TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: City of Sweeny

PERMIT NUMBER: WQ0010297-001

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	☐	☒
Technical Report 1.0	☒	☐	Flow Diagram	☒	☐
Technical Report 1.1	☐	☒	Site Drawing	☒	☐
Worksheet 2.0	☒	☐	Original Photographs	☐	☒
Worksheet 2.1	☐	☒	Design Calculations	☐	☒
Worksheet 3.0	☐	☒	Solids Management Plan	☐	☒
Worksheet 3.1	☐	☒	Water Balance	☐	☒
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

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 29)

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 Check/Money Order Number: Click here to enter text

Check/Money Order Amount: $1,615.00

Name Printed on Check: Click here to enter text

EPAY Voucher Number: Click here to enter text

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 29)

☐ New TPDES

☐ Major Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☒ Renewal without changes

☐ New TLAP

☐ Minor Amendment *with* Renewal

☐ Minor Amendment *without* Renewal

☐ Minor Modification of permit

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

For existing permits:

Permit Number: WQ0010297-001

EPA I.D. (TPDES only): TX0024511

Expiration Date: 07/01/2019

Section 3. Facility Owner (Applicant) and Co-Applicant Information (Instructions Page 29)

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

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

City of Sweeny

(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: 600584015

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., Ms., Miss): Mr.

First and Last Name: Jeff Farley

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text

Title: Mayor

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?

N/A

(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: N/A

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., Ms., Miss): N/A

First and Last Name: N/A

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

Title: N/A

Provide a brief description of the need for a co-permittee: N/A

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: See exhibit A

Section 4. Application Contact Information (Instructions Page 30)

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., Ms., Miss): Ms.

First and Last Name: Cindy King

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: City Manager

Organization Name: City of Sweeny

Mailing Address: P.O. Box 248

City, State, Zip Code: Sweeny, TX 77480

Phone No.: 979-548-3321 Ext.: Click here to enter text. Fax No.: 979-548-7745

E-mail Address: clking@sweenytx.gov

Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

First and Last Name: William Huebner

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

Title: Project Manager

Organization Name: Strand Associates, Inc.

Mailing Address: 1906 Niebuhr Street

City, State, Zip Code: Brenham, TX 77833

Phone No.: 979-836-7937 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: [redacted]

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Jeff Farley

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Mayor

Organization Name: City of Sweeny

Mailing Address: P.O. Box 248

City, State, Zip Code: Sweeny, TX 77480

Phone No.: 979-548-3321 Ext.: Click here to enter text. Fax No.: 979-548-7745

E-mail Address: jwfarley@sweenytx.gov

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

First and Last Name: Cindy King

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: City Manager

Organization Name: City of Sweeny

Mailing Address: P.O. Box 248

City, State, Zip Code: Sweeny, TX 77480

Phone No.: 979-548-3321 Ext.: Click here to enter text. Fax No.: 979-548-7745

E-mail Address: clking@sweenytx.gov

Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Cindy King

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: City Manager

Organization Name: City of Sweeny

Mailing Address: P.O. Box 248

City, State, Zip Code: Sweeny, TX 77480

Phone No.: 979-548-3321 Ext.: Click here to enter text. Fax No.: 979-548-7745

E-mail Address: clking@sweenytx.gov

Section 7. DMR/MER Contact Information (Instructions Page 31)

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

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

First and Last Name: Cindy King

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: City Manager

Organization Name: City of Sweeny

Mailing Address: P.O. Box 248

City, State, Zip Code: Sweeny, TX 77480

Phone No.: 979-548-3321 Ext.: Click here to enter text. Fax No.: 979-548-7745

E-mail Address: clking@sweenytx.gov

DMR data is required to be submitted electronically. Create an account at: https://www.tceq.texas.gov/permitting/netdmr/netdmr.html.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

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

First and Last Name: Cindy King

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: City Manager

Organization Name: City of Sweeny

Mailing Address: P.O. Box 248

City, State, Zip Code: Sweeny, TX 77480

Phone No.: 979-548-3321 Ext.: Click here to enter text. Fax No.: 979-548-7745

E-mail Address: clking@sweenytx.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 person to be listed in the Notices

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

First and Last Name: Cindy King

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: City Manager

Organization Name: City of Sweeny

Phone No.: 979-548-3321 Ext.: Click here to enter text.

E-mail: clking@sweenytx.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: City Hall

Location within the building: N/A

Physical Address of Building: 102 W. Ashley Wilson

City: Sweeny County: Brazoria

Contact Name: Cindy King

Phone No.: 979-548-3321 Ext.: Click here to enter text.

E. Bilingual Notice Requirements:

This information **is required** for **new, major amendment, and renewal applications**. It is not required for minor amendment or minor modification 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 N/A

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

   ☐ Yes ☐ No N/A

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

☐ Yes ☐ No N/A

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

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN**102998382

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):

City of Sweeny Wastewater Treatment Plant

C. Owner of treatment facility: City of Sweeny

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

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

Prefix (Mr., Ms., Miss): Same as applicant.

First and Last Name: Click here to enter text.

Mailing Address: Click here to enter text.

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

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

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): N/A

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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: N/A

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

Prefix (Mr., Ms., Miss): N/A

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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: N/A

Section 10. TPDES Discharge Information (Instructions Page 34)

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:

N/A

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:

N/A

City nearest the outfall(s): Sweeny, TX

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

Outfall Latitude: 29 degrees 03'26"N Longitude: 95 degrees 40'36"W

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: N/A

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

N/A

Section 11. TLAP Disposal Information (Instructions Page 36)

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

☐ Yes ☐ No N/A

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: N/A

C. County in which the disposal site is located: N/A

D. Disposal Site Latitude: N/A Longitude: N/A

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

N/A

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

N/A

Section 12. Miscellaneous Information (Instructions Page 37)

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.

N/A

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:

Mark Rudolph - former TCEQ intern

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: N/A Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: N/A Amount past due: N/A

Section 13. Attachments (Instructions Page 38)

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: Core data form - see exhibit A

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0010297-001

Applicant: City of Sweeny

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): Jeff Farley

Signatory title: Mayor

Signature: [redacted] Date: 6-19-19

(Use [redacted]

Subscribed and Sworn to before me by the said _____

on this 19th day of June, 20 19.

My commission expires on the 26 day of Aug, 20 21.

[redacted]

[SEAL]

Brazoria
County, Texas

REATTA KAY MINSHEW
Notary ID #125412702
My Commission Expires
August 26, 2021

DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 41)

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:

☐ Readable/Writeable CD ☐ Four sets of labels

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

Section 2. Original Photographs (Instructions Page 44)

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 44)

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC 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)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: City of Sweeny

   Permit No. WQ00 10297-001 EPA ID No. TX 0024511

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

   North end of Avenue A, Sweeny, Brazoria County, Texas

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

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

First and Last Name: Cindy King

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: City Manager

Mailing Address: P.O. Box 248

City, State, Zip Code: Sweeny, TX 77480

Phone No.: 979-548-3321 Ext.: Click here to enter text. Fax No.: 979-548-7745

E-mail Address: clking@sweenytx.gov

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

Same as applicant.

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.

To an unnamed tributary of the San Bernard River; thence to the San Bernard River in Segment No. 1301 of the Brazos-Colorado Coastal Basin

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

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

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

- ☐ 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

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

N/A

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

The site is currently used as a wastewater treatment facility.

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

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

N/A

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

N/A

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:** WQ0010297-001

1. Check or Money Order Number: Click here to enter text
2. Check or Money Order Amount: $1,615.00
3. Date of Check or Money Order: Click here to enter text
4. Name on Check or Money Order: Click here to enter text
5. APPLICATION INFORMATION

   Name of Project or Site: City of Sweeny Wastewater Treatment Plant

   Physical Address of Project or Site: North end of Avenue A, Sweeny, Brazoria County, Texas

   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

THIS PAGE INTENTIONALLY LEFT BLANK

Section 1. Individual Information (Instructions Page 50)

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 here to enter text.

