TCEQ Core Data Form

TCEQ Use Only

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 600662977		RN 101916336

SECTION II: Customer Information

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

☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

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

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	13. Independently Owned and Operated?
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher	☐ 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:							
	CITY OF FLORESVILLE						
	1120 D ST.						
City	FLORESVILLE	State	TX	ZIP	78114	ZIP + 4	2232

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)*
(830) 393-3105	1223	(830) 393-2056

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 FLORESVILLE WWTP

23. Street Address of the Regulated Entity: *(No PO Boxes)*	CITY OF FLORESVILLE WWTP							
	815 GOLIAD ROAD							
	City	FLORESVILLE	State	TX	ZIP	78114	ZIP + 4	
24. County	WILSON							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:								
26. Nearest City						State		Nearest ZIP Code

27. Latitude (N) In Decimal:			29.136390	28. Longitude (W) In Decimal:			98.169592
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds	
29	8	11		98	10	11	

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.)*

34. Mailing Address:	CITY OF FLORESVILLE							
	1120 D ST.							
	City	FLORESVILLE	State	TX	ZIP	78114	ZIP + 4	2232
35. E-Mail Address:	citysecretary@cityoffloresville.org							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(830) 391-3105		( ) -

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:

SECTION IV: Preparer Information

40. Name:	MICHAEL GERHART	41. Title:	CIVIL DESIGNER

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(210) 525-9090		( ) -	michael.gerhart@stantec.com

SECTION V: Authorized Signature

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

Company:	CITY OF FLORESVILLE	Job Title:	PUBLIC WORKS DIRECTOR
Name(*In Print*) :	RICARDO CARRASCO	Phone:	(830)393-9997
Signature:		Date:	8-30-16

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): 0.9

2-Hr Peak Flow (MGD): 1.8

Estimated construction start date:

Estimated waste disposal start date:

B. Interim II Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

C. Final Phase

Design Flow (MGD): 0.9

2-Hr Peak Flow (MGD): 1.8

Estimated construction start date: 11/26/2016

Estimated waste disposal start date: 11/28/2018

D. Current operating phase: Existing

Provide the startup date of the facility: 10/12/1974

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 Attachment 1

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)
DUPERON FLEXRAKE	1	22' 5 3/4" x 2' 7"
LIFT STATION	1	12'x12' SQUARE WET WELL
AERATION BASIN	2	155' x 47' x 15'
CLARIFIER	2	62' dia 11' D
CONTACT CHAMBER	2	58' 6" x 11' x 14' 8"
PARSHALL FLUME	1	11' x 5' 8" x 8' 6 1/2"

C. Process flow diagrams

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

Attachment: See Attachment 2

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:

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

City of Floresville

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 ☐

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 ☒

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: Final phase Jan. 29, 2016

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.

August 16, 2019 – Approval Letter for DO Enhancements (not yet constructed) – Attachment 3

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.

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.*

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.

N/A

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.

N/A

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.

N/A

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 [redacted] or TXRNE [redacted]

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:

[redacted]

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.

N/A

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.

N/A

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.

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.

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.

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.

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					
Total Suspended Solids, mg/l	1	1	5	COMPOSITE	7/1/19-7/31/19
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units	7.5	7.8	22		7/1/19-7/31/19
Dissolved Oxygen*, mg/l	5.77	6.49	22		7/1/19-7/31/19
Chlorine Residual, mg/l	2.9	3.7	31		7/1/19-7/31/19
E.coli (CFU/100ml) freshwater	1	1	2	GRAB	7-3-19/7-16-19
Entercocci (CFU/100ml)					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*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: DAVID INOUYE

Facility Operator's License Classification and Level: B

Facility Operator's License Number: WW0059280

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:

B. Sludge disposal site

Disposal site name: Republic Services Tessman Road Landfill

TCEQ permit or registration number: 1410 C

County where disposal site is located: Bexar

C. Sludge transportation method

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

Name of the hauler: City of Floresville

Hauler registration number: 23815

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 ☐

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

Yes ☐ No ☐

B. Sludge processing authorization

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

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

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

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 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:
- USDA Natural Resources Conservation Service Soil Map:

  Attachment:
- Federal Emergency Management Map:

  Attachment:
- Site map:

  Attachment:

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:

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:

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: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: N/A

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

Volume and frequency of sludge to the lagoon(s): N/A

Total dry tons stored in the lagoons(s) per 365-day period: N/A

Total dry tons stored in the lagoons(s) over the life of the unit: N/A

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.

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

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

  Attachment:
- Copy of the closure plan

  Attachment:
- Copy of deed recordation for the site

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

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

  Attachment:
- Procedures to prevent the occurrence of nuisance conditions

  Attachment:

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:

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: [redacted]

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: RICARDO CARRASCO

Title: PUBLIC WORKS DIRECTOR

Signature: _____

Date: 8-30-19

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.

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:

If yes, attach correspondence from the city.

Attachment:

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:

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:

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:

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

Attachment:

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:

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): 0.9

Average Influent Organic Strength or BOD_5 Concentration in mg/l: 210

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): 919

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

CITY OF FLORESVILLE WASTEWATER INFLUENT

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, no showers		

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
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: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 5

Other:

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 5

Other:

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 20

Total Suspended Solids, mg/l: 20

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 5

Other:

D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 1.0-4.0 mg/l after 20 minutes detention time at peak flow Dechlorination process: None

☐ Ultraviolet Light: seconds contact time at peak flow

☐ Other:

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: Attachment 4

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.

A dirt berm was constructed around the site to prevent flooding during the 500-year storm event.

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

FEMA

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:

If no, provide the approximate date you anticipate submitting your application to the Corps:

B. Wind rose

Attach a wind rose. **Attachment:** Attachment 5

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:

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:

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

Attach a solids management plan to the application.

