05/24 14:58	09/06/24 11:04	1

Surrogate	*LB %Recovery*	*LB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
DCB Decachlorobiphenyl (Surr)	*125*	*S1+*	*28 - 94*	*09/05/24 14:58*	*09/06/24 11:04*	*1*
Tetrachloro-m-xylene	*134*		*52 - 134*	*09/05/24 14:58*	*09/06/24 11:04*	*1*

Method: 8082A - Polychlorinated Biphenyls (PCBs) by Gas Chromatography

Lab Sample ID: MB 860-185513/1-A
Matrix: Solid
Analysis Batch: 185648

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 185513

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
PCB-1016	<0.00395	U	0.0167	0.00395	mg/Kg		09/05/24 14:45	09/06/24 10:29	1
PCB-1221	<0.00395	U	0.0167	0.00395	mg/Kg		09/05/24 14:45	09/06/24 10:29	1
PCB-1232	<0.00395	U	0.0167	0.00395	mg/Kg		09/05/24 14:45	09/06/24 10:29	1
PCB-1242	<0.00395	U	0.0167	0.00395	mg/Kg		09/05/24 14:45	09/06/24 10:29	1
PCB-1248	<0.00395	U	0.0167	0.00395	mg/Kg		09/05/24 14:45	09/06/24 10:29	1
PCB-1254	<0.00261	U	0.0167	0.00261	mg/Kg		09/05/24 14:45	09/06/24 10:29	1
PCB-1260	<0.00261	U	0.0167	0.00261	mg/Kg		09/05/24 14:45	09/06/24 10:29	1
Polychlorinated biphenyls, Total	<0.00417	U	0.0167	0.00417	mg/Kg		09/05/24 14:45	09/06/24 10:29	1

Surrogate	*MB %Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Tetrachloro-m-xylene	*63*		*35 - 140*	*09/05/24 14:45*	*09/06/24 10:29*	*1*
DCB Decachlorobiphenyl (Surr)	*88*		*37 - 142*	*09/05/24 14:45*	*09/06/24 10:29*	*1*

Lab Sample ID: LCS 860-185513/2-A
Matrix: Solid
Analysis Batch: 185648

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 185513

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
PCB-1016	0.167	0.1645		mg/Kg		99	27 - 121
PCB-1260	0.167	0.1805		mg/Kg		108	27 - 139

Surrogate	*LCS %Recovery*	*LCS Qualifier*	*Limits*
Tetrachloro-m-xylene	*64*		*35 - 140*
DCB Decachlorobiphenyl (Surr)	*87*		*37 - 142*

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8082A - Polychlorinated Biphenyls (PCBs) by Gas Chromatography (Continued)

Lab Sample ID: LCSD 860-185513/3-A
Matrix: Solid
Analysis Batch: 185648

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 185513

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
PCB-1016	0.167	0.1626		mg/Kg		98	27 - 121	1	20
PCB-1260	0.167	0.1785		mg/Kg		107	27 - 139	1	20

Surrogate	*LCSD %Recovery*	*LCSD Qualifier*	*Limits*
Tetrachloro-m-xylene	*64*		*35 - 140*
DCB Decachlorobiphenyl (Surr)	*87*		*37 - 142*

Method: 8321B - Herbicides (LC/MS)

Lab Sample ID: MB 860-185470/9
Matrix: Solid
Analysis Batch: 185470

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Silvex (2,4,5-TP)	<1.20	U	5.00	1.20	ug/Kg			09/05/24 13:14	1
2,4-D	<1.08	U	5.00	1.08	ug/Kg			09/05/24 13:14	1

Surrogate	*MB %Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
DCAA	*86*		*50 - 150*		*09/05/24 13:14*	*1*

Lab Sample ID: LCS 860-185470/5
Matrix: Solid
Analysis Batch: 185470

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Silvex (2,4,5-TP)	40.2	56.67		ug/Kg		141	50 - 150
2,4-D	40.7	59.26		ug/Kg		146	50 - 150

Surrogate	*LCS %Recovery*	*LCS Qualifier*	*Limits*
DCAA	*84*		*50 - 150*

Lab Sample ID: LCSD 860-185470/6
Matrix: Solid
Analysis Batch: 185470

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Silvex (2,4,5-TP)	40.2	55.77		ug/Kg		139	50 - 150	2	30
2,4-D	40.7	59.81		ug/Kg		147	50 - 150	1	30

Surrogate	*LCSD %Recovery*	*LCSD Qualifier*	*Limits*
DCAA	*86*		*50 - 150*

Lab Sample ID: LB 860-185190/1-A
Matrix: Solid
Analysis Batch: 185470

Client Sample ID: Method Blank
Prep Type: TCLP

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Silvex (2,4,5-TP)	<3.00	U	12.5	3.00	ug/Kg			09/05/24 13:51	1

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 8321B - Herbicides (LC/MS) (Continued)

Lab Sample ID: LB 860-185190/1-A
Matrix: Solid
Analysis Batch: 185470

Client Sample ID: Method Blank
Prep Type: TCLP

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
2,4-D	<2.70	U	12.5	2.70	ug/Kg			09/05/24 13:51	1

Surrogate	*LB %Recovery*	*LB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
DCAA	*82*		*50 - 150*		*09/05/24 13:51*	*1*

Method: 6010D - Metals (ICP)

Lab Sample ID: MB 860-185464/1-A
Matrix: Solid
Analysis Batch: 185645

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 185464

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	<0.00650	U	0.0100	0.00650	mg/L		09/05/24 10:30	09/05/24 17:03	1
Barium	<0.00125	U	0.0100	0.00125	mg/L		09/05/24 10:30	09/05/24 17:03	1
Cadmium	<0.000831	U	0.00500	0.000831	mg/L		09/05/24 10:30	09/05/24 17:03	1
Chromium	<0.00216	U	0.0100	0.00216	mg/L		09/05/24 10:30	09/05/24 17:03	1
Lead	<0.00368	U	0.0100	0.00368	mg/L		09/05/24 10:30	09/05/24 17:03	1
Selenium	<0.00927	U	0.0300	0.00927	mg/L		09/05/24 10:30	09/05/24 17:03	1
Silver	<0.00788	U	0.0200	0.00788	mg/L		09/05/24 10:30	09/05/24 17:03	1

Lab Sample ID: LCS 860-185464/2-A
Matrix: Solid
Analysis Batch: 185645

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 185464

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Arsenic	1.00	0.9810		mg/L		98	80 - 120
Barium	1.00	0.9840		mg/L		98	80 - 120
Cadmium	1.00	0.9830		mg/L		98	80 - 120
Chromium	1.00	0.9960		mg/L		100	80 - 120
Lead	1.00	1.000		mg/L		100	80 - 120
Selenium	1.00	1.030		mg/L		103	80 - 120
Silver	0.500	0.4710		mg/L		94	80 - 120

Lab Sample ID: LCSD 860-185464/3-A
Matrix: Solid
Analysis Batch: 185645

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 185464

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Arsenic	1.00	0.9760		mg/L		98	80 - 120	1	20
Barium	1.00	0.9840		mg/L		98	80 - 120	0	20
Cadmium	1.00	0.9840		mg/L		98	80 - 120	0	20
Chromium	1.00	0.9970		mg/L		100	80 - 120	0	20
Lead	1.00	1.000		mg/L		100	80 - 120	0	20
Selenium	1.00	1.030		mg/L		103	80 - 120	0	20
Silver	0.500	0.4700		mg/L		94	80 - 120	0	20

QC Sample Results

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method: 6010D - Metals (ICP) (Continued)