Full legal name (first, middle, last): Click here to enter text.

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

Date of Birth: Click here to enter text.

Mailing Address: Click here to enter text.

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

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

E-mail Address: Click here to enter text.

CN: Click here to enter text.

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications

Renewal, New, And Amendment

Section 1. Permitted or Proposed Flows (Instructions Page 51)

A. Existing/Interim I Phase

Design Flow (MGD): 0.975

2-Hr Peak Flow (MGD): 4.00

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current operating phase: Existing

Provide the startup date of the facility: March 1995

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

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 in the permit, a description of *each phase* must be provided**. Process description:

See exhibit C

Port or pipe diameter at the discharge point, in inches: 24

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)
Mechanical Bar Screen	1	N/A
Aeration Basin	1	114,973 CF
Final Clarifier	2	60' dia. x 12' SWD
Chlorine Contact Chamber	2	12.5' x 30' x 10' SWD
Anaerobic Digester	1	36,424 SF
Wedgewater Drying Beds	3	20' x 30'

C. Process flow diagrams

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

Attachment: See exhibit D

Section 3. Site Drawing (Instructions Page 52)

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: See exhibit E

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

City of Sweeny, see exhibit E

Section 4. Unbuilt Phases (Instructions Page 52)

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 ☐ N/A

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.

N/A

Section 5. Closure Plans (Instructions Page 53)

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 ☐ N/A

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 53)

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: 1994

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.

N/A

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.

N/A

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*.

N/A

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 here 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 512-239-0000. 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 here 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 512-239-0000.

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

Click here 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 here to enter text or TXRNE Click here 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 here 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 here 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 here 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 here 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, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

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

1. Acceptance of sludge from other WWTPs

Does the facility accept or will it accept sludge from other treatment plants at the facility site?
Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge 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.

N/A

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 a the date that the plant started accepting septic waste, 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.

N/A

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 the facility accepting or will it 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.

N/A

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

Is the facility in operation?

Yes ☒ No ☐ See exhibit F

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). **W*ater treatment facilities*** discharging filter backwash water, complete Table 1.0(3).

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

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

Pollutant	**Average Conc.**	**Max Conc.**	**No. of Samples**	**Sample Type**	**Sample Date/Time**
$CBOD_5$, mg/l	2.0		1	Grab	6/25/19 @ 08:30
Total Suspended Solids, mg/l	2.2		1	Grab	6/25/19 @ 08:30
Ammonia Nitrogen, mg/l	0.38		1	Grab	6/25/19 @ 08:30
Nitrate Nitrogen, mg/l	0.70		1	Grab	6/25/19 @ 08:30
Total Kjeldahl Nitrogen, mg/l	0.94		1	Grab	6/25/19 @ 08:30
Sulfate, mg/l	15.3		1	Grab	6/25/19 @ 08:30
Chloride, mg/l	68.0		1	Grab	6/25/19 @ 08:30
Total Phosphorus, mg/l	0.13		1	Grab	6/25/19 @ 08:30
pH, standard units	7.33		1	Grab	6/25/19 @ 08:30
Dissolved Oxygen*, mg/l	6.90		1	Grab	6/25/19 @ 08:30
Chlorine Residual, mg/l	1.58		1	Grab	6/25/19 @ 08:30
E.coli (CFU/100ml) freshwater	<1		1	Grab	6/25/19 @ 08:30
Entercocci (CFU/100ml)	N/A	N/A	N/A	N/A	N/A

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l	330		1	Grab	6/25/19 @ 08:30
Electrical Conductivity, µmohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	<5.0		1	Grab	6/25/19 @ 08:30
Alkalinity ($CaCO_3$)*, mg/l	214		1	Grab	6/25/19 @ 08:30

*TPDES permits only

†TLAP permits only

Table 1.0(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	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity ($CaCO_3$), mg/l	N/A	N/A	N/A	N/A	N/A

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Click here to enter text.

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

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

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the

following list. Check all that apply.

☒ Permitted landfill

☐ Permitted or Registered land application site for beneficial use

☐ Land application for beneficial use authorized in the wastewater permit

☐ Permitted sludge processing facility

☐ Marketing and distribution as authorized in the wastewater permit

☐ Composting as authorized in the wastewater permit

☐ Permitted surface disposal site (sludge monofill)

☐ Surface disposal site (sludge monofill) authorized in the wastewater permit

☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other: Click here to enter text.

B. Sludge disposal site

Disposal site name: Seabreeze Environmental Landfill

TCEQ permit or registration number: MSW No. 1539A

County where disposal site is located: Brazoria County

C. Sludge transportation method

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

Name of the hauler: Waste Connections

Hauler registration number: 2235

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

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 ☐ N/A

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 ☐ N/A

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 ☐ N/A

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

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

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

  Attachment: Click here to enter text.
- Site map:

  Attachment: Click here 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 here 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 here 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 here to enter text.

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

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

Phosphorus, mg/kg: Click here to enter text.

Potassium, mg/kg: Click here to enter text.

pH, standard units: Click here to enter text.

Ammonia Nitrogen mg/kg: Click here to enter text.

Arsenic: Click here to enter text.

Cadmium: Click here to enter text.

Chromium: Click here to enter text.

Copper: Click here to enter text.

Lead: Click here to enter text.

Mercury: Click here to enter text.

Molybdenum: Click here to enter text.

Nickel: Click here to enter text.

Selenium: Click here to enter text.

Zinc: Click here to enter text.

Total PCBs: Click here to enter text.

Provide the following information:

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

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

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

D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the

lagoon(s):

Click here to enter text

Attach the following documents to the application.

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

  Attachment: Click here to enter text

- Copy of the closure plan

  Attachment: Click here to enter text

- Copy of deed recordation for the site

  Attachment: Click here to enter text

- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click here to enter text

- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click here to enter text

- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click here 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 here to enter text

Section 12. Authorizations/Compliance/Enforcement

(Instructions Page 63)

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:

N/A

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:

N/A

Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

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: N/A

Section 14. Laboratory Accreditation (Instructions Page 64)

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: Jeff Farley

Title: Mayor

Signature: [redacted]

Date: 6-19-19

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

A. Justification of permit need

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

Click here to enter text.

B. Regionalization of facilities

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

1. Municipally incorporated areas

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

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

Yes ☐ No ☐ Not Applicable ☐

If yes, within the city limits of: Click here to enter text.

If yes, attach correspondence from the city.

Attachment: Click here to enter text.

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

Attachment: Click here to enter text.

2. Utility CCN areas

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

Yes ☐ No ☐

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

Attachment: Click here to enter text.

3. Nearby WWTPs or collection systems

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

Yes ☐ No ☐

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

Attachment: Click here to enter text.

If yes, attach copies of your certified letters to these facilities **and** their response letters concerning connection with their system.

Attachment: Click here to enter text.

Does a permitted domestic wastewater treatment facility or a collection system located within three (3) miles of the proposed facility currently have the capacity to accept or is willing to expand to accept the volume of wastewater proposed in this application?

Yes ☐ No ☐

If yes, attach an analysis of expenditures required to connect to a permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion.

Attachment: Click here to enter text.

Section 2. Organic Loading (Instructions Page 67)

Is this facility in operation?

Yes ☐ No ☐

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

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

A. Current organic loading

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

Average Influent Organic Strength or BOD_5 Concentration in mg/l: Click here to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): Click here to enter text.

Provide the source of the average organic strength or BOD_5 concentration.

Click here to enter text.

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria,		

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD_5 from all sources		

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 68)

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: Click here to enter text

Total Suspended Solids, mg/l: Click here to enter text

Ammonia Nitrogen, mg/l: Click here to enter text

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

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

Other: Click here to enter text.

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: Click here to enter text.

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

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

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

Other: Click here to enter text.

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: Click here to enter text.

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

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

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

Other: Click here to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

☐ Chlorine: Click here to enter text. mg/l after Click here to enter text. minutes detention time at peak flow

Dechlorination process: Click here to enter text.

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

☐ Other: Click here to enter text.