Attachment: Attachment 6

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:

Distance and direction to the intake:

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

Attachment:

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: N/A

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).

N/A

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).

N/A

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:

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

Average depth of water body within a 500-foot radius of discharge point, in feet:

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify:

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:

C. Downstream perennial confluences

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

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.

E. Normal dry weather characteristics

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

Date and time of observation:

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
- ☒ Upstream discharges
- ☒ Septic tanks
- ☒ Urban runoff
- ☒ Agricultural runoff
- ☐ Other(s), specify

B. Waterbody uses

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

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

☐ Domestic water supply ☐ Industrial water supply

☒ Park activities ☐ Other(s), specify

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: Time of study:

Stream name:

Location:

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:

Number of stream bends that are moderately defined:

Number of stream bends that are poorly defined:

Number of riffles:

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.

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.			

Section 3. Summarize Measurements (Instructions Page 76)

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

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

Length of stream evaluated, in feet:

Number of lateral transects made:

Average stream width, in feet:

Average stream depth, in feet:

Average stream velocity, in feet/second:

Instantaneous stream flow, in cubic feet/second:

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

Size of pools (large, small, moderate, none):

Maximum pool depth, in feet:

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):
- ☐ 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:

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:

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.

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

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

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:

- 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:

- 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:

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: ☐

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: ☐

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: ☐

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: ☐

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.

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:

Design application frequency:

hours/day **And** days/week

Land grade (slope):

average percent (%):

maximum percent (%):

Design application rate in acre-feet/acre/year:

Design total nitrogen loading rate, in lbs N/acre/year:

Soil conductivity (mmhos/cm):

Method of application:

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

Attachment:

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day:

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

Attachment:

C. Evapotranspiration beds

Number of beds:

Area of bed(s), in acres:

Depth of bed(s), in feet:

Void ratio of soil in the beds:

Storage volume within the beds, in acre-feet:

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

Attachment:

D. Overland flow

Area used for application, in acres:

Slopes for application area, percent (%):

Design application rate, in gpm/foot of slope width:

Slope length, in feet:

Design BOD_5 loading rate, in lbs BOD_5/acre/day:

Design application frequency:

hours/day: **And** days/week:

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

Attachment:

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: [redacted]

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:

Application area, in acres:

Area of drainfield, in square feet:

Application rate, in gal/square foot/day:

Depth to groundwater, in feet:

Area of trench, in square feet:

Dosing duration per area, in hours:

Number of beds:

Dosing amount per area, in inches/day:

Infiltration rate, in inches/hour:

Storage volume, in gallons:

Area of bed(s), in square feet:

Soil Classification:

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:

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.

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.

C. Owner of the subsurface area drip dispersal system:

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.

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

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.

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

A. Type of system

☐ Subsurface Drip Irrigation

☐ Surface Drip Irrigation

☐ Other, specify:

B. Irrigation operations

Application area, in acres:

Infiltration Rate, in inches/hour:

Average slope of the application area, percent (%):

Maximum slope of the application area, percent (%):

Storage volume, in gallons:

Major soil series:

Depth to groundwater, in feet:

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:

Nitrogen application rate, in lbs/gal/day:

D. Dosing information

Number of doses per day:

Dosing duration per area, in hours:

Rest period between doses, in hours:

Dosing amount per area, in inches/day:

Number of zones:

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:

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:

B. Soil evaluation

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

Attachment:

C. Site preparation plan

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

Attachment:

D. Soil sampling/testing

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

Attachment:

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:

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:

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:

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:

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:

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.

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.

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:

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:

48-hour Acute:

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.

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: 1

Average Daily Flows, in MGD: .011

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.

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.

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.

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

A. General information

Company Name:

SIC Code:

Telephone number: Fax number:

Contact name:

Address:

City, State, and Zip Code:

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).

C. Product and service information

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

[redacted]

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: [redacted]

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [redacted]

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Category: [redacted]
Subcategories: [redacted]

Category: [redacted]
Subcategories: [redacted]

Category: [redacted]
Subcategories: [redacted]

Category: [redacted]
Subcategories: [redacted]

Category: [redacted]
Subcategories: [redacted]

F. Industrial user interruptions

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

Yes ☐ No ☒

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

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.):
   Program ID:
   Contact Name:
   Phone Number:

2. Agent/Consultant Contact Information

   Contact Name:
   Address:
   City, State, and Zip Code:
   Phone Number:

3. Owner/Operator Contact Information

   Owner ☐ Operator ☐

   Owner/Operator Name:
   Contact Name:
   Address:
   City, State, and Zip Code:
   Phone Number:

4. Facility Contact Information

   Facility Name:

Address:

City, State, and Zip Code:

Location description (if no address is available):

Facility Contact Person:

Phone Number:

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

Latitude: Longitude:

Method of determination (GPS, TOPO, etc.):

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:

Number of Injection Wells:

7. Purpose

Detailed Description regarding purpose of Injection System:

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

8. Water Well Driller/Installer

Water Well Driller/Installer Name:

City, State, and Zip Code:

Phone Number:

License Number:

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:

System(s) Construction:

Section 4. Site Hydrogeological and Injection Zone Data

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

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

Name:

Thickness:

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:

13. Maximum injection Rate/Volume/Pressure:

14. Water wells within 1/4 mile radius (attach map as Attachment I):

15. Injection wells within 1/4 mile radius (attach map as Attachment J):

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

17. Sampling frequency:

18. Known hazardous components in injection fluid:

Section 5. Site History

1. Type of Facility:
2. Contamination Dates:
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L):
4. Previous Remediation:

   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)