Lab Sample ID: LB 860-185190/1-C
Matrix: Solid
Analysis Batch: 185645

Client Sample ID: Method Blank
Prep Type: TCLP
Prep Batch: 185464

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Arsenic	<0.0325	U	0.0500	0.0325	mg/L		09/05/24 10:30	09/05/24 17:09	1
Barium	<0.00625	U	0.0500	0.00625	mg/L		09/05/24 10:30	09/05/24 17:09	1
Cadmium	<0.00416	U	0.0250	0.00416	mg/L		09/05/24 10:30	09/05/24 17:09	1
Chromium	<0.0108	U	0.0500	0.0108	mg/L		09/05/24 10:30	09/05/24 17:09	1
Lead	<0.0184	U	0.0500	0.0184	mg/L		09/05/24 10:30	09/05/24 17:09	1
Selenium	<0.0464	U	0.150	0.0464	mg/L		09/05/24 10:30	09/05/24 17:09	1
Silver	<0.0394	U	0.100	0.0394	mg/L		09/05/24 10:30	09/05/24 17:09	1

Method: 7470A - TCLP Mercury

Lab Sample ID: MB 860-185609/10-A
Matrix: Solid
Analysis Batch: 185841

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 185609

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Mercury	<0.0000706	U	0.000200	0.0000706	mg/L		09/06/24 05:08	09/06/24 17:43	1

Lab Sample ID: LCS 860-185609/11-A
Matrix: Solid
Analysis Batch: 185841

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 185609

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Mercury	0.00200	0.002030		mg/L		102	80 - 120

Lab Sample ID: LCSD 860-185609/12-A
Matrix: Solid
Analysis Batch: 185841

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 185609

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Mercury	0.00200	0.002058		mg/L		103	80 - 120	1	20

Lab Sample ID: LB 860-185190/1-E
Matrix: Solid
Analysis Batch: 185841

Client Sample ID: Method Blank
Prep Type: TCLP
Prep Batch: 185609

Analyte	LB Result	LB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Mercury	<0.0000706	U	0.000200	0.0000706	mg/L		09/06/24 05:08	09/06/24 17:47	1

QC Association Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

GC/MS VOA

Leach Batch: 185291

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	1311	
LB 860-185291/1-A	Method Blank	TCLP	Solid	1311	

Analysis Batch: 185359

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	8260C	185291
LB 860-185291/1-A	Method Blank	TCLP	Solid	8260C	185291
MB 860-185359/10	Method Blank	Total/NA	Solid	8260C	
LCS 860-185359/3	Lab Control Sample	Total/NA	Solid	8260C	
LCSD 860-185359/4	Lab Control Sample Dup	Total/NA	Solid	8260C	

GC/MS Semi VOA

Leach Batch: 185190

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	1311	
LB 860-185190/1-F	Method Blank	TCLP	Solid	1311	

Prep Batch: 185612

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	3511	185190
LB 860-185190/1-F	Method Blank	TCLP	Solid	3511	185190
MB 860-185612/1-A	Method Blank	Total/NA	Solid	3511	
LCS 860-185612/2-A	Lab Control Sample	Total/NA	Solid	3511	
LCSD 860-185612/3-A	Lab Control Sample Dup	Total/NA	Solid	3511	

Analysis Batch: 185757

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
LB 860-185190/1-F	Method Blank	TCLP	Solid	8270E	185612
MB 860-185612/1-A	Method Blank	Total/NA	Solid	8270E	185612
LCS 860-185612/2-A	Lab Control Sample	Total/NA	Solid	8270E	185612
LCSD 860-185612/3-A	Lab Control Sample Dup	Total/NA	Solid	8270E	185612

Analysis Batch: 185814

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	8270E	185612

GC Semi VOA

Leach Batch: 185190

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	1311	
LB 860-185190/1-D	Method Blank	TCLP	Solid	1311	

Prep Batch: 185513

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	Total/NA	Sludge	3550C	
MB 860-185513/1-A	Method Blank	Total/NA	Solid	3550C	
LCS 860-185513/2-A	Lab Control Sample	Total/NA	Solid	3550C	
LCSD 860-185513/3-A	Lab Control Sample Dup	Total/NA	Solid	3550C	

QC Association Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

GC Semi VOA

Prep Batch: 185518

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	3511	185190
LB 860-185190/1-D	Method Blank	TCLP	Solid	3511	185190
MB 860-185518/1-A	Method Blank	Total/NA	Solid	3511	
LCS 860-185518/2-A	Lab Control Sample	Total/NA	Solid	3511	
LCSD 860-185518/3-A	Lab Control Sample Dup	Total/NA	Solid	3511	

Analysis Batch: 185648

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	Total/NA	Sludge	8082A	185513
MB 860-185513/1-A	Method Blank	Total/NA	Solid	8082A	185513
LCS 860-185513/2-A	Lab Control Sample	Total/NA	Solid	8082A	185513
LCSD 860-185513/3-A	Lab Control Sample Dup	Total/NA	Solid	8082A	185513

Analysis Batch: 185654

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	8081B	185518
LB 860-185190/1-D	Method Blank	TCLP	Solid	8081B	185518
MB 860-185518/1-A	Method Blank	Total/NA	Solid	8081B	185518
LCS 860-185518/2-A	Lab Control Sample	Total/NA	Solid	8081B	185518
LCSD 860-185518/3-A	Lab Control Sample Dup	Total/NA	Solid	8081B	185518

LCMS

Leach Batch: 185190

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	1311	
LB 860-185190/1-A	Method Blank	TCLP	Solid	1311	

Analysis Batch: 185470

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	8321B	185190
LB 860-185190/1-A	Method Blank	TCLP	Solid	8321B	185190
MB 860-185470/9	Method Blank	Total/NA	Solid	8321B	
LCS 860-185470/5	Lab Control Sample	Total/NA	Solid	8321B	
LCSD 860-185470/6	Lab Control Sample Dup	Total/NA	Solid	8321B	

Metals

Leach Batch: 185190

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	1311	
LB 860-185190/1-C	Method Blank	TCLP	Solid	1311	
LB 860-185190/1-E	Method Blank	TCLP	Solid	1311	

Prep Batch: 185464

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	3010A	185190
LB 860-185190/1-C	Method Blank	TCLP	Solid	3010A	185190
MB 860-185464/1-A	Method Blank	Total/NA	Solid	3010A	
LCS 860-185464/2-A	Lab Control Sample	Total/NA	Solid	3010A	
LCSD 860-185464/3-A	Lab Control Sample Dup	Total/NA	Solid	3010A	

QC Association Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Metals

Prep Batch: 185609

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	7470A	185190
LB 860-185190/1-E	Method Blank	TCLP	Solid	7470A	185190
MB 860-185609/10-A	Method Blank	Total/NA	Solid	7470A	
LCS 860-185609/11-A	Lab Control Sample	Total/NA	Solid	7470A	
LCSD 860-185609/12-A	Lab Control Sample Dup	Total/NA	Solid	7470A	

Analysis Batch: 185645

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	6010D	185464
LB 860-185190/1-C	Method Blank	TCLP	Solid	6010D	185464
MB 860-185464/1-A	Method Blank	Total/NA	Solid	6010D	185464
LCS 860-185464/2-A	Lab Control Sample	Total/NA	Solid	6010D	185464
LCSD 860-185464/3-A	Lab Control Sample Dup	Total/NA	Solid	6010D	185464