Section 4. Design Calculations (Instructions Page 68)

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

Attachment: Click here to enter text.

Section 5. Facility Site (Instructions Page 68)

A. 100-year floodplain

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

Yes ☐ No ☐

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

Click here to enter text.

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

Click here to enter text.

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

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

B. Wind rose

Attach a wind rose. **Attachment**: Click here to enter text.

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 69)

A. Beneficial use authorization

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

Yes ☐ No ☐

If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)

Attachment: Click here to enter text.

B. Sludge processing authorization

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

☐ Sludge Composting

☐ Marketing and Distribution of sludge

☐ Sludge Surface Disposal or Sludge Monofill

If any of the above sludge options are selected, attach a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

Attachment: Click here to enter text.

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 69)

Attach a solids management plan to the application.

Attachment: Click here to enter text.

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

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

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

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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 yes, provide the following:
Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

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 here 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 here 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 here to enter text

Section 3. Classified Segments (Instructions Page 73)

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 75)

Name of the immediate receiving waters: Unnamed tributary to San Bernard River

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 here to enter text

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

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

☒ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click here 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 here to enter text.

C. Downstream perennial confluences

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

San Bernard River

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.

The man-made drainage ditch flows into the San Bernard River approximately 1,300' from the discharge point.

E. Normal dry weather characteristics

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

Water slightly cloudy; heavy vegetation growing along the stream

Date and time of observation: Click here to enter text.

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☒

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

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 here to enter text.

B. Waterbody uses

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

☐ Livestock watering
☐ Contact recreation
☐ Irrigation withdrawal
☐ Non-contact recreation
☐ Fishing
☐ Navigation

☐ Domestic water supply ☐ Industrial water supply

☐ Park activities ☒ Other(s), specify The water body is used as a drainage ditch to the San Bernard River.

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 WORKSHEET 2.1

STREAM PHYSICAL CHARACTERISTICS

Required for new applications, major facilities, and applications adding an outfall

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

Section 1. General Information (Instructions Page 75)

Date of study: Click here to enter text. Time of study: Click here to enter text.

Stream name: Click here to enter text.

Location: Click here to enter text.

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 75)

Number of stream bends that are well defined: Click here to enter text.

Number of stream bends that are moderately defined: Click here to enter text.

Number of stream bends that are poorly defined: Click here to enter text.

Number of riffles: Click here to enter text.

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

Click here to enter text.

Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

Table 2.1(1) - Stream Transect Records

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	**Transect location**	**Water surface width (ft)**	**Stream depths (ft)** at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
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.			

Section 3. Summarize Measurements (Instructions Page 76)

Streambed slope of entire reach, from USGS map in feet/feet: Click here to

enter text

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): Click here to enter text

Length of stream evaluated, in feet: Click here to enter text

Number of lateral transects made: Click here to enter text

Average stream width, in feet: Click here to enter text

Average stream depth, in feet: Click here to enter text

Average stream velocity, in feet/second: Click here to enter text

Instantaneous stream flow, in cubic feet/second: Click here to enter text

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): Click here to enter text

Size of pools (large, small, moderate, none): Click here to enter text

Maximum pool depth, in feet: Click here to enter text

DOMESTIC WORKSHEET 3.0

LAND DISPOSAL OF EFFLUENT

The following is required for all permit applications

Renewal, New, and Amendments

Section 1. Type of Disposal System (Instructions Page 77)

Identify the method of land disposal:

- ☐ Surface application
- ☐ Irrigation
- ☐ Drip irrigation system
- ☐ Evaporation
- ☐ Evapotranspiration beds
- ☐ Other (describe in detail): Click here to enter text
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Subsurface area drip dispersal system

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: Click here to enter text

Section 2. Land Application Site(s) (Instructions Page 77)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 77)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

Attachment: Click here to enter text

Section 4. Flood and Runoff Protection (Instructions Page 77)

Is the land application site within the 100-year frequency flood level?

Yes ☐ No ☐

If yes, describe how the site will be protected from inundation.

Click here to enter text

Provide the source used to determine the 100-year frequency flood level:

Click here to enter text.

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

Click here to enter text.

Section 5. Annual Cropping Plan (Instructions Page 77)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why.

Attachment: Click here to enter text.

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

Section 6. Well and Map Information (Instructions Page 78)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation (on a separate page) indicating why.

Attachment: Click here to enter text.

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)

- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1 mile of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Table 3.0(3) – Water Well Data

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

Attachment: Click here to enter text.

Section 7. Groundwater Quality (Instructions Page 79)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners.

Indicate by a check mark that this report is provided.

Attachment: Click here to enter text.

Are groundwater monitoring wells available onsite? Yes ☐ No ☐

Do you plan to install ground water monitoring wells or lysimeters around the land application site? Yes ☐ No ☐

If yes, then provide the proposed location of the monitoring wells or lysimeters on a site map.

Attachment: Click here to enter text.

Section 8. Soil Map and Soil Analyses (Instructions Page 79)

A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

Attachment: Click here to enter text.

B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note**: for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

Attachment: Click here to enter text.

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 80)

Is the facility in operation?

Yes ☐ No ☐

If no, this section is not applicable and the worksheet is complete.

If yes, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD_5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

Date	30 Day Avg Flow MGD	BOD_5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click here to enter text

DOMESTIC WORKSHEET 3.1

SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

Section 1. Surface Disposal (Instructions Page 81)

Complete the item that applies for the method of disposal being used.

A. Irrigation

Area under irrigation, in acres: Click here to enter text.

Design application frequency:

hours/day Click here to enter text. **And** days/week Click here to enter text.

Land grade (slope):

average percent (%): Click here to enter text.

maximum percent (%): Click here to enter text.

Design application rate in acre-feet/acre/year: Click here to enter text.

Design total nitrogen loading rate, in lbs N/acre/year: Click here to enter text.

Soil conductivity (mmhos/cm): Click here to enter text.

Method of application: Click here to enter text.

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

Attachment: Click here to enter text.

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: Click here to enter text.

Attach a separate engineering report with the water balance and storage volume calculations.

Attachment: Click here to enter text.

C. Evapotranspiration beds

Number of beds: Click here to enter text.

Area of bed(s), in acres: Click here to enter text.

Depth of bed(s), in feet: Click here to enter text.

Void ratio of soil in the beds: Click here to enter text.

Storage volume within the beds, in acre-feet: Click here to enter text.

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

Attachment: Click here to enter text.

D. Overland flow

Area used for application, in acres: Click here to enter text.

Slopes for application area, percent (%): Click here to enter text.

Design application rate, in gpm/foot of slope width: Click here to enter text.

Slope length, in feet: Click here to enter text.

Design BOD_5 loading rate, in lbs BOD_5/acre/day: Click here to enter text.

Design application frequency:

hours/day: Click here to enter text. **And** days/week: Click here to enter text.

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

Attachment: Click here to enter text.

Section 2. Edwards Aquifer (Instructions Page 82)

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

Yes ☐ No ☐

If yes, attach a report concerning the recharge zone.

Attachment: Click here to enter text.

DOMESTIC WORKSHEET 3.2

SUBSURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications. Renewal and minor amendments may require the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that does not meet the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System.*

Section 1. Subsurface Application (Instructions Page 83)

Identify the type of system:

☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)

☐ Low Pressure Dosing

☐ Other, specify: Click here to enter text.

Application area, in acres: Click here to enter text.

Area of drainfield, in square feet: Click here to enter text.

Application rate, in gal/square foot/day: Click here to enter text.

Depth to groundwater, in feet: Click here to enter text.

Area of trench, in square feet: Click here to enter text.

Dosing duration per area, in hours: Click here to enter text.

Number of beds: Click here to enter text.

Dosing amount per area, in inches/day: Click here to enter text.

Infiltration rate, in inches/hour: Click here to enter text.

Storage volume, in gallons: Click here to enter text.

Area of bed(s), in square feet: Click here to enter text.

Soil Classification: Click here to enter text.