Attachment 1

Process Description

Floresville WWTP Process Description

Flow is received from the sanitary sewer system via a 24-inch pipe into the headworks. The headworks consists of an automatic bar screen and bypass channel with a manual screen. Influent flow is measured downstream of the bar screen. Flow leaves the headworks and enters the wet well pit of the influent lift station. The station consists of two (2) pumps with float controls. Flow discharged form the pump station goes into a splitter box. The splitter box divides flow between two (2) aeration basins via a weir wall. Flow enters the aeration basins where it is mixed with vertical and submersible mixers to maintain DO. Overflow is controlled via a manually operated gate into the effluent box. Flow from the effluent box moves to the clarifiers via a manually controlled gate. Clarified water leaves the clarifier and enters the chlorine contact chamber, where chlorine is the disinfectant added. After chlorination, the flow moves to the Parshall flume for final measurement. Flow leaves the plant via a 24-inch outfall line that flows into Lodi Creek. Flow moves down the creek to outfall into the San Antonio River. Return activated sludge is removed from the bottom of the clarifiers and returned to the splitter box. Waste activated sludge is pumped to the Sludge Holding Tank where it is aerated with a floating aerator. The RAS/WAS Pump Station consists of three (3) pumps and a valve complex to route flows as required. Waste sludge is dewatered using a Belt Filter Press before being hauled to a landfill. Four (4) sludge drying beds are back-up for the Belt Filter Press.

Attachment 2

Process Diagram

FLORESVILLE WWTP AND LS IMPROVEMENTS
FLORESVILLE, TEXAS
PROCESS FLOW DIAGRAM
SHEET T0.0 30 OF 126
BURY
RAW SEWAGE
HEADWORKS BAR SCREEN
INFLUENT LIFT STATION
SPLITTER BOX
ANOXIC ZONE 1
ANAEROBIC ZONE 1
ANAEROBIC ZONE 2
ANOXIC ZONE 2
AERATION BASIN 1
AERATION BASIN 2
CLARIFIER 1
CLARIFIER 2
RAS/WAS PUMP STATION
WAS
SURGE THICKENER
POLYMER
BELT FILTER PRESS
BIN
SURGE HOLDING BINS
TRUCK TO LANDFILL
FREE CHLORINE
CHLORINE CONTACT BASIN
NON-POTABLE WATER SUPPLY FOR PLANT EQUIPMENT USE
PARSHALL FLUME
EFFLUENT JUNCTION BOX
DISCHARGE TO LOCK BRANCH (ULTIMATELY UPPER SAN ANTONIO RIVER)
LEGEND
FLOW DIRECTION
LIQUID STREAM
SOLID STREAM
SOLID WASTE

Attachment 3

TCEQ Approval Letter

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

January 29, 2016

LARRY G. HEIMER, P.E.
BURY, INC.
922 ISOM ROAD, SUITE 100
SAN ANTONIO, TX 78216

Re: CITY OF FLORESVILLE
FLORESVILLE WWTP
Permit No. WQ0010085-001
WWPR Log No. 0116/047
CN600662977, RN101916336
WILSON County

Dear MR. HEIMER:

We have received the project summary transmittal letter dated January 13, 2016.

The rules which regulate the design, installation and testing of domestic wastewater projects are found in 30 TAC, Chapter 217, of the Texas Commission on Environmental Quality (TCEQ) rules titled, Design Criteria for Wastewater Systems.

Section 217.6(d), relating to case-by-case reviews, states in part that upon submittal of a summary transmittal letter, the executive director may approve of the project without reviewing a complete set of plans and specifications.

Under the authority of §217.6(e) a technical review of complete plans and specifications is not required. **However, the project proposed in the summary transmittal letter is approved for construction. Please note, that this conditional approval does not relieve the applicant of any responsibilities to obtain all other necessary permits or authorizations, such as wastewater treatment permit or other authorization as required by Chapter 26 of the Texas Water Code.** Below are provisions of the Chapter 217 regulations, which must be met as a condition of approval. These items are provided as a reminder. If you have already met these requirements, please disregard this additional notice.

1. You must keep certain materials on file for the life of the project and provide them to TCEQ upon request. These materials include an engineering report, test results, a summary transmittal letter, and the final version of the project plans and specifications. These materials shall be prepared and sealed by a Professional Engineer licensed in the State of Texas and must show substantial compliance with Chapter 217. All plans and specifications must conform to any waste discharge requirements authorized in a permit by the TCEQ. Certain specific items which shall be addressed in the engineering report are discussed in §217.6(c). Additionally, the engineering report must include all constants, graphs,

equations, and calculations needed to show substantial compliance with Chapter 217. The items which shall be included in the summary transmittal letter are addressed in §217.6(c)(1)-(10).

1. Any deviations from Chapter 217 shall be disclosed in the summary transmittal letter and the technical justifications for those deviations shall be provided in the engineering report. Any deviations from Chapter 217 shall be based on the best professional judgement of the licensed professional engineer sealing the materials and the engineer's judgement that the design would not result in a threat to public health or the environment.

2. Any variance from a Chapter 217 requirement disclosed in your summary transmittal letter is approved. If in the future, additional variances from the Chapter 217 requirements are desired for the project, each variance must be requested in writing by the design engineer. Then, the TCEQ will consider granting a written approval to the variance from the rules for the specific project and the specific circumstances.

3. Within 60 days of the completion of construction, an appointed engineer shall notify both the Wastewater Permits Section of the TCEQ and the appropriate Region Office of the date of completion. The engineer shall also provide written certification that all construction, materials, and equipment were substantially in accordance with the approved project, the rules of the TCEQ, and any change orders filed with the TCEQ. All notifications, certifications, and change orders must include the signed and dated seal of a Professional Engineer licensed in the State of Texas.