Analysis Batch: 185841

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
870-29775-1	Digester	TCLP	Sludge	7470A	185609
LB 860-185190/1-E	Method Blank	TCLP	Solid	7470A	185609
MB 860-185609/10-A	Method Blank	Total/NA	Solid	7470A	185609
LCS 860-185609/11-A	Lab Control Sample	Total/NA	Solid	7470A	185609
LCSD 860-185609/12-A	Lab Control Sample Dup	Total/NA	Solid	7470A	185609

Lab Chronicle

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Client Sample ID: Digester
Date Collected: 08/28/24 07:18
Date Received: 09/03/24 10:50

Lab Sample ID: 870-29775-1
Matrix: Sludge

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
TCLP	Leach	1311			20.20 g	400 mL	185291	09/04/24 17:00	JCM	EET HOU
							Completed:	09/05/24 09:00 [1]		
TCLP	Analysis	8260C		50	5 mL	5 mL	185359	09/05/24 15:26	NA	EET HOU
TCLP	Leach	1311			100.05 g	2000 mL	185190	09/04/24 12:00	EMC	EET HOU
							Completed:	09/05/24 04:00 [1]		
TCLP	Prep	3511			70.8 mL	4 mL	185612	09/06/24 05:55	DR	EET HOU
TCLP	Analysis	8270E		20	1 mL	1 mL	185814	09/07/24 10:25	T1S	EET HOU
TCLP	Leach	1311			100.05 g	2000 mL	185190	09/04/24 12:00	EMC	EET HOU
							Completed:	09/05/24 04:00 [1]		
TCLP	Prep	3511			47.4 mL	5 mL	185518	09/05/24 14:58	DS	EET HOU
TCLP	Analysis	8081B		1			185654	09/06/24 12:33	KM	EET HOU
Total/NA	Prep	3550C			1.02 g	5 mL	185513	09/05/24 14:45	DS	EET HOU
Total/NA	Analysis	8082A		1			185648	09/06/24 14:25	KM	EET HOU
TCLP	Leach	1311			100.05 g	2000 mL	185190	09/04/24 12:00	EMC	EET HOU
							Completed:	09/05/24 04:00 [1]		
TCLP	Analysis	8321B		1	0.2 mL	1 mL	185470	09/05/24 15:05	JBS	EET HOU
TCLP	Leach	1311			100.05 g	2000 mL	185190	09/04/24 12:00	EMC	EET HOU
							Completed:	09/05/24 04:00 [1]		
TCLP	Prep	3010A			10 mL	50 mL	185464	09/05/24 10:30	MD	EET HOU
TCLP	Analysis	6010D		1			185645	09/05/24 17:50	JDM	EET HOU
TCLP	Leach	1311			100.05 g	2000 mL	185190	09/04/24 12:00	EMC	EET HOU
							Completed:	09/05/24 04:00 [1]		
TCLP	Prep	7470A			50 mL	50 mL	185609	09/06/24 05:08	AGR	EET HOU
TCLP	Analysis	7470A		1			185841	09/06/24 18:18	SHZ	EET HOU

[1] This procedure uses a method stipulated length of time for the process. Both start and end times are displayed.

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Accreditation/Certification Summary

Client: Environmental Monitoring Laboratory, LLC
Job ID: 870-29775-1
Project/Site: Victoria County Rest Area

Laboratory: Eurofins Houston

The accreditations/certifications listed below are applicable to this report.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704215	08-30-25

Method Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Method	Method Description	Protocol	Laboratory
8260C	Volatile Organic Compounds by GC/MS	SW846	EET HOU
8270E	Semivolatile Organic Compounds (GC-MS/MS)	SW846	EET HOU
8081B	Organochlorine Pesticides (GC)	SW846	EET HOU
8082A	Polychlorinated Biphenyls (PCBs) by Gas Chromatography	SW846	EET HOU
8321B	Herbicides (LC/MS)	SW846	EET HOU
6010D	Metals (ICP)	SW846	EET HOU
7470A	TCLP Mercury	SW846	EET HOU
1311	TCLP Extraction	SW846	EET HOU
3010A	Preparation, Total Metals	SW846	EET HOU
3511	Microextraction of Organic Compounds	SW846	EET HOU
3550C	Ultrasonic Extraction	SW846	EET HOU
5030C	Purge and Trap	SW846	EET HOU
7470A	Preparation, Mercury	SW846	EET HOU

Protocol References:

SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Sample Summary

Client: Environmental Monitoring Laboratory, LLC
Project/Site: Victoria County Rest Area

Job ID: 870-29775-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
870-29775-1	Digester	Sludge	08/28/24 07:18	09/03/24 10:50

eurofins | Environment Testing Xenco

Chain of Custody

Houston, TX (281) 240-4200, Dallas, TX (214) 902-0300
Midland, TX (432) 704-5440, San Antonio, TX (210) 509-3334
EL Paso, TX (915) 585-3443, Lubbock, TX (806) 794-1296
Hobbs, NM (575) 392-7550, Carlsbad, NM (575) 988-3199

Work Order No: _____

www.xenco.com Page _____ of _____

Project Manager:	SERISSA BECK	Bill to: (if different)	
Company Name:	Environmental Monitoring Laboratory	Company Name:	
Address:	PO BOX 477	Address:	
City, State ZIP:	HILLSBORO TX 76645	City, State ZIP:	
Phone:	254-582-2622	Email:	HOMEOFFICE@YOURWATERLAB.COM

Work Order Comments

Program: UST/PST ☐ RP ☐ Brownfields ☐ RRC ☐ Superfund ☐
State of Project:
Reporting: Level II ☐ Level III ☐ PST/UST ☐ TRRP ☐ Level IV ☐
Deliverables: EDD ☐ ADaPT ☐ Other:

Project Name:	Victoria County Rest Area	Turn Around	
Project Number:		☐ Routine ☐ Rush	
Project Location:	Victoria County Rest Area	Due Date:	
Sampler's Name:	Heather Wagner	TAT starts the day received by the lab, if received by 4:30pm	
PO #:	24082825		

SAMPLE RECEIPT				
Temp Blank:	Yes (No)	Wet Ice:	(Yes) No	
Samples Received Intact:	(Yes) No	Thermometer ID:	TM-01	
Cooler Custody Seals:	Yes No (N/A)	Correction Factor:	-0.1	
Sample Custody Seals:	Yes No (N/A)	Temperature Reading:	4.8	
Total Containers:	1	Corrected Temperature:	5.1	

ANALYSIS REQUEST

Sample Identification	Matrix	Date Sampled	Time Sampled	Depth	Grab/ Comp	# of Cont	Pres. Code	Parameters: Full TCLP	Parameters: PCB's
Digester	SL	8/28/2024	7:18		Grab	1		X	X

870-29775 Chain of Custody

Preservative Codes

None: NO — DI Water: H_2O
Cool: Cool — MeOH: Me
HCL: HC — HNO_3: HN
H_2S0_4: H_2 — NaOH: Na
H_3PO_4: HP
$NaHSO_4$: NABIS
$Na_2S_2O_3$: $NaSO_3$
Zn Acetate+NaOH: Zn
NaOH+Ascorbic Acid: SAPC

Sample Comments

Total 200.7 / 6010 200.8 / 6020: 8RCRA 13PPM Texas 11 Al Sb As Ba Be B Cd Ca Cr Co Cu Fe Pb Mg Mn Mo Ni K Se Ag SiO_2 Na Sr Tl Sn U V Zn

Circle Method(s) and Metal(s) to be analyzed TCLP / SPLP 6010: 8RCRA Sb As Ba Be Cd Cr Co Cu Pb Mn Mo Ni Se Ag Tl U Hg: 1631 / 245.1 / 7470 / 7471

Notice: Signature of this document and relinquishment of samples constitutes a valid purchase order from client company to Eurofins Xenco, its affiliates and subcontractors. It assigns standard terms and conditions of service. Eurofins Xenco will be liable only for the cost of samples and shall not assume any responsibility for any losses or expenses incurred by the client if such losses are due to circumstances beyond the control of Eurofins Xenco. A minimum charge of $85.00 will be applied to each project and a charge of $5 for each sample submitted to Eurofins Xenco, but not analyzed. These terms will be enforced unless previously negotiated.