Attach a separate engineering report with the information required in *30 TAC § 309.20,* excluding the requirements of *§* 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

Attachment: Click here to enter text.

Section 2. Edwards Aquifer (Instructions Page 83)

Is the subsurface system located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?

Yes ☐ No ☐

Is the subsurface system located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

Yes ☐ No ☐

If yes to either question, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

DOMESTIC WORKSHEET 3.3

SUBSURFACE AREA DRIP DISPERSAL SYSTEM (SADDS) LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment subsurface area drip dispersal system applications. Renewal and minor amendments may require the worksheet on a case by case basis.

NOTE: All applicants proposing new or amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that meets the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System.*

Section 1. Administrative Information (Instructions Page 84)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility.

Click here to enter text.

B. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

Yes ☐ No ☐

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click here to enter text.

C. Owner of the subsurface area drip dispersal system:

Click here to enter text.

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

Yes ☐ No ☐

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click here to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located:

Click here to enter text.

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

Yes ☐ No ☐

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click here to enter text.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 84)

A. Type of system

☐ Subsurface Drip Irrigation

☐ Surface Drip Irrigation

☐ Other, specify: Click here to enter text.

B. Irrigation operations

Application area, in acres: Click here to enter text.

Infiltration Rate, in inches/hour: Click here to enter text.

Average slope of the application area, percent (%): Click here to enter text.

Maximum slope of the application area, percent (%): Click here to enter text.

Storage volume, in gallons: Click here to enter text.

Major soil series: Click here to enter text.

Depth to groundwater, in feet: Click here to enter text.

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool

season grasses during the winter months (October-March)?

Yes ☐ No ☐

If yes, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

Yes ☐ No ☐

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

Yes ☐ No ☐

Hydraulic application rate, in gal/square foot/day: Click here to enter text.

Nitrogen application rate, in lbs/gal/day: Click here to enter text.

D. Dosing information

Number of doses per day: Click here to enter text.

Dosing duration per area, in hours: Click here to enter text.

Rest period between doses, in hours: Click here to enter text.

Dosing amount per area, in inches/day: Click here to enter text.

Number of zones: Click here to enter text.

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

Yes ☐ No ☐

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

Attachment: Click here to enter text.

Section 3. Required Plans (Instructions Page 84)

A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

Attachment: Click here to enter text.

B. Soil evaluation

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

Attachment: Click here to enter text.

C. Site preparation plan

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

Attachment: Click here to enter text.

D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

Attachment: Click here to enter text.

Section 4. Floodway Designation (Instructions Page 85)

A. Site location

Is the existing/proposed land application site within a designated floodway?

Yes ☐ No ☐

B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

Attachment: Click here to enter text.

Section 5. Surface Waters in the State (Instructions Page 85)

A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

Attachment: Click here to enter text.

B. Buffer variance request

Do you plan to request a buffer variance from water wells or waters in the state?

Yes ☐ No ☐

If yes, then attach the additional information required in *30 TAC § 222.81(c).*

Attachment: Click here to enter text.

Section 6. Edwards Aquifer (Instructions Page 85)

A. Is the SADDS located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?

Yes ☐ No ☐

B. Is the SADDS located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

Yes ☐ No ☐

If yes to either question, then the SADDS may be prohibited by *30 TAC §213.8.* Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

DOMESTIC WORKSHEET 4.0

POLLUTANT ANALYSES REQUIREMENTS*

The following is required for facilities with a permitted or proposed flow of 1.0 MGD or greater, facilities with an approved pretreatment program, or facilities classified as a major facility. See instructions for further details.

This worksheet is not required for minor amendments without renewal

Section 1. Toxic Pollutants (Instructions Page 87)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: Click here to enter text

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) **(*1)**				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Cyanide **(*2)**				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Diuron				0.09
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) **(*3)**				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(*1) Determined by subtracting hexavalent Cr from total Cr.

(*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: Click here to enter text

Table 4.0(2)A – Metals, Cyanide, Phenols

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(*1) Determined by subtracting hexavalent Cr from total Cr.

(*2) Cyanide, amenable to chlorination or weak-acid dissociable

Table 4.0(2)B – Volatile Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane [Bromodichloromethane]				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

Table 4.0(2)C – Acid Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

Table 4.0(2)D – Base/Neutral Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo-benzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

Table 4.0(2)E - Pesticides

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (Hexachlorocyclohexane)				0.05
Chlordane				0.2
4,4-DDT				0.02
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.02
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Endrin Aldehyde				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
PCB-1242				0.2
PCB-1254				0.2
PCB-1221				0.2
PCB-1232				0.2

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

* For PCBS, if all are non-detects, enter the highest non-detect preceded by a "<".

Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

☐ 2,4,5-trichlorophenoxy acetic acid
Common Name 2,4,5-T, CASRN 93-76-5

☐ 2-(2,4,5-trichlorophenoxy) propanoic acid
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1

☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate
Common Name Erbon, CASRN 136-25-4

☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate
Common Name Ronnel, CASRN 299-84-3

☐ 2,4,5-trichlorophenol
Common Name TCP, CASRN 95-95-4

☐ hexachlorophene
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

Click here to enter text

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

Yes ☐ No ☐

If **yes**, provide a brief description of the conditions for its presence.

Click here to enter text.

If any of the compounds in Subsection A **or** B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: Click here to enter text.

TABLE 4.0(2)F - DIOXIN/FURAN COMPOUNDS

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

DOMESTIC WORKSHEET 5.0

TOXICITY TESTING REQUIREMENTS

The following is required for facilities with a currently-operating design flow greater than or equal to 1.0 MGD, with an EPA-approved pretreatment program (or those that are required to have one under 40 CFR Part 403), or are required by the TCEQ to perform Whole Effluent Toxicity testing. This worksheet is not required for minor amendments without renewal.

Section 1. Required Tests (Instructions Page 97)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: Click here to enter text.

48-hour Acute: Click here to enter text.

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

Yes ☐ No ☐

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

Click here to enter text.

Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

Table 5.0(1) – Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

Section 1. All POTWs (Instructions Page 99)

A. Industrial users

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.

N/A

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.

N/A

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 100)

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 here 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 here 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 here to enter text

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

A. General information

Company Name: N/A

SIC Code: N/A

Telephone number: N/A Fax number: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

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: N/A

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 ☐ N/A

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

Yes ☐ No ☐ N/A

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

Category: N/A
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here 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 ☐ N/A

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

N/A

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit to:
TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only
Reg. No._____
Date Received_____
Date Authorized_____

Section 1. General Information (Instructions Page 102)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): Click here to enter text.
Program ID: Click here to enter text.
Contact Name: Click here to enter text.
Phone Number: Click here to enter text.

2. Agent/Consultant Contact Information

Contact Name: Click here to enter text.
Address: Click here to enter text.
City, State, and Zip Code: Click here to enter text.
Phone Number: Click here to enter text.

3. Owner/Operator Contact Information

Owner ☐ Operator ☐
Owner/Operator Name: Click here to enter text.
Contact Name: Click here to enter text.
Address: Click here to enter text.
City, State, and Zip Code: Click here to enter text.
Phone Number: Click here to enter text.

4. Facility Contact Information

Facility Name: Click here to enter text.

Address: Click here to enter text.

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

Location description (if no address is available): Click here to enter text.

Facility Contact Person: Click here to enter text.

Phone Number: Click here to enter text.

5. Latitude and Longitude, in degrees-minutes-seconds

Latitude: Click here to enter text. Longitude: Click here to enter text.

Method of determination (GPS, TOPO, etc.): Click here to enter text.

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: Click here to enter text.

Number of Injection Wells: Click here to enter text.

7. Purpose

Detailed Description regarding purpose of Injection System:

Click here to enter text.

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. Water Well Driller/Installer

Water Well Driller/Installer Name: Click here to enter text.

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

Phone Number: Click here to enter text.

License Number: Click here to enter text.

Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Table 7.0(1) –Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: Click here to enter text.

System(s) Construction: Click here to enter text.