This approval does not mean that future projects will be approved without a complete plans and specifications review. The TCEQ will provide a notification of intent to review whenever a project is to undergo a complete plans and specifications review. Please be reminded of 30 TAC §217.7(a) of the rules which states, "Approval given by the executive director or other authorized review authority does not relieve an owner of any liability or responsibility with respect to designing, constructing, or operating a collection system or treatment facility in accordance with applicable commission rules and the associated wastewater permit".

If you have any questions or if we can be of any further assistance, please call me at (512) 239-4552.

Sincerely,

Louis C. Herrin, III, P.E.
Wastewater Permits Section (MC 148)
Water Quality Division
Texas Commission on Environmental Quality

LCH/rb

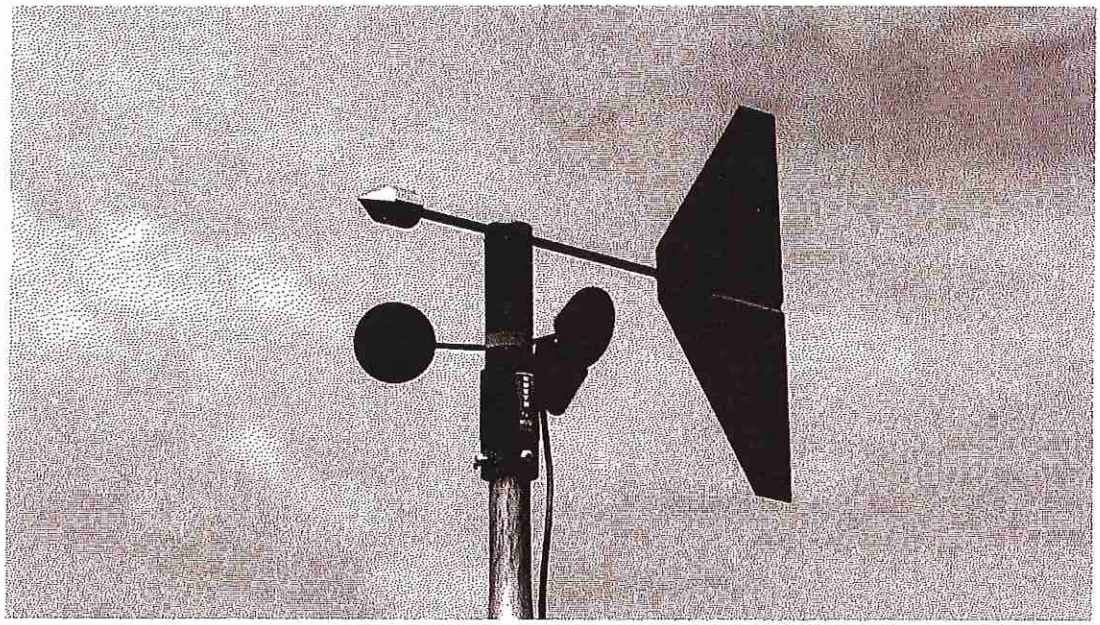
cc: TCEQ, Region 13 Office

Attachment 4

Design Calculations

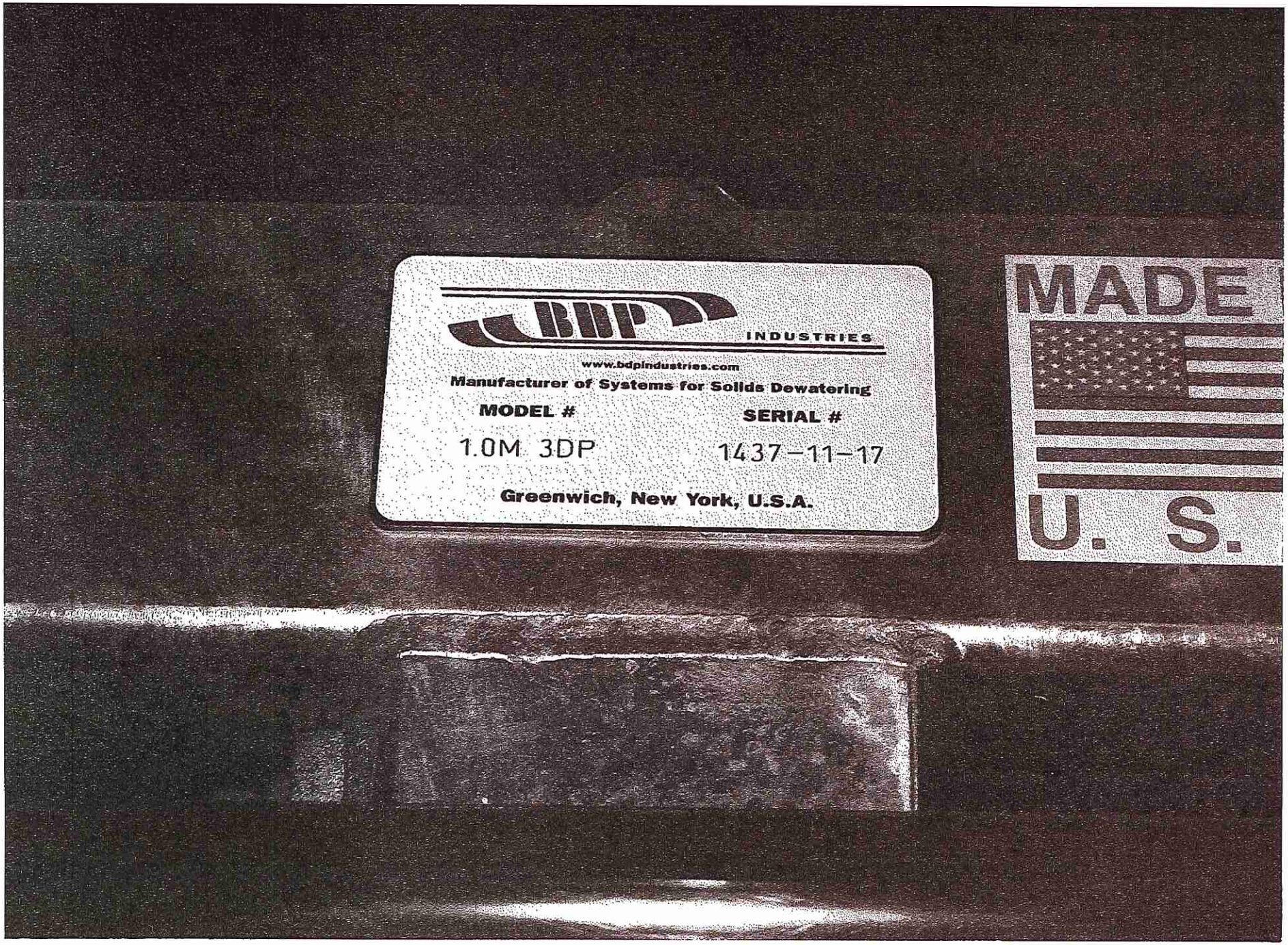
Attachment 5