Relinquished by: (Signature)	Received by: (Signature)	Date/Time	Relinquished by: (Signature)	Received by: (Signature)	Date/Time
1	2	9-3-21 1056	2		9/3/24 AM
3			4		
5			6		

Revised Date: 08/25/2020 Rev. 2020.2

Eurofins Dallas
9701 Harry Hines Blvd
Dallas, TX 75220
Phone: 214-902-0300

Chain of Custody Record

eurofins | Environment Testing

Client Information (Sub Contract Lab)	Sampler:	Lab PM: Patel, Anita	Carrier Tracking No(s):	COC No: 870-6961 1
Client Contact: Shipping/Receiving	Phone:	E-Mail: Anita.Patel@et.eurofinsus.com	State of Origin: Texas	Page: Page 1 of 1
Company: Eurofins Environment Testing South Centr		Accreditations Required (See note): NELAP Texas		Job #: 870-29775-1
Address: 4145 Greenbriar Dr	Due Date Requested: 9/10/2024			Preservation Codes:
City: Stafford	TAT Requested (days):			
State, Zip: TX, 77477				
Phone: 281-240-4200(Tel)	PO #:			
Email:	WO #:			
Project Name: Victoria County Rest Area	Project #: 87000102			
Site:	SSOW#:			Other:

Analysis Requested

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	8260D/1311_Z TCLP VOCs	6010D/1311T_M RCRA 8 (excl. Hg)	7470A/1311T_Hg TCLP Mercury	8081B/1311_T TCLP Pesticides (1311 prep)	8321B_Herb/1311_T TCLP Herbicides	8270E_QCD/1311_T (MOD) TCLP SVOCs	8082A/8648 (MOD) Standard PCBs							Total Number of containers	Special Instructions/Note:
			Preservation Code:																		
Digester (870-29775-1)	8/28/24	07:18 Central	G	Solid			X	X	X	X	X	X	X							3	

Note: Since laboratory accreditations are subject to change, Eurofins Environment Testing South Central, LLC places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Environment Testing South Central, LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Environment Testing South Central, LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Environment Testing South Central, LLC.

Possible Hazard Identification *Unconfirmed*	*Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)* ☐ *Return To Client* ☐ *Disposal By Lab* ☐ *Archive For* ____ *Months*
Deliverable Requested: I, II, III, IV, Other (specify) Primary Deliverable Rank: 2	Special Instructions/QC Requirements:
Empty Kit Relinquished by: Date:	Time: Method of Shipment:

Relinquished by:	Date/Time: 09/03/24 - 1711	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time: 9/4/24 6:00	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.
Cooler Temperature(s) °C and Other Remarks:	4.4; 3.0 8 1-0

Ver: 05/06/2024

Login Sample Receipt Checklist

Client: Environmental Monitoring Laboratory, LLC

Job Number: 870-29775-1

Login Number: 29775
List Number: 1
Creator: Thompson, Christopher

List Source: Eurofins Dallas

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	N/A	

Login Sample Receipt Checklist

Client: Environmental Monitoring Laboratory, LLC

Job Number: 870-29775-1

Login Number: 29775
List Number: 2
Creator: Torrez, Lisandra

List Source: Eurofins Houston
List Creation: 09/04/24 08:30 AM

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	True	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

Victoria Renewal 8/21/24

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

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

Is the facility in operation?

☐ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	10	-	1	GRAB	8/21/24 8:00
Total Suspended Solids, mg/l	22	-	1	GRAB	8/21/24 8:00
Ammonia Nitrogen, mg/l	0.44	-	1	GRAB	8/21/24 8:00
Nitrate Nitrogen, mg/l	119	-	1	GRAB	8/21/24 8:00

Total Kjeldahl Nitrogen, mg/l	6.41	-	1	GRAB	8/21/24 8:00
Sulfate, mg/l	29.4	-	1	GRAB	8/21/24 8:00
Chloride, mg/l	167	-	1	GRAB	8/21/24 8:00
Total Phosphorus, mg/l	8.93	-	1	GRAB	8/21/24 8:00
pH, standard units	6.8	-	1	GRAB	8/21/24 8:00
Dissolved Oxygen*, mg/l	6.5	-	1	GRAB	8/21/24 8:00
Chlorine Residual, mg/l	1.5	-	1	GRAB	8/21/24 8:00
E.coli (CFU/100ml) freshwater	770	-	1	GRAB	8/21/24 8:00
Entercocci (CFU/100ml) saltwater	-	-	-	-	-
Total Dissolved Solids, mg/l	1289	-	1	GRAB	8/21/24 8:00
Electrical Conductivity, µmohs/cm, †	1800	-	1	GRAB	8/21/24 8:00
Oil & Grease, mg/l	<7	-	1	GRAB	8/21/24 8:00
Alkalinity ($CaCO_3$)*, mg/l	18.0	-	1	GRAB	8/21/24 8:00

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Click to enter text.

Facility Operator's License Classification and Level: Click to enter text.

Facility Operator's License Number: Click to enter text.

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

☐ Design flow>= 1 MGD

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Serissa Beck, EML

Title: General Manager

Signature: _____

Date: 8/28/24

ENVIRONMENTAL MONITORING LABORATORY , L.L.C

P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL REPORT 24082152

For:

Victoria Co. Rest Area NW

HWY 59 South
Inez, Texas 77968

Sample Site: Renewal Analysis

Collected Date: 08/21/24

Certificate Number: T104704247
Lab Number: TX01547

Authorized for release by:
27-AUG-24

Lisa Soward, Data Manager

homeoffice@yourwaterlab.com

ENVIRONMENTAL MONITORING LABORATORY , L.L.C

P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL RESULTS

Analytical Report: 24082152

Lab ID:	24082152-001	Collected Date:	08/21/24 08:00	Matrix:	Waste Water
Client:	Victoria Co. Rest Area NW	Received Date:	08/21/24 13:33	Temp at Receipt:	3.5 °C
Sample Site:	Renewal Analysis	Report Date:	08/27/24	Sample Collector:	HW

Analyte	Abbreviation	Method	TNI Cert	Date Analyzed	Result	Units
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	NP	08/22/24 08:51	0.440	mg/L
Carbonaceous BOD	CBOD	SM 5210/B	NP	08/22/24 09:30	10	mg/L
Total Suspended Solids	TSS	SM 2540/D	NP/P	08/22/24 10:37	22	mg/L
pH	SM4500-H	SM4500/H	N	08/21/24 08:00	6.8	SU
Nitrate as N	E300.0	E 300.0	NP/P	08/22/24 11:08	119	mg/L
Dissolved Oxygen	DO	SM 4500-O	N	08/21/24 08:00	6.5	mg/L
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	NP	08/22/24 10:39	8.93	mg/L
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	NP	08/22/24 14:10	6.41	mg/L
Total dissolved solids	SM2540C	SM 2540/C	N	08/26/24 15:10	1289	mg/L
Sulfate	E300.0	E 300.0	NP/P	08/22/24 10:46	29.4	mg/L
Chloride	Cl-	SM 4500-Cl-/B	NP	08/22/24 15:37	167	mg/L
Chlorine	SM4500-CL	SM4500-CL	NP	08/21/24 08:00	1.5	mg/L
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	NP	08/26/24 11:28	<7.00	mg/L
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	NP	08/22/24 12:16	18.0	mg/L
Conductivity @ 25C	Cond	SM 2510/B	NP	08/22/24 09:08	1800	umhos/cm
E. coli	*E. coli*	IDEXX Colilert	NP	08/21/24 14:05	770	MPN/100 mL
Temperature	(water, on site)	(water, on site)	N	08/21/24 08:00	25.3	°C