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: Click here to enter text.
2. Receiving Formation Name of Injection Zone: Click here to enter text.
3. Well/Trench Total Depth: Click here to enter text.
4. Surface Elevation: Click here to enter text.
5. Depth to Ground Water: Click here to enter text.
6. Injection Zone Depth: Click here to enter text.
7. Injection Zone vertically isolated geologically? Yes ☐ No ☐

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: Click here to enter text.

Thickness: Click here to enter text.

8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer

   Attach as Attachment E.

9. Horizontal and Vertical extent of contamination and injection plume

   Attach as Attachment F.

10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.

    Attach as Attachment G.

11. Injection Fluid Chemistry in PPM at point of injection

    Attach as Attachment H.

12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: Click here to enter text

13. Maximum injection Rate/Volume/Pressure: Click here to enter text

14. Water wells within 1/4 mile radius (attach map as Attachment I): Click here to enter text

15. Injection wells within 1/4 mile radius (attach map as Attachment J): Click here to enter text

16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): Click here to enter text

17. Sampling frequency: Click here to enter text

18. Known hazardous components in injection fluid: Click here to enter text

Section 5. Site History

1. Type of Facility: Click here to enter text

2. Contamination Dates: Click here to enter text

3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): Click here to enter text

4. Previous Remediation: Click here to enter text

   Attach results of any previous remediation as attachment M

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can

begin. Attach additional pages as necessary.

Class V Injection Well Designations

5A07	Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
5A19	Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
5B22	Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
5D02	Storm Water Drainage (IW designed for the disposal of rain water)
5D04	Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
5F01	Agricultural Drainage (IW that receive agricultural runoff)
5R21	Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
5S23	Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
5W09	Untreated Sewage
5W10	Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
5W11	Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
5W12	WTTP disposal
5W20	Industrial Process Waste Disposal Wells
5W31	Septic System (Well Disposal method)
5W32	Septic System Drainfield Disposal
5X13	Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
5X25	Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
5X26	Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
5X27	Other Wells
5X28	Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
5X29	Abandoned Drinking Water Wells (waste disposal)

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT A
Domestic Administrative Report 1.0, Section 3.C.

Core Data Form

TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of 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 600584015		RN 102998382

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy): 06/01/2019

☐ 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:*

City of Sweeny

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 ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

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

13. Independently Owned and Operated? ☐ Yes ☒ No

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

☐ Owner ☐ Operator ☒ Owner & Operator

☐ Occupational Licensee ☐ Responsible Party ☐ Voluntary Cleanup Applicant ☐ Other:

15. Mailing Address: P.O. Box 248

City	State	ZIP	ZIP + 4
Sweeny	TX	77480	

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(979) 548-3321		(979) 548-7745

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected below this form should be accompanied by a permit application)*

☐ 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 Agency 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.)*

City of Sweeny WWTP

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	LOCATED AT THE N END OF AVENUE A, ON THE W BANK OF SAN BERNARD RIVER, APPROX 2 MI NE OF THE CITY OF SWEENY AND APPROX 3 MI SE OF THE INTERSECTION OF STATE HWY 35 AND FM ROAD 1459

26. Nearest City	State	Nearest ZIP Code
Sweeny	TX	77480

27. Latitude (N) In Decimal:	29.057778		28. Longitude (W) In Decimal:	-95.677222	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	03	28	95	40	38

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		221320	

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

Domestic

34. Mailing Address:	P.O. Box 248							
	City	Sweeny	State	TX	ZIP	77840	ZIP + 4	

35. E-Mail Address:	

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(979) 548-3321		(979) 548-7745

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	☒ Waste Water	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0010297-001			

SECTION IV: Preparer Information

40. Name:	William Huebner, P.E.	41. Title:	Project Manager

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(979) 836-7937		( ) -	[redacted]

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:	City of Sweeny	Job Title:	Mayor
Name *(In Print)* :	Jeff Farley	Phone:	979 548 3321
Signature:	[redacted]	Date:	6-19-19

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT B
Domestic Administrative Report 1.0, Section 13

USGS Map

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

SWEENY QUADRANGLE
TEXAS - BRAZORIA COUNTY
7.5-MINUTE SERIES

SWEENY WASTEWATER TREATMENT FACILITY

1 MILE RADIUS

OUTFALL 001

CITY OF SWEENY
TPDES PERMIT NO. WQ0010297-001

EXHIBIT B -
DOMESTIC ADMINISTRATIVE REPORT 1.0, SECTION 13 -
USGS MAP

Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid:Universal Transverse Mercator, Zone 15R

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery	NAIP,	September 2016 - November 2016
Roads	U.S. Census Bureau,	2015
Names	GNIS,	2000 - 2018
Hydrography	National Hydrography Dataset,	2002 - 2018
Contours	National Elevation Dataset,	2004 - 2008
Boundaries	multiple sources; see metadata file	2016 - 2017
Wetlands	FWS National Wetlands Inventory	1992

MN
GN
2°31' 45 MILS
1°18' 23 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000-m Square ID
TN
Grid Zone Designation 15R

SCALE 1:24 000

1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1 MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000 FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Danciger
2 West Columbia
3 East Columbia
4 Ashwood
5 Brazoria
6 Bay City NE
7 Cedar Lane
8 Cedar Lane NE

ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

SWEENY, TX
2019

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT C
Domestic Technical Report 1.0, Section 2.A.

Description of Treatment Process

CITY OF SWEENY
TPDES PERMIT NO. WQ0010297-001

EXHIBIT C
DOMESTIC TECHNICAL REPORT 1.0, SECTION 2.A.

DESCRIPTION OF THE TREATMENT PROCESS

The City of Sweeny Wastewater Treatment Plant is a carrousel oxidation ditch that operates in the extended aeration mode of the activated sludge process. The treatment plant is also equipped with final clarification and return sludge capabilities.

Raw sewage from the collection system enters an influent lift station and is pumped to the mechanical bar screen. The screenings from the bar screen are collected and disposed of in a safe and legal manner. After the debris is removed by the bar screen, the influent flows to the oxidation ditch for aeration. The sewage is aerated by carrousel rotors in the oxidation ditch.

From the oxidation ditch, the mixed liquor flows to the final clarifiers where the sludge settles to the bottom of the basins. The settled effluents flows over weirs at the top of the basins and is discharged to the chlorine contact chamber for disinfection. As the effluent flows from the clarifiers to the chlorine contact chamber, a chlorine solution is injected into the effluent. The effluent is retained in the chamber for a minimum of 20 minutes. Following disinfection, the effluent flow is measured with an ultrasonic level indicator as the water flows over a 90° V-notch weir. The effluent is then discharge through a 24” pipe into a drainage channel that flows to the San Bernard River.