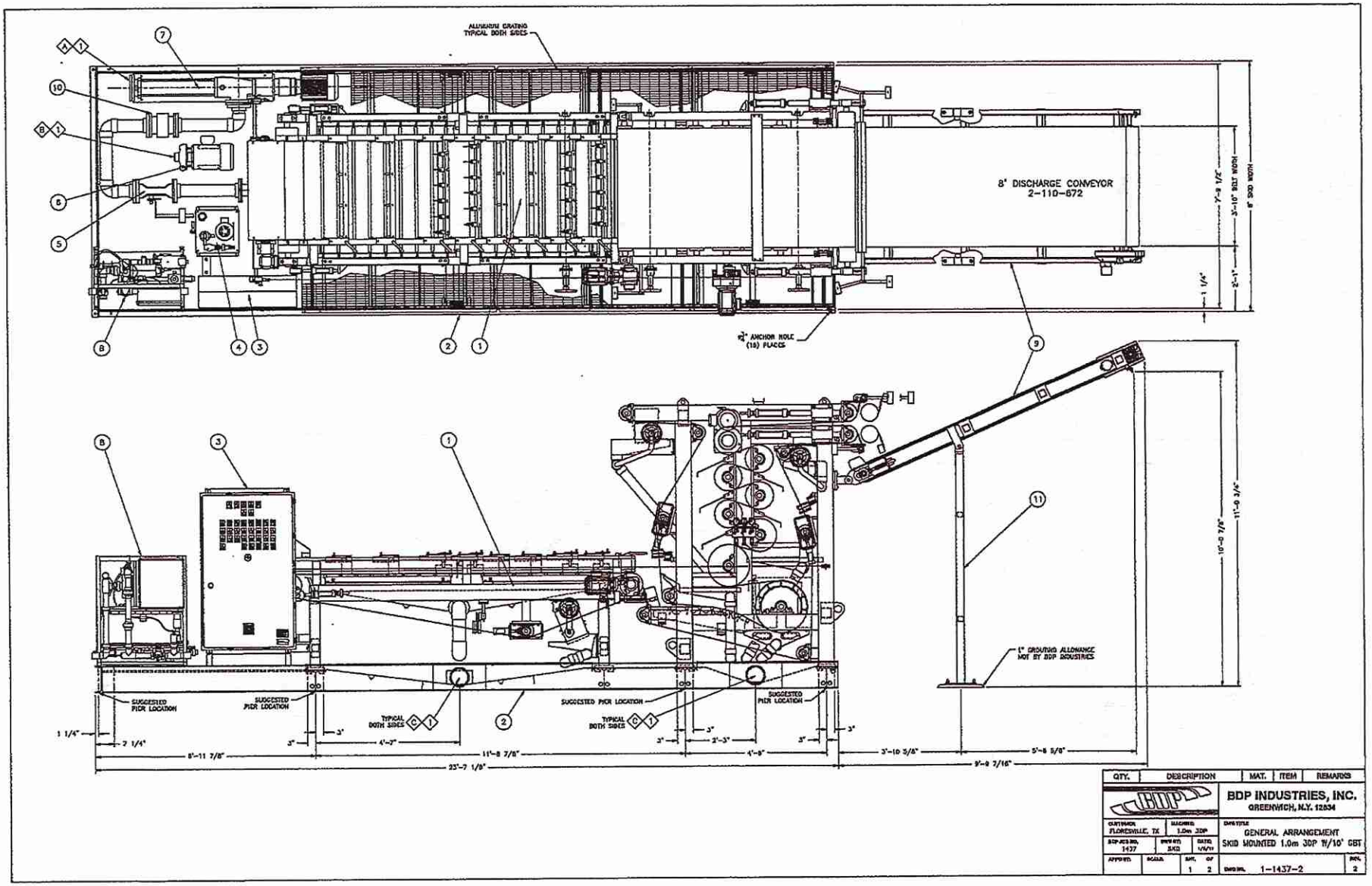
Wind Rose



Attachment 6

Sludge Solids Management Plan

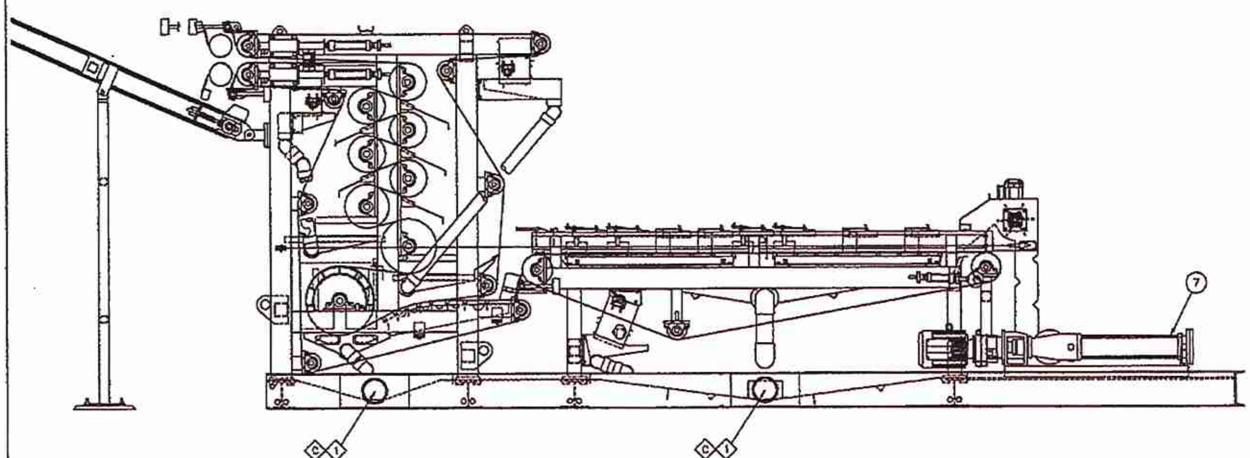

INDUSTRIES
www.bdpindustries.com
Manufacturer of Systems for Solids Dewatering
MODEL #
SERIAL #
1.0M 3DP
1437-11-17
Greenwich, New York, U.S.A.
MADE
U. S.

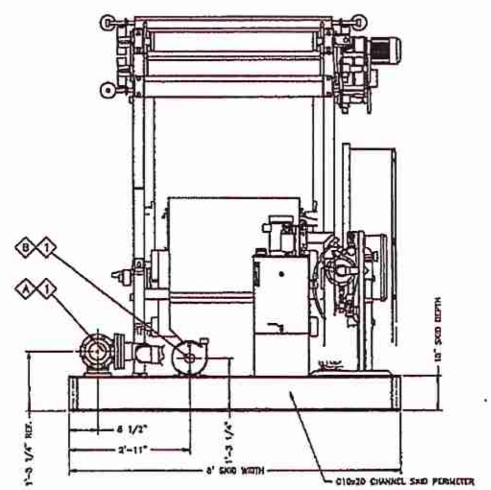


QTY.	DESCRIPTION	MAT.	ITEM	REMARKS

BDP INDUSTRIES, INC.
GREENWICH, N.Y. 12834

CUSTOMER: FLORESVILLE, TX	MACHINE: 1.0m 3DP	DWG TITLE: GENERAL ARRANGEMENT SKID MOUNTED 1.0m 3DP W/10' CBT	
BDP-PCS NO. 1437	DWN BY: SKD	DATE: 1/4/11	
APPVD:	SCALE:	SHT. OF 1 2	DWG NO. 1-1437-2 REV. 2





NOTES:

1. PIPING BEYOND THIS POINT TO BE INDEPENDENTLY SUPPORTED (NOT BY BDP).
2. SKID MOUNTED COMPONENTS ARE FACTORY WIRED AND PLUMBED.
3. ALL STAINLESS SHEET, PLATE, AND BAR IS TYPE 304 SS. ALL FASTENERS AND MISCELLANEOUS HARDWARE IS TYPE 304 SS.
4. FRAME IS HOT DIP GALVANIZED PER ASTM GALVANIZING SPECIFICATION A123.
5. ITEMS NOT OTHERWISE PROTECTED ARE COATED WITH 8 MILS NAPA URETHANE ENAMEL.
6. HYDRAULIC LINES ARE RUBBER OR SS TUBE. FITTINGS ARE SS.