P: Potable water NP: Non Potable water N: Not Certified

Control #: 24082152

QUALITY ASSURANCE & QUALITY CONTROL

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control S.D.	CV%	REC.1%	REC.2%	MDL/PQL	Q
Nitrate as N	E300.0	E 300.0	mg/L					0.400 / 0.400	
Sulfate	E300.0	E 300.0	mg/L					1.00 / 1.80	
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	mg/L	.92	.60	----	----	1.50 / 5.00	
Chloride	Cl-	SM 4500-Cl-/B	mg/L	1.41	.28	102	100	1.00 / 3.00	
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L	0.03	2.76	95.2	99.3	0.0300 / 0.100	
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	mg/L	0.22	1.38	98.9	95.8	0.0200 / 0.120	
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	mg/L	0.05	0.67	100.2	98.7	.02 / .05	
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	mg/L	.28	.28	99.3	99.2	7.00 / 7.00	
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD)
Carbonaceous Biochemical Oxygen Demand(CBOD)
Method: SM 5210/B

Results	Units	Description
0.7	mg/L	Blank 1 - CBOD
0.8	mg/L	Blank 2 - CBOD
0.7	mg/L	Blank 3 - CBOD
187	mg/L	G/GA Std 1 - CBOD
188	mg/L	G/GA Std 2 - CBOD
188	mg/L	G/GA Std 3 - CBOD
188	mg/L	**G/GA Average - CBOD**
0.72	mg/L	Seed Corr/mL - CBOD
0.71	mg/L	Seed Corr/mL - CBOD
0.71	mg/L	Seed Corr/mL - CBOD
0.71	mg/L	**Seed Corr Average - CBOD**

Dissolved Oxygen
Method: SM 4500-O°/G

Results	Units	Description
8.88	mg/L	Set Up Calibration
9.07	mg/L	Read Off Calibration
20	°C	Set Up Temperature
20	°C	Read Off Temperature
759	mm Hg	Set Up Barometer
762	mm Hg	Read Off Barometer

Fecal Coliform
Method: SM9222 /D MF

Results	Units	Description
	CFU/100ml	Pre Blank
	CFU/100ml	Post Blank

TDS by SM2540/C

Results	Units	Description
0	mg/L	Blank

***E. coli* By IDEXX Colilert (enumeration)**

MPN/100 mL

Total Suspended Solids (TSS, MLSS)
Method: 2540/D

Results	Units	Description
0.1	mg/L	Blank 1
0	mg/L	Blank 2
0.3	mg/L	Blank 3
0	mg/L	Blank 4
2.17	%	Relative % Difference
2.58	%	Relative % Difference
2.77	%	Relative % Difference
1.18	%	Relative % Difference
3.88	%	Relative % Difference
3.62	%	Relative % Difference
2.41	%	Relative % Difference
4.91	%	Relative % Difference
4.85	%	Relative % Difference

Conductivity @ 25° C
Method: SM2510/B
Standards ran for each analytical batch.

Results	Units	Description
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard

Report Out Date: 08/27/2024

Lisa Soward
Data Manager

Final 1.000

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method SM 2540/D
Matrix Waste Water
Batch Number 77533

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
77533-1-MB	Total Suspended Solids	0.1000 mg/L			0%	80-120%		0-10%	
77533-2-MB	Total Suspended Solids	<1.000 mg/L			0%	80-120%		0-10%	
77533-3-MB	Total Suspended Solids	0.3000 mg/L			0%	80-120%		0-10%	
77533-4-MB	Total Suspended Solids	<1.000 mg/L			0%	80-120%		0-10%	

Standard Method E 300.0
Matrix Waste Water
Batch Number 77542

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
77542-1-LCS	Nitrate as N	7.66 mg/L		8.00 mg/L	96%	90-110%		0-20%	
77542-1-LCSD	Nitrate as N	7.67 mg/L		8.00 mg/L	96%	90-110%	0%	0-20%	
77542-1-UNS	Nitrate as N	0.170 mg/L			0%	90-110%		0-20%	
24082193-001S	Nitrate as N	7.64 mg/L	0.170 mg/L	8.00 mg/L	93 %	80-120%		0-20%	
24082193-001SD	Nitrate as N	7.90 mg/L	0.170 mg/L	8.00 mg/L	97 %	80-120%	3.35%	0-20%	

Standard Method E 300.0
Matrix Waste Water
Batch Number 77545

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
77545-1-LCS	Sulfate	14.2 mg/L		15.0 mg/L	95%	90-110%		0-20%	
77545-1-LCSD	Sulfate	14.2 mg/L		15.0 mg/L	95%	90-110%	0%	0-20%	
77545-1-UNS	Sulfate	3.72 mg/L			0%	90-110%		0-20%	
24082193-001S	Sulfate	19.1 mg/L	3.72 mg/L	15.0 mg/L	103 %	80-120%		0-20%	
24082193-001SD	Sulfate	19.1 mg/L	3.72 mg/L	15.0 mg/L	103 %	80-120%	0.00%	0-20%	

Control #: 24082152

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method SM 5210/B

Matrix Waste Water

Batch Number 77549

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
77549-1-BKS01	Carbonaceous BOD	187 mg/L		198 mg/L	94%	85-115%		0-25%	
77549-2-BKS02	Carbonaceous BOD	188 mg/L		198 mg/L	95%	85-115%		0-25%	
77549-3-BKS03	Carbonaceous BOD	188 mg/L		198 mg/L	95%	85-115%		0-25%	
77549-4-BKS04	Carbonaceous BOD	188 mg/L		198 mg/L	95%	85-115%		0-25%	
77549-1-BLK01	Carbonaceous BOD	0.700 mg/L			0%	85-115%		0-25%	
77549-2-BLK02	Carbonaceous BOD	0.800 mg/L			0%	85-115%		0-25%	
77549-3-BLK03	Carbonaceous BOD	0.700 mg/L			0%	85-115%		0-25%	

Standard Method SM 2540/C

Matrix Waste Water

Batch Number 77578

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
77578-1-MB	Total dissolved solids	< mg/L			0%	80-120%		0-10%	

Environmental Monitoring Laboratory ◆ P.O. Box 477 / 6145 State Highway 171, Hillsboro, Texas 76645 ◆ Phone: (254) 582-2622

TCEQ Lab ID: T104704247-23-25

Panhandle Division
13260 South US Hwy 287 Amarillo, Texas 79118
Office: 806-335-9393 Emergency: 806-786-0612

Southwest Division
811 E. Young Street Llano, Texas 78643
Office: 325-247-3295 Emergency: 830-456-7682

East Texas Division
14295 S.H. 155 North Winona, Texas 75792
Office: 903-877-9222 Emergency: 817-357-6535

Coastal Division
34 East Ave., Schulenburg, Texas 78956
Office: 979-743-7010 Emergency: 254-221-3201