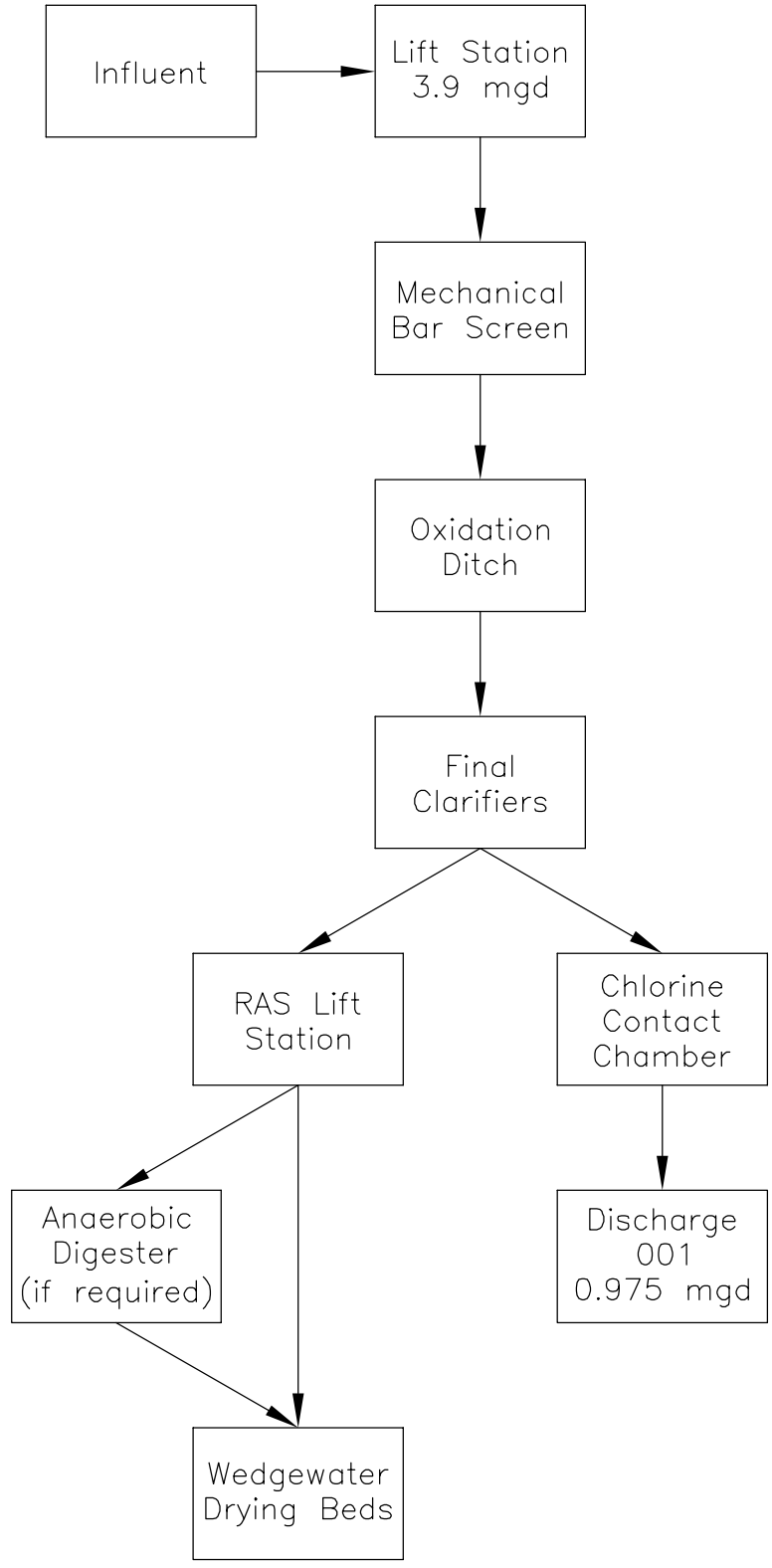
The settled sludge is collected from the bottom of the clarifiers and either returned to the oxidation ditch for mixing or wasted to the wedgewater drying beds. Before being discharged to the wedgewater drying beds, a polymer solution is added to the sludge to assist in the dewatering of the biosolids. Once the sludge reaches a semi-solid state, it is transported via permitted hauler to the Seabreeze Environmental Landfill in Brazoria County for disposal.

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT D
Domestic Technical Report 1.0, Section 2.C.

Process Flow Diagram

CITY OF SWEENY
TPDES PERMIT NO. WQ0010297-001



STRAND ASSOCIATES®

Strand Associates, Inc.
TBPE No. F-8405
1906 Niebuhr Street
Brenham, Texas 77833
(979) 836-7937
Fax (979) 836-7936

CITY OF SWEENY
EXHIBIT D - DOMESTIC TECHNICAL REPORT 1.0, SECTION 2.C - PROCESS FLOW DIAGRAM

Scale: SEE BAR SCALE	
Project Number: 3920.050	
Drawn By: JKW	Date: 06-05-19
Revised:	
Sheet Number: 1 ....Of.... 1	

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT E
Domestic Technical Report 1.0, Section 3

Site Drawing

CITY OF SWEENY
TPDES PERMIT NO. WQ0010297-001

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TBPE No. F-8405
1906 Niebuhr Street
Brenham, Texas 77833
(979) 836-7937
Fax (979) 836-7936

CITY OF SWEENY
EXHIBIT E - DOMESTIC TECHNICAL REPORT 1.0, SECTION 3 - SITE DRAWING

Scale:	SEE BARSCALE
Project Number:	3920.050
Drawn By: JKW	Date: 06-05-19
Revised:	
Sheet Number:	1 ....Of.... 1

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT F
Domestic Technical Report 1.0, Section 7.

Laboratory Results

Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

09 July 2019

Sweeny, City of
Gene West
102 W. Ashley Wilson
Sweeny, TX 77480

Sweeny, City of (Permit Renewal)

Enclosed are the results of analyses for samples received by the laboratory on 25-Jun-19 15:50. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 11

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

[redacted]

Laura Bonjonia For Daniela Mireles
Client Services Representative

Certificate No: T104704265-18-14

Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client:	Sweeny, City of		
Project:	Sweeny, City of (Permit Renewal)	**Reported:**	
Work Order:	19F3098	09-Jul-19 19:03	

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	19F3098-01	Water	25-Jun-19 08:30	25-Jun-19 15:50
Effluent (Micro)	19F3098-02	Water	25-Jun-19 08:35	25-Jun-19 15:50

L-Sample analyzed by NELAP accredited lab T104704231-19-23

Envirodyne Laboratories, Inc.

[redacted]

Laura Bonjonia For Daniela Mireles, Client Services Representative

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

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).

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	2.0	2.0	1	Grab	6-25-19/0830
Total Suspended Solids, mg/l	2.2	2.2	1	Grab	6-25-19/0830
Ammonia Nitrogen, mg/l	0.38	0.38	1	Grab	6-25-19/0830
Nitrate Nitrogen, mg/l	0.70	0.70	1	Grab	6-25-19/0830
Total Kjeldahl Nitrogen, mg/l	0.94	0.94	1	Grab	6-25-19/0830
Sulfate, mg/l	15.3	15.3	1	Grab	6-25-19/0830
Chloride, mg/l	68.0	68.0	1	Grab	6-25-19/0830
Total Phosphorus, mg/l	0.13	0.13	1	Grab	6-25-19/0830
pH, standard units	7.33	7.33	1	Grab	6-25-19/0830
Dissolved Oxygen*, mg/l	6.90	6.90	1	Grab	6-25-19/0830
Chlorine Residual, mg/l	1.58	1.58	1	Grab	6-25-19/0830
E.coli (CFU/100ml) freshwater	<1	<1	1	Grab	6-25-19/0830
Entercocci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	330	330	1	Grab	6-25-19/0830
Electrical Conductivity, µmohs/cm, †	N/A	N/A	N/A	N/A	N/A

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	6-25-19/0830
Alkalinity ($CaCO_3$)*, mg/l	214	214	1	Grab	6-25-19/0830

*TPDES permits only

†TLAP permits only

Table 1.0(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 60)

Facility Operator Name:

Facility Operator's License Classification and Level:

Facility Operator's License Number:

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

☐ Permitted landfill

☐ Permitted or Registered land application site for beneficial use

Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client:	Sweeny, City of
Project:	Sweeny, City of (Permit Renewal)
Work Order:	19F3098
Reported:	09-Jul-19 19:03