7. ELECTRICAL CONDUIT IS ≤3/4" MIN. PVC
8. DRAIN PIPING IS PVC SCH.80.
9. SLUDGE PUMP 4" TO 5" ADAPTER PLATES BY BDP, 304SS.
10. APPROXIMATE WEIGHT: 20,000 LBS. DRY
23,000 LBS. OPERATING

CONNECTION LEGEND:

A 4" FEED INLET; HOLE PATTERN PER A.S.A. B16.5 150# FLANGE
B 2" NPT WASHWATER PUMP INLET
C (4) 6" NPT FILTRATE OUTLET

QTY.	DESCRIPTION	MAT.	ITEM	REMARKS
1	CONVEYOR STAND	BDP	11	3-110-1063
1	FLOWMETER; 4"	SIEMENS	10	MAG 5100W
1	HYDRAULIC BELT CONVEYOR	BDP	9	2-110-872
1	POLYMER SYSTEM	VELODYNE	8	VM-SP-1800-O
1	SLUDGE FEED PUMP	SEEPEX	7	BN 52-6L
1	WASHWATER BOOSTER PUMP	GOULDS	6	MODEL 3656
1	VENTURI MIXER	BDP	5	3-110-83
1	HYDRAULIC POWER UNIT; 3HP	BDP	4	1-700-892
1	ELECTRICAL CONTROL PANEL	BDP	3	1-1437-4
1	SKID ASSEMBLY W/304SS PANS	BDP	2	1-110-182
1	1.0m 3DP W/10' GBT	BDP	1	1-1437-1

BDP INDUSTRIES, INC.
GREENWICH, N.Y. 12834

CUSTOMER: FLORESVILLE, TX	MACHINE: 1.0m 3DP	DWG TITLE: GENERAL ARRANGEMENT SKID MOUNTED 1.0m 3DP W/10' GBT
BDP JOB NO. 1437	DRAWN BY: SKD	DATE: [illegible]
APPROVED:	SCALE:	SHT. 2 OF 2
DWG NO. 1-1437-2	REV. 2	