EPA Lab ID: TX01547

Purchase Order / Chain of Custody

Report To: On Our Own Services	Report To: (Buyer)
Company: Victoria Co Best Area	Purchase Order #:
Hwy 59 South Inez, Tx 77968	Address:
Email:	Email:
Phone: 361-218-5980	Phone:
Project Name: Permit Renewal	Quote #:
Project Location: WWTP City, State: Victoria, TX	
Hand Deliver: ☐ Pick-up: ☐	Sampler: (Please Print) Heather Wagner

24082152

ANALYSES REQUESTED

NOTES: Cl2 1.53 mg/L

Lab#	Client Sample ID	Matrix	Date	Time	*Pres. Code	Bottle Code	CBOD5	TSS	pH	DO	NH3N (pH<2.0, H_2SO_4) SM4500-NH3 D or G unless specified	FECAL COLIFORM (E.COLI if sterile)	MLSS	Conductivity, Alkalinity, Chloride, TDS	TKN, T Phos	Oil + Grease	N, Nitrate, Sulfate	Sample Remarks
24082152	1. Fe Renewal Analyses	WW	8/21/24	0800	1	1	X	X	6.8	6.5								
	2.				2	1					X				X			
	3.				6	1						X						
	4.				2	2										X		
	5.				1	1								X				
	6.				1	1											X	
	7.																	
	8.																	
	9.																	
	10.																	

Relinquished By:	Date	Time	Received By:	Date	Time
1.	8/21/24	1333	1.	8/21/24	1333
2.			2.		
3.			3.		
4.			4.		

IR GUN ID: TRM07
Ice: YES NO
Temperature: 3.5

* Preservation Codes: 1. None; 2. Sulfuric; 3. Nitric; 4. NaOH + Zinc; 5. NaOH; 6. Sulfite + Thiosulfate
Bottle Codes: 1. Plastic; 2. Glass + Tef.; 3. 40 ml VOA

Complete sample information is vital for proper login and reporting. EML may need to subcontract some analyses due to equipment or procedural limitations.

Check us out on the web: http://www.yourwaterlab.com

Email us at: homeoffice@yourwaterlab.com

Revised 11/2023

DocuSign

Certificate Of Completion

Envelope Id: 95B0E7EAAC0E4BF89123AE503BC9FC00
Status: Completed
Subject: Complete with Docusign: Combiined attachments for Permit Renwal Application.pdf
Source Envelope:
Document Pages: 59
Signatures: 1
Certificate Pages: 1
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:
Charles Nesloney
125 E. 11th Street
Austin, TX 78701
Charles.Nesloney@txdot.gov
IP Address: 204.64.21.234

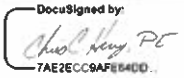
Record Tracking

Status: Original
10/14/2024 11:50:02 AM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Charles Nesloney
Charles.Nesloney@txdot.gov
Pool: StateLocal
Pool: Texas Department of Transportation

Location: DocuSign

Location: DocuSign

Signer Events	Signature	Timestamp
Chris C. Henry, P.E. chris.henry@txdot.gov MNT Deputy Director Texas Department of Transportation Security Level: Email, Account Authentication (Optional)	DocuSigned by:  7AE2ECC9AFE64DD...	Sent: 10/14/2024 11:51:07 AM Viewed: 10/14/2024 1:20:10 PM Signed: 10/14/2024 2:49:56 PM
	Signature Adoption: Uploaded Signature Image Using IP Address: 70.114.228.181 Signed using mobile	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/14/2024 11:51:07 AM
Certified Delivered	Security Checked	10/14/2024 1:20:10 PM
Signing Complete	Security Checked	10/14/2024 2:49:56 PM
Completed	Security Checked	10/14/2024 2:49:56 PM

Payment Events	Status	Timestamps

☐ 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:	Md Saidul Borhan, Ph.D.	41. Title:	Environmental Specialist

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(737) 270-2822		( ) -	

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:	Texas Department of Transportation	Job Title:	Deputy Director, TxDOT Maintenance Division
Name *(In Print)*:	Chris C. Henry, P.E.	Phone:	(940) 447- 5093
Signature:	Chris C Henry, PE	Date:	10/22/2024

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: **WQ0012024001**

Applicant: **Texas Department of Transportation**

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): **Chris C. Henry, P.E.**

Signatory title: **Deputy Director, TxDOT Maintenance Division**

Signature: Signed by: Chris Henry A3E642BBC83541F... Date: 10/25/2024

(Use blue ink)

Subscribed and Sworn to before me by the said Chris Henry

on this 25th day of October, 2024.

My commission expires on the 17th day of May, 2026.

DocuSigned by: Tina Dukes 523CB3013B594D5...

Notary Public

[SEAL]

TINA CARICE DUKES
NOTARY PUBLIC
STATE OF TEXAS
Commission #131575044
My Comm. Expires May 17, 2026

Bexar

County, Texas

From: Md Borhan
To: Steve Haney
Cc: Justin Obinna; Sandra Kaderka; Mary-Christina Lawson
Subject: FW: RE: TCEQ"s late fee payment confirmation
Date: Tuesday, October 22, 2024 3:01:00 PM
Attachments: image002.png
image003.png
FW WQ0012024001 Texas Department of Transportation.msg

Good afternoon, Mr. Steve Haney,
Please find additional document (attached) related to this.
Best regards
Borhan

From: Md Borhan
Sent: Monday, October 21, 2024 4:36 PM
To: Steve Haney <Steve.Haney@txdot.gov>
Cc: David Nuckels <David.Nuckels@txdot.gov>; Kyle Honnerlaw <Kyle.Honnerlaw@txdot.gov>; Justin Obinna <Justin.Obinna@txdot.gov>
Subject: RE: RE: TCEQ's late fee payment confirmation

Good afternoon, Mr. Steve Haney,

The Texas Commission on Environmental Quality is stalling the processing of our renewal application, for Permit No.: WQ0012024001 (EPA I.D. No. TX0077291). The reason is item number 5 in the attached which is inapplicable to the listed permit above. It pertains to Account #20045138 GPS0263745 FY24 for TXR05EW81 which fall under your area of responsibility. Since TCEQ sees TxDOT as a whole Agency, a single permitted Agency, I believe that is why they included it in the attached. Your expeditious settlement of this bill will be invaluable in concluding this time-sensitive permit renewal application.

Thank you so much for your attention to this matter.

With best regards.

Md Borhan

From: Kyle Honnerlaw <Kyle.Honnerlaw@txdot.gov>
Sent: Monday, October 21, 2024 7:56 AM
To: Md Borhan <Md.Borhan@txdot.gov>; David Nuckels <David.Nuckels@txdot.gov>
Subject: Re: RE: TCEQ's late fee payment confirmation

Thanks, Md.

Ran a quick search on the permit and it's the MSGP authorization for Flight Services. The listed contact is Steve Haney so I believe SSD would have been responsible for paying that fee.