Effluent

19F3098-01 (Water) Sampled: 25-Jun-19 08:30

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
Envirodyne Laboratories, Inc.										
Field Analysis										
Chlorine Residual, Total	**1.58**	0.01	mg/L	1	B9G1180	25-Jun-19	25-Jun-19 08:30	SM 4500-Cl G	BJ	
Dissolved Oxygen (DO)	**6.90**		mg/L	1	B9G1180	25-Jun-19	25-Jun-19 08:30	SM4500-O C	BJ	
pH	**7.33**		SU	1	B9G1180	25-Jun-19	25-Jun-19 08:30	SM4500H+ B	BJ	
Wet Chemistry										
Alkalinity (m) as CaCO3	**214**	20.0	mg/L	1	B9G0270	02-Jul-19	02-Jul-19 11:32	SM 2320 B	JLH	
Alkalinity (p) as CaCO3	<20.0	20.0	mg/L	1	B9G0270	02-Jul-19	02-Jul-19 11:32	SM 2320 B	JLH	
Total Alkalinity as CaCO3	**214**	20.0	mg/L	1	[CALC]	02-Jul-19	02-Jul-19 11:32	[CALC]	JLH	
Ammonia-N (NH3-N)	**0.38**	0.20	mg/L	1	B9F3195	27-Jun-19	27-Jun-19 16:00	EPA 350.1	MES	P
CBOD-5	**2.0**	2.0	mg/L	1	B9G0157	26-Jun-19	26-Jun-19 11:52	SM5210 B	AGT	I
Chloride	**68.0**	3.0	mg/L	1	B9F3355	28-Jun-19	28-Jun-19 14:33	SM4500-Cl B	AT	
Nitrate-N	**0.70**	0.50	mg/L	1	B9F3112	26-Jun-19	26-Jun-19 14:50	EPA 353.1	MES	
Oil & Grease	<5.0	5.0	mg/L	1	B9F3238	01-Jul-19	02-Jul-19 11:05	EPA 1664 A	TS	
Sulfate	**15.3**	2.00	mg/L	1	B9F3347	28-Jun-19	28-Jun-19 11:30	ASTM D516-07	AT	
TDS	**330**	10.0	mg/L	1	B9F3321	27-Jun-19	28-Jun-19 15:45	SM2540 C	JCR	
TKN-N	**0.94**	0.50	mg/L	1	B9G0051	28-Jun-19	28-Jun-19 15:30	SM 4500-NH3 D	SUB	L
Total Phosphorus	**0.13**	0.10	mg/L	1	B9F3348	28-Jun-19	28-Jun-19 08:37	SM4500-P E	TS	
TSS	**2.2**	2.0	mg/L	1	B9F3205	27-Jun-19	27-Jun-19 13:42	SM2540 D	BM	

Envirodyne Laboratories, Inc.

[redacted]

Laura Bonjonia For Daniela Mireles, Client Services Representative

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Envirodyne Laboratories, Inc
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Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client:	Sweeny, City of		
Project:	Sweeny, City of (Permit Renewal)	**Reported:**	
Work Order:	19F3098	09-Jul-19 19:03	

Effluent (Micro)

19F3098-02 (Water) Sampled: 25-Jun-19 08:35

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Analyst	Notes
Envirodyne Laboratories, Inc.										
Microbiology										
E.coli	<1	1	MPN/100 mL	1	B9F3335	25-Jun-19	25-Jun-19 16:25	SM9223 B	HBB	

Envirodyne Laboratories, Inc.

[redacted]

Laura Bonjonia For Daniela Mireles, Client Services Representative

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www.envirodyne.com

Client:	Sweeny, City of		
Project:	Sweeny, City of (Permit Renewal)	**Reported:**	
Work Order:	19F3098	09-Jul-19 19:03	

Microbiology - Quality Control

Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B9F3335 - Microbiology										
Blank (B9F3335-BLK1)				Prepared & Analyzed: 25-Jun-19						
E.coli	<1	1	MPN/100 mL							
Duplicate (B9F3335-DUP1)		**Source: 19F2636-02**		Prepared & Analyzed: 25-Jun-19						
E.coli	<2	2	MPN/100 mL		<2			0	0.4598	

[redacted]

Laura Bonjonia For Daniela Mireles, Client Services Representative

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Houston, TX 77099
281.568.7880 Phone
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Client:	Sweeny, City of		
Project:	Sweeny, City of (Permit Renewal)	**Reported:**	
Work Order:	19F3098	09-Jul-19 19:03	

Wet Chemistry - Quality Control

Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B9F3112 - Inorganics										
Blank (B9F3112-BLK1)				Prepared & Analyzed: 26-Jun-19						
Nitrate-N	<0.50	0.50	mg/L							
LCS (B9F3112-BS1)				Prepared & Analyzed: 26-Jun-19						
Nitrate-N	2.95		mg/L	3.00		98.3	90-110			
Matrix Spike (B9F3112-MS1)		**Source: 19F2887-01**		Prepared & Analyzed: 26-Jun-19						
Nitrate-N	2.97	0.50	mg/L	3.00	ND	99.0	80-120			
Matrix Spike Dup (B9F3112-MSD1)		**Source: 19F2887-01**		Prepared & Analyzed: 26-Jun-19						
Nitrate-N	2.96	0.50	mg/L	3.00	ND	98.7	80-120	0.337	20	
Batch B9F3195 - Inorganics										
Blank (B9F3195-BLK1)				Prepared & Analyzed: 27-Jun-19						
Ammonia-N (NH3-N)	<0.20	0.20	mg/L							
LCS (B9F3195-BS1)				Prepared & Analyzed: 27-Jun-19						
Ammonia-N (NH3-N)	1.02		mg/L	1.00		102	90-110			
Matrix Spike (B9F3195-MS1)		**Source: 19F2300-01**		Prepared & Analyzed: 27-Jun-19						
Ammonia-N (NH3-N)	1.05	0.20	mg/L	1.00	ND	105	90-110			
Matrix Spike Dup (B9F3195-MSD1)		**Source: 19F2300-01**		Prepared & Analyzed: 27-Jun-19						
Ammonia-N (NH3-N)	1.06	0.20	mg/L	1.00	ND	106	90-110	0.948	20	
Batch B9F3205 - Inorganics										
Blank (B9F3205-BLK1)				Prepared & Analyzed: 27-Jun-19						
TSS	<2.0	2.0	mg/L							

Envirodyne Laboratories, Inc.

[redacted]

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Laura Bonjonia For Daniela Mireles, Client Services Representative

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281.568.7880 Phone
www.envirodyne.com

Client:	Sweeny, City of		
Project:	Sweeny, City of (Permit Renewal)	**Reported:**	
Work Order:	19F3098	09-Jul-19 19:03	

Wet Chemistry - Quality Control

Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B9F3205 - Inorganics										
Duplicate (B9F3205-DUP1)		**Source: 19F2874-01**		Prepared & Analyzed: 27-Jun-19						
TSS	3.0	2.0	mg/L		3.2			6.45	20	
Batch B9F3238 - Inorganics										
Blank (B9F3238-BLK1)				Prepared: 01-Jul-19 Analyzed: 02-Jul-19						
Oil & Grease	<5.0	5.0	mg/L							
LCS (B9F3238-BS1)				Prepared: 01-Jul-19 Analyzed: 02-Jul-19						
Oil & Grease	34.3		mg/L	40.0		85.8	78-114			
LCS Dup (B9F3238-BSD1)				Prepared: 01-Jul-19 Analyzed: 02-Jul-19						
Oil & Grease	36.7		mg/L	40.0		91.8	78-114	6.76	18	
Batch B9F3321 - Inorganics										
Blank (B9F3321-BLK1)				Prepared: 27-Jun-19 Analyzed: 28-Jun-19						
TDS	<10.0	10.0	mg/L							
Duplicate (B9F3321-DUP1)		**Source: 19F2311-01**		Prepared: 27-Jun-19 Analyzed: 28-Jun-19						
TDS	698	10.0	mg/L		672			3.80	20	
Batch B9F3347 - Inorganics										
Blank (B9F3347-BLK1)				Prepared & Analyzed: 28-Jun-19						
Sulfate	<2.00	2.00	mg/L							

[redacted]

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Laura Bonjonia For Daniela Mireles, Client Services Representative

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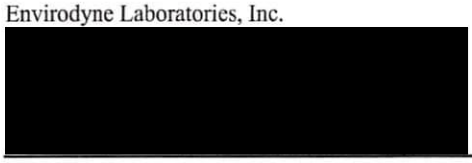
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client:	Sweeny, City of	
Project:	Sweeny, City of (Permit Renewal)	**Reported:**
Work Order:	19F3098	09-Jul-19 19:03

Wet Chemistry - Quality Control

Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B9F3347 - Inorganics										
LCS (B9F3347-BS1)				Prepared & Analyzed: 28-Jun-19						
Sulfate	20.3		mg/L	20.0		101	90-110			
Matrix Spike (B9F3347-MS1)		**Source: 19F2887-01**		Prepared & Analyzed: 28-Jun-19						
Sulfate	27.0	2.00	mg/L	20.0	3.80	116	80-120			
Matrix Spike Dup (B9F3347-MSD1)		**Source: 19F2887-01**		Prepared & Analyzed: 28-Jun-19						
Sulfate	27.7	2.00	mg/L	20.0	3.80	119	80-120	2.30	20	
Batch B9F3348 - Inorganics										
Blank (B9F3348-BLK1)				Prepared & Analyzed: 28-Jun-19						
Total Phosphorus	<0.10	0.10	mg/L							
LCS (B9F3348-BS1)				Prepared & Analyzed: 28-Jun-19						
Total Phosphorus	1.08		mg/L	1.00		108	80-120			
Matrix Spike (B9F3348-MS1)		**Source: 19F2675-01**		Prepared & Analyzed: 28-Jun-19						
Total Phosphorus	1.09	0.10	mg/L	1.00	0.0600	103	80-120			
Matrix Spike Dup (B9F3348-MSD1)		**Source: 19F2675-01**		Prepared & Analyzed: 28-Jun-19						
Total Phosphorus	1.15	0.10	mg/L	1.00	0.0600	109	80-120	5.36	20	
Batch B9F3355 - Inorganics										
Blank (B9F3355-BLK1)				Prepared & Analyzed: 28-Jun-19						
Chloride	<3.0	3.0	mg/L							



Laura Bonjonia For Daniela Mireles, Client Services Representative

Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client:	Sweeny, City of
Project:	Sweeny, City of (Permit Renewal)
Work Order:	19F3098

Reported:
09-Jul-19 19:03

Wet Chemistry - Quality Control

Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B9F3355 - Inorganics										
LCS (B9F3355-BS1)				Prepared & Analyzed: 28-Jun-19						
Chloride	104		mg/L	100		104	90-110			
Matrix Spike (B9F3355-MS1)		Source: 19F3098-01		Prepared & Analyzed: 28-Jun-19						
Chloride	90.0	3.0	mg/L	20.0	68.0	110	80-120			
Matrix Spike Dup (B9F3355-MSD1)		Source: 19F3098-01		Prepared & Analyzed: 28-Jun-19						
Chloride	86.0	3.0	mg/L	20.0	68.0	90.0	80-120	4.55	20	
Batch B9G0157 - Inorganics										
Blank (B9G0157-BLK1)				Prepared & Analyzed: 26-Jun-19						
CBOD-5	<2.0	2.0	mg/L							
Blank (B9G0157-BLK2)				Prepared & Analyzed: 26-Jun-19						
CBOD-5	<2.0	2.0	mg/L							
LCS (B9G0157-BS1)				Prepared & Analyzed: 26-Jun-19						
CBOD-5	206		mg/L	198		104	84.6-115.4			
Duplicate (B9G0157-DUP1)		Source: 19F2669-01		Prepared & Analyzed: 26-Jun-19						
CBOD-5	2.00	2.0	mg/L		2.00			0.00	20	I
Batch B9G0270 - Inorganics										
Blank (B9G0270-BLK1)				Prepared & Analyzed: 02-Jul-19						
Alkalinity (m) as CaCO3	<20.0	20.0	mg/L							
Alkalinity (p) as CaCO3	<20.0	20.0	"							

Envirodyne Laboratories, Inc.

[redacted]

Laura Bonjonia For Daniela Mireles, Client Services Representative

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client:	Sweeny, City of		
Project:	Sweeny, City of (Permit Renewal)	**Reported:**	
Work Order:	19F3098	09-Jul-19 19:03	

Wet Chemistry - Quality Control

Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B9G0270 - Inorganics										
LCS (B9G0270-BS1)				Prepared & Analyzed: 02-Jul-19						
Alkalinity (m) as CaCO3	47.0		mg/L	50.0		94.0	90-110			
Alkalinity (p) as CaCO3	49.0		"	50.0		98.0	90-110			
Duplicate (B9G0270-DUP1)	**Source: 19F3192-05**			Prepared & Analyzed: 02-Jul-19						
Alkalinity (m) as CaCO3	40.0	20.0	mg/L		39.0			2.53	20	
Alkalinity (p) as CaCO3	<20.0	20.0	"		<20.0			0	20	

[redacted]

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Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
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Client:	Sweeny, City of	
Project:	Sweeny, City of (Permit Renewal)	**Reported:**
Work Order:	19F3098	09-Jul-19 19:03

Notes and Definitions

P	Sample preserved at bench
L	Analyzed by third party laboratory
I	Greater than 30% difference between highest and lowest values
DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the reporting limit
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
CLT	Client Representative

[redacted]

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Laura Bonjonia For Daniela Mireles, Client Services Representative

TCEQ Certification # T104704265

19F3098

Envirodyne Laboratories, Inc.
11011 Brooklet, Ste. 230
Houston, Texas 77099-3543
Phone (281)568-7880 - Fax (281)568-8004

E A253898

Analysis Request and Chain of Custody Record

Name: City of Sweeny
Address: 102 W. Ashley Wilson Rd
City: Sweeny, TX 77480
Contact: Gene West
Phone: 979-482-3152 Fax: 979-548-7745

Project No.

Client/Project: City of Sweeny Permit Renewal

Lab ID No.	Field Sample No./ Indentification	Date & Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED	pH	D.O.	Temp.	Analysis Time
	Effluent	02/19 0830	K		NA	Liquid	NA	pH,DO,Cl2	7.33	6.80	24	0832
	Effluent	02/19 0830	K		1-gal/cubie	Liquid	Ice	CBOD,TSS,SO4,Cl,TDS,Alk,NO3N	–			
	Effluent	02/19 0830	K		500 ml/P	Liquid	Ice,H2SO4	NH3-N,TKN,T-PO4	–			
	Effluent	02/19 0834	K		1-Lt/G	Liquid	Ice,HCl	O & G	–			
	EFFLUENT	02/19 0835	T		20ml/Idex	Liquid	ce,Na2S2O3	Ecoli				

Samplers: (Signature) [redacted]
Affiliation

Relinquished by: (Signature)	Date: Time:	Received by: (Signature)	Date: Time:	Seal Intact?
Relinquished by: (Signature) [redacted]	Date: Time:	Received by: (Signature)	Date: Time:	Seal Intact?
Relinquished by: (Signature)	Date 02/19 Time: 1550	Received by Lab: (Signature) [redacted]	Date 02/19/19 Time: 1550	Seal Intact?

Remarks:

FLOW:
Meter Reading:
Cl2 Residual: 1.58
Mn Correction:
Cl2 Corrected

Arrival Temp. 3.7/3.7 IR#1

Data Results To: 1.

Site Representative:

Date: Time:

Laboratory No.

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT G
Supplemental Permit Information Form (SPIF), Item 5.

Additional USGS Map

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

SWEENY QUADRANGLE
TEXAS - BRAZORIA COUNTY
7.5-MINUTE SERIES

SWEENY WASTEWATER TREATMENT FACILITY

CITY OF SWEENY
TPDES PERMIT NO. WQ0010297-001

EXHIBIT G -
SUPPLEMENTAL PERMIT
INFORMATION FORM (SPIF), ITEM 5. -
ADDITIONAL USGS MAP

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 15R

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNIS, 2000 - 2018
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2004 - 2008
Boundaries.....Multiple sources; see metadata file 2016 - 2017
Wetlands.....FWS National Wetlands Inventory 1992

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
TN
Grid Zone Designation
15R

SCALE 1:24 000

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

QUADRANGLE LOCATION

ADJOINING QUADRANGLES
1 Danciger
2 West Columbia
3 East Columbia
4 Ashwood
5 Brazoria
6 Bay City NE
7 Cedar Lane
8 Cedar Lane NE

ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

SWEENY, TX
2019

CITY OF SWEENY
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010297-001

EXHIBIT H

Copy of application payment & cover letter to TCEQ.