REV.	DESCRIPTION	BY	DATE
2	UPDATE BOM	SKD	[illegible]

Table No. 1
Dewatering Comparison
Effect of Feed Solids Concentration on Solids Throughput

FEED SOLIDS CONCENTRATION THROUGHPUT (%T.S.S.)	THROUGHPUT (DRY LBS./HR)	WATER REMOVED (%)
2.0	1000	91.9
2.5	1250	89.8
3.0	1500	87.7
3.5	1750	85.6
4.0	2000	83.4
4.5	2250	81.2
5.0	2500	79.0

** All go to 20% solids and filtrate quality and quality stays the same.

ii. Performing a Mass Balance on a Belt Press:

The useful formulas listed below were used to calculate Table No. 1, which dramatically represents the importance of feeding highest % solids possible to a dewatering unit.

a) Dry lbs of SLUDGE dewatered per hour (lbs./hr) = (1)

$$\frac{\text{FEED SOLIDS (mg/L)} \times \text{FEED FLOW (gpm)}}{2000}$$

b.) Dry lbs of FILTRATE discharge per hour (lbs./hr) = (2)

$$\frac{\text{FILTRATE SOLIDS (mg/L)} \times \text{FILTRATE FLOW (gpm)}}{2000}$$

c.) % solids capture $= \frac{(1) - (2)}{(1)} \times 100$

d.) Dry lbs. of sludge cake discharge per hour (lbs./hr) = (1) - (2) (3)

e.) Lbs. of water (sludge) to press per hour (lbs./hr) = (4)

FEED FLOW (gpm) X 8.34 X 60

f.) Lbs of wet cake per hour (lbs./hr) = (5)

$$\frac{(3)}{\text{\% oven dried solids in cake}} \times 100$$

g.) % water removed = $\frac{(4) - (5)}{(4)} \times 100$

Example:

Feed Solids = 4% T.S.S. (40,000 mg/l)

Filtrate Solids* = 1,333 mg/l

gpm (feed sludge) = 100 gpm

Cake Solids = 25%

gpm (filtrate)* = 150 gpm

*Includes polymer dilution and belt shower water.

a) $\frac{40{,}000 \times 100}{2{,}000} = 2{,}000$ dry lbs./hr (1)

b) $\frac{1{,}333 \times 150}{2{,}000} = 100$ dry lbs./hr (2)

c) $\frac{2{,}000 - 100 \times 100}{2{,}000} = 95\%$

d) 2,000 - 100 = 1,900 dry lbs./hr (3)

e) 100 X 8.34 X 60 = 50,400 lbs./hr (4)

f) $\frac{1{,}900}{\text{\% oven dried solids}} \times 100 = 7{,}600$ lbs./hr (5)

g) $\frac{50{,}400 - 7{,}600}{50{,}400} \times 100 = 84.92\%$

Sludge Press

Date 8/27/2019

Gallons		Time		Pait Filter Test 5 min.	Cake Sample		
Start:	3.2256	Start:	7:45am	Time:		Total Minutes	195
End:	3.2486	End:	11:00am			Total Gallons	0.23
Start:	_____	Start:	_____			GPM	118
End:	_____	End:	_____				

Oper. Int WP

POLLUTION CONTROL SERVICES

Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Henrietta Turner Floresville, City of 1120 D Street Floresville, TX 78114	Project Name: Sample ID: Basin Matrix: Non-Potable Water Date/Time Taken: 07/30/2019 1310	**PCS Sample #: 562507** **Page 1 of 1** Date/Time Received: 07/30/2019 14:13 Report Date: 08/02/2019 Approved by: Chuck Wallgren Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
MLSS		4,820	mg/L	1	08/01/2019 12:55	SM 2540 D	CFS
VMLSS	!	3,620	mg/L	1	08/01/2019 12:55	SM 2540 E	CFS

Quality Assurance Summary

Test Description	Precision	Limit	LCL	MS	MSD	UCL	LCS	LCS Limit
MLSS	<1	10	N/A			N/A		
VMLSS	2	10	N/A			N/A		

Quality Statement: ***All supporting quality control data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.***

! *Not NELAP Certifiable Parameter*

These analytical results relate only to the sample tested.
All data is reported on an "As Is" basis unless designated as "Dry Wt."
RL = Reporting Limits

QC Data Reported in %, Except BOD in mg/L

Web Site: www.pcslab.net
e-mail: chuck@pcslab.net
Toll Free 800-880-4616
1532 Universal City Blvd, Suite 100
Universal City, TX 78148-3318
210-340-0343
FAX # 210-658-7903

City Of Floresville Annual Sludge Report
June 2018 through May 2019

Republic/Allied Waste

	Wet Yards	Wet Tons	Wet Metric Tons	Wet Weight	Wet Percent		Dry Yards	epublic/Allied Dry tons	y Metric To	Dry Weight	Dry Percent	
Jun-18	420	142.33	129.24	284,660	1.18%		0	0	0.00	0	0.0%	
Jul-18	280	119.74	108.73	239,486	1.54%		20	11.11	10.09	22,220	95.0%	
Aug-18	440	164.81	149.65	329,620	1.37%		20	16.27	14.77	32,540	83.3%	
Sep-18	140	46.26	42.00	92,520	0.84%		20	9.55	8.67	19100	83.3%	
Oct-18	140	49.47	44.92	98,940	1.01%		0	0	0.00	0	0.0%	
Nov-18	100	26.84	24.37	53,680	0.84%		40	23.39	21.24	46,780	16.2%	
Dec-18	140	51.85	47.08	103,700	0.25%		0	0	0.00	0	0.0%	
Jan-19	100	44.174	40.11	88,348	1.54%		0	0	0.00	0	0.0%	
Feb-19	220	100.174	90.96	200,348	1.43%		0	0	0.00	0	0.0%	
Mar-19	160	73.01	66.29	146,020	1.32%		0	0	0.00	0	0.0%	
Apr-19	180	85.48	77.62	170,960	1.52%		0	0	0.00	0	0.0%	
May-19	160	69.54	63.14	139,080	1.15%		0	0	0.00	0	0.0%	
	Total yds	Total tons	et Metric To	Total weigh	Avg %		Total yds	Total Tons	y Metric To	Total weigh	Avg %	nd Total cu
	2480	973.678	**884.10**	1,947,362	1.17%		100	60.32	**54.77**	120,640	23.2%	1730
				Wet Cu yds						Dry Cu yds		Total Metric to
				1,603						128		938.87

City Of Floresville Annual Sludge Report
June 2019 through May 2020

Republic/Allied Waste

	Wet Yards	Wet Tons	Wet Metric Tons	Wet Weight	Wet Percent		Dry Yards	epublic/Allied Dry tons	y Metric To	Dry Weight	Dry Percent	
Jun-19	160	68.6	62.29	137,200	1.21%		0	0	0.00	0	0.0%	
Jul-19	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Aug-19	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Sep-19	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Oct-19	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Nov-19	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Dec-19	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Jan-20	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Feb-20	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Mar-20	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
Apr-20	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
May-20	0	0	0.00	0	0.00%		0	0	0.00	0	0.0%	
	Total yds	Total tons	et Metric Tc	Total weigh	Avg %		Total yds	Total Tons	y Metric To	Total weigh	Avg %	nd Total cu
	160	68.6	62.29	137,200	0.10%		0	0	0.00	0	0.0%	113
				Wet Cu yds						Dry Cu yds		Total Metric to
				113						0		62.29

MONTH	7/1/2019 THRU 7/31/2019				Single Grab 65		Monthly Avg Max 20 (150 lbs/day)	
DATE	FLOW	X	TSS MG/L	7 DAY AVG	X	8.34	=	LBS.
7/2/2019	0.630	X	1.0		X	8.34	=	5.3
				0.0				
7/9/2019	0.794	X	1.0		X	8.34	=	6.6
7/16/2019	0.540	X	1.0		X	8.34	=	4.5
				0.0				
7/23/2019	0.586	X	1.0		X	8.34	=	4.9
7/30/2019	0.623	X	1.0		X	8.34	=	5.2
				1.0				

Formula

G.P.M X 1440 / 10000000 = M.G.D

M.G.D X TSS X 8.34 = Lbs./ Day

Total mg/l =	5	TOTAL Lbs./day =	26
DAILY AVG mg/l =	1	DAILY AVG Lbs./day =	5

.UTHORIZED FACILITIES OR SITES USED FOR DISPOSAL OF WASTE:

nly dispose of waste at authorized disposal facilities. See Title 30 of the Texas Administrative Code (TAC) §312.143. List all ıthorized disposal facilities to be utilized, along with the waste type to be transported and the state-issued authorization umber: wastewater treatment plant; sanitary landfill; Type V facility; or beneficial land application site.

	Disposal Facility Permit Number	Waste Type	Facility Name	Program
	1410C	WW	BFI WASTE TESSMAN ROAD LANDFILL	MSWDISP
	2317	WW	SOUTHWASTE DISPOSAL SAN ANTONIO FACILITY	MSWPROC
	42032	WW	NEW EARTH	SLUDGETR

Waste Types

DS - Septic Tank Waste
GS - Grease Trap Waste
GT - Grit Trap Waste
PP - Chemical Toilet Waste
WT - Water Supply Treatment Plant Sludge
WW - Waste Water Treatment Plant Sludge

Registration Number: 23815

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: City of Floresville

PERMIT NUMBER: WQ0010085001

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: 61888

Check/Money Order Amount: 1,615.00

Name Printed on Check: CITY OF FLORESVILLE

EPAY — Voucher Number:

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:

For existing permits:

Permit Number: WQ0010085001

EPA I.D. (TPDES only): TX0056227

Expiration Date: 03/01/2020

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 Floresville

(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: 600662977

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: Ricky Carrasco

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

text. Title: PUBLIC WORKS DIRECTOR

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?

(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:

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):

First and Last Name:

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

Title:

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

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: 1

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): MR

First and Last Name: DAVID INOUYE

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

Title: WASTEWATER SUPERINTENDENT

Organization Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-581-8042 Ext.: Fax No.: 830-393-2056

E-mail Address: David.Inouye@floresvilletx.gov

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

First and Last Name: RICKY CARRASCO

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

Title: PUBLIC UTILITIES DIRECTOR

Organization Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-393-3105 Ext.: 1223 Fax No.:

E-mail Address: rcarrasco@floresvilletx.gov

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: RICARDO CARRASCO

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

Title: PUBLIC WORKS DIRECTOR

Organization Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-393-3105 Ext.: Fax No.: 830-393-2056

E-mail Address: rcarrasco@floresvilletx.gov

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

First and Last Name: DAVID INOUYE

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

Title: WASTEWATER SUPERINTENDENT

Organization Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-581-8042 Ext.: Fax No.: 830-393-2056

E-mail Address: David.Inouye@floresvilletx.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): MR

First and Last Name: DAVID INOUYE

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

Title: WASTEWATER SUPERINTENDENT

Organization Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-581-8042 Ext.: Fax No.: 830-393-2056

E-mail Address: David.Inouye@floresvilletx.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): MR

First and Last Name: DAVID INOUYE

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

Title: WASTEWATER SUPERINTENDENT

Organization Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-581-8042 Ext.: Fax No.: 830-393-2056

E-mail Address: David.Inouye@floresvilletx.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): MR

First and Last Name: DAVID INOUYE

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

Title: WASTEWATER SUPERINTENDENT

Organization Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-581-8042 Ext