Water Quality General Permits Search

Summary of Authorization TXR05EW81

Permit Number:	TXR05EW81
Authorization Status:	ACTIVE
Date Coverage Began:	07/19/2021
Date Coverage Ended:	

Authorization Details

Site Name on Permit:	TXDOT FLIGHT SERVICES AT ABIA
Authorization Type:	INDUSTRIAL
Primary SIC Code:	4581
Facility Operational Status :	ACTIVE
Glycol or Urea Threshold :	NO
Hazardous Metals Waiver :	NO
MS4 Operator :	THE CITY OF AUSTIN
Sector :	S
Outfall Number :	001 SEGMENT NUMBER - 1428 RECEIVING WATER BODY - COLORADO RIVER OUTFALL LATITUDE - 30.204878 OUTFALL LONGITUDE - (-97.648372) DISCHARGE TO MARINE OR FRESH - FRESH WATER
Outfall Number :	002 SEGMENT NUMBER - 1428 RECEIVING WATER BODY - CARSON CREEK OUTFALL LATITUDE - 30.218356 OUTFALL LONGITUDE - (-97.669247) DISCHARGE TO MARINE OR FRESH - FRESH WATER

Permittee Information

Operator:	CN600803456 - Texas Department of Transportation
Address:	1010335 GOLFCOURSE RD AUSTIN TX 78719
Annual Fee Billing Address:	STEVE HANEY 150 E RIVERSIDE DR AUSTIN TX 78704 1202

Kyle

From: Md Borhan <Md.Borhan@txdot.gov>
Sent: Friday, October 18, 2024 3:39 PM
To: David Nuckels <David.Nuckels@txdot.gov>
Cc: Kyle Honnerlaw <Kyle.Honnerlaw@txdot.gov>
Subject: RE: TCEQ's late fee payment confirmation

Good afternoon, David.

I'm unsure if it belongs to you.

I received an email letter from TCEQ today (a portion (item 5) of it in yellow is given below). TCEQ requested that I confirm the payment of the outstanding late fees. Upon review, TCEQ's permit reviewer discovered a late fee of $200.00. The account #20045138, GPS0263745 FY24, is for TXR05EW81.

5. Please verify that the late fees owed have been paid. During my review I noticed that there is a late fee of $200.00. Account #20045138 GPS0263745 FY24 for TXR05EW81.

Thank you.

Borhan.

Md Saidul Borhan, PhD.

Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

Francesca Findlay

From: Md Borhan <Md.Borhan@txdot.gov>
Sent: Friday, October 25, 2024 11:00 AM
To: Francesca Findlay
Cc: Justin Obinna; Brent Johnson
Subject: RE: WQ0012024001 Texas Department of Transportation
Attachments: 3 Late fee payment processing .pdf; Response Letter.pdf; 1 TCEQ-10053 Corrected.pdf; 2 TCEQ-10400 Corrected.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning, Ms. Francesca Findlay.

Please find attached TxDOT's itemized responses to the notice of deficiencies letter dated October 18, 2024.

Please feel free to contact me if you have any questions or require further information.

Sincerely

Borhan

Md Saidul Borhan, PhD.
Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Friday, October 18, 2024 1:39 PM
To: Md Borhan <Md.Borhan@txdot.gov>
Cc: Justin Obinna <Justin.Obinna@txdot.gov>
Subject: FW: WQ0012024001 Texas Department of Transportation

Dear Mr. Borhan:

The attached Notice of Deficiency letter sent on October 18, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention November 1, 2024.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

Please consider whether it is necessary to print this e-mail

Francesca Findlay

From: Md Borhan <Md.Borhan@txdot.gov>
Sent: Monday, November 4, 2024 4:26 PM
To: Francesca Findlay
Cc: Justin Obinna; Brent Johnson
Subject: RE: WQ0012024001 Texas Department of Transportation
Attachments: 2 TCEQ-10400 Updated page.pdf; 1 TCEQ-10053 Updated Page.pdf

Good afternoon, Ms. Findlay.

It was a pressure talking to you over phone.

Per your instructions, please find attached updated signature pages from form TCEQ-10053 (page 11/17) and from form TCEQ-10400 (page 3/3).

Please let me know if you require additional documents.

Borhan

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, November 4, 2024 3:59 PM
To: Md Borhan <Md.Borhan@txdot.gov>
Cc: Justin Obinna <Justin.Obinna@txdot.gov>; Brent Johnson <Brent.Johnson@txdot.gov>
Subject: RE: WQ0012024001 Texas Department of Transportation

Good afternoon,

I am reviewing the documents you send and have noticed that you send the whole application twice for the requested documents . Please resend just the requested documents with the corrections. Please let me know if you have any questions.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

From: Md Borhan <Md.Borhan@txdot.gov>
Sent: Friday, October 25, 2024 11:00 AM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: Justin Obinna <Justin.Obinna@txdot.gov>; Brent Johnson <Brent.Johnson@txdot.gov>
Subject: RE: WQ0012024001 Texas Department of Transportation

Good morning, Ms. Francesca Findlay.

Please find attached TxDOT's itemized responses to the notice of deficiencies letter dated October 18, 2024.

Please feel free to contact me if you have any questions or require further information.

Sincerely

Borhan

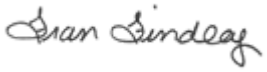
Md Saidul Borhan, PhD.
Environmental Specialist
Texas Department of Transportation
Maintenance Division, TxDOT
6230 E. Stassney Lane, Austin, TX 78744
Tel: 737-270-2822
Email: Md.Borhan@txdot.gov

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Friday, October 18, 2024 1:39 PM
To: Md Borhan <Md.Borhan@txdot.gov>
Cc: Justin Obinna <Justin.Obinna@txdot.gov>
Subject: FW: WQ0012024001 Texas Department of Transportation

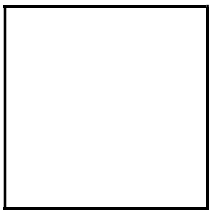
Dear Mr. Borhan:

The attached Notice of Deficiency letter sent on October 18, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention November 1, 2024.

Thank you,



Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



Texas Department of Transportation

6230 E. STASSNEY LANE, AUSTIN, TX 78744

Date: October 25, 2024

Ms. Francesca Findlay
License & Permit Specialist
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission on Environmental Quality

RE: Application to Renew, for Permit No.: WQ0012024001 (EPA I.D. No. TX0077291)
Applicant Name: Texas Department of Transportation (CN600803456)
Site Name: Victoria County South Bound Rest Area WWTP (RN102075918)
Type of Application: Renewal without changes

VIA EMAIL

Dear Ms. Francesca Findlay:

Please find below the itemized responses to NOD dated October 18, 2024 (attached).

***Item 1*:** Administrative Report 1.0, Section 10, item B: Please provide the city nearest the outfall.
Response: **Inez, TX.** *Please see the attached form TCEQ-10053, page 8/17.*

Item 2: Administrative Report 1.0, Section 10, item B: Please provide the county in which the outfall(s) is located.
Response: **Victoria, TX**. *Please see the attached form TCEQ-10053, page 8/17.*

Item 3: Administrative Report 1.0, Section 14. Signature page. Please provide a signature page with the name of James Peterson, P.E. the name that is on the signature page is Chris Henry.
Response: Corrected as follows:
Signatory name (typed or printed): Chris C. Henry
Signatory title: Deputy Director, TxDOT Maintenance Division.
Please see the attached form TCEQ-10053, page 11/17.

***Item 4*:** Administrative Report 1.0, Section 14. Signature page. Please provide the notary page with the notaries name of Tina Carice Dukes. Chris Henry's name is on the part of the notary page that should be Tinas name.

Response: This is correct according to the notary public who notarized the document.

Item 5. Please verify that the late fees owed have been paid. During my review, I noticed that there is a late fee of $200.00. Account #20045138 GPS0263745 FY24 for TXR05EW81.

Response: I do not manage the above-mentioned facility. This permit belongs to the TxDOT support services division (SSD). I have forwarded relevant information to SSD to expedite the payment process. *Please see the attached email communication about fee payment processing.*

***Item 6*:** Core Data Form, Section V, Authorized signature: Please provide the same name that is on the signature line. James Stevenson in on the name in print, but the signature is Chris Henry.

Response: corrected as follows:
Signatory name (typed or printed): Chris C. Henry
Signatory title: Deputy Director, TxDOT Maintenance Division.
Please see the attached form TCEQ-10400, page 3/3.

***Item 7*:** The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions.

Response: I have reviewed and concur with the information as drafted.

Please feel free to contact me if you have any questions or require further information.

TxDOT truly appreciates TCEQ's cooperation, courtesies, and attention.

Sincerely,

Environmental Specialist
Maintenance Division, TxDOT
6230 East Stassney Lane
Austin, TX 78744
Tel: 737-270-2822
Email: md.borhan@txdot.gov

cc: Mr. Brent Johnson, P.E., Roadside Facilities Section Director, TxDOT MNT.
Mr. Justin Obinna, P.E., TxDOT Safety Rest Area Maintenance Team Lead.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 18, 2024

Mr. Md Saidul Borhan
Environmental Specialist
Texas Department of Transportation
6230 East Stassney Lane
Austin, Texas 78744

RE: Application to Renew, for Permit No.: WQ0012024001 (EPA I.D. No. TX0077291)
Applicant Name: Texas Department of Transportation (CN600803456)
Site Name: Victoria County South Bound Rest Area WWTP (RN102075918)
Type of Application: Renewal without changes

VIA EMAIL

Dear Mr. Borhan:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. Administrative Report 1.0, Section 10, item B: Please provide the city nearest the outfall.

2. Administrative Report 1.0, Section 10, item B: Please provide the county in which the outfall(s) is located.

3. Administrative Report 1.0, Section 14. Signature page. Please provide a signature page with the name of James Peterson, P.E. the name that is on the signature page is Chris Henry.

4. Administrative Report 1.0, Section 14. Signature page. Please provide the notary page with the notaries name of Tina Carice Dukes. Chris Henry's name is on the part of the notary page that should be Tinas name.

5. Please verify that the late fees owed have been paid. During my review I noticed that there is a late fee of $200.00. Account #20045138 GPS0263745 FY24 for TXR05EW81.

6. Core Data Form, Section V, Authorized signature: Please provide the same name that is on the signature line. James Stevenson in on the Name in print, but the signature is Chris Henry.

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

APPLICATION. Texas Department of Transportation, 6230 East Stassney Lane, Austin,Texas 78744, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0012024001 (EPA I.D. No. TX0077291) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 20,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.5 mile east of the Teasure Oaks Road and U.S. Highway 59 intersection, in the city of Inez, in Victoria County, Texas 77968. The discharge route is from the plant site to an unnamed tributary; thence to Garcitas Creek; thence to Lavaca Bay/Chocolate Bay. TCEQ received this application on October 15, 2024. The permit application will be available for viewing and copying at Texas Department of Transportation, Area Engineering & Maintenance Office, 11401 U.S. Highway 59 North, Victoria, in Victoria 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=-96.823888,28.890277&level=18

Further information may also be obtained from Texas Department of Transportation at the address stated above or by calling Mr. Md. Saidul Borhan, Ph.D., Environmental Specialist, at 737-270-2822.

Please submit the complete response, addressed to my attention by November 1, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-2441 or by email at Francesca.Findlay@tceq.texas.gov

Sincerely,

Fran Findlay

Francesca Findlay
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

F.F.

Enclosure(s)

cc: Mr. Justin Obinna, P.E., Safety Rest Area Program Lead, Texas Department of Transportation, 6230 East Stassney Lane, Austin, Texas 78744

Texas Department of Transportation

6230 E. STASSNEY LANE, AUSTIN, TX 78744

Date: October 25, 2024

Ms. Francesca Findlay
License & Permit Specialist
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission on Environmental Quality

RE: Application to Renew, for Permit No.: WQ0012024001 (EPA I.D. No. TX0077291)
Applicant Name: Texas Department of Transportation (CN600803456)
Site Name: Victoria County South Bound Rest Area WWTP (RN102075918)
Type of Application: Renewal without changes

VIA EMAIL

Dear Ms. Francesca Findlay:

Please find below the itemized responses to NOD dated October 18, 2024 (attached).

***Item 1*:** Administrative Report 1.0, Section 10, item B: Please provide the city nearest the outfall.
Response: **Inez, TX.** *Please see the attached form TCEQ-10053, page 8/17.*

Item 2: Administrative Report 1.0, Section 10, item B: Please provide the county in which the outfall(s) is located.
Response: **Victoria, TX**. *Please see the attached form TCEQ-10053, page 8/17.*

Item 3: Administrative Report 1.0, Section 14. Signature page. Please provide a signature page with the name of James Peterson, P.E. the name that is on the signature page is Chris Henry.
Response: Corrected as follows:
Signatory name (typed or printed): Chris C. Henry
Signatory title: Deputy Director, TxDOT Maintenance Division.
Please see the attached form TCEQ-10053, page 11/17.

***Item 4*:** Administrative Report 1.0, Section 14. Signature page. Please provide the notary page with the notaries name of Tina Carice Dukes. Chris Henry's name is on the part of the notary page that should be Tinas name.

Response: This is correct according to the notary public who notarized the document.

Item 5. Please verify that the late fees owed have been paid. During my review, I noticed that there is a late fee of $200.00. Account #20045138 GPS0263745 FY24 for TXR05EW81.

Response: I do not manage the above-mentioned facility. This permit belongs to the TxDOT support services division (SSD). I have forwarded relevant information to SSD to expedite the payment process. *Please see the attached email communication about fee payment processing.*

***Item 6*:** Core Data Form, Section V, Authorized signature: Please provide the same name that is on the signature line. James Stevenson in on the name in print, but the signature is Chris Henry.

Response: corrected as follows:
Signatory name (typed or printed): Chris C. Henry
Signatory title: Deputy Director, TxDOT Maintenance Division.
Please see the attached form TCEQ-10400, page 3/3.

***Item 7*:** The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions.

Response: I have reviewed and concur with the information as drafted.

Please feel free to contact me if you have any questions or require further information.

TxDOT truly appreciates TCEQ's cooperation, courtesies, and attention.

Sincerely,

Environmental Specialist
Maintenance Division, TxDOT
6230 East Stassney Lane
Austin, TX 78744
Tel: 737-270-2822
Email: md.borhan@txdot.gov

cc: Mr. Brent Johnson, P.E., Roadside Facilities Section Director, TxDOT MNT.
Mr. Justin Obinna, P.E., TxDOT Safety Rest Area Maintenance Team Lead.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 18, 2024

Mr. Md Saidul Borhan
Environmental Specialist
Texas Department of Transportation
6230 East Stassney Lane
Austin, Texas 78744

RE: Application to Renew, for Permit No.: WQ0012024001 (EPA I.D. No. TX0077291)
Applicant Name: Texas Department of Transportation (CN600803456)
Site Name: Victoria County South Bound Rest Area WWTP (RN102075918)
Type of Application: Renewal without changes

VIA EMAIL

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

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Please submit the complete response, addressed to my attention by November 1, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-2441 or by email at Francesca.Findlay@tceq.texas.gov

Sincerely,

Fran Findlay

Francesca Findlay
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

F.F.

Enclosure(s)

cc: Mr. Justin Obinna, P.E., Safety Rest Area Program Lead, Texas Department of Transportation, 6230 East Stassney Lane, Austin, Texas 78744

E. Owner of effluent disposal site:

Prefix: **N/A** Last Name, First Name: **N/A**

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

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

Prefix: **N/A** Last Name, First Name: **N/A**

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): **Inez, TX**

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

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

E. Owner of effluent disposal site:

Prefix: **N/A** Last Name, First Name: **N/A**

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

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

Prefix: **N/A** Last Name, First Name: **N/A**

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

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

Click to enter text.

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

☒ Yes ☐ No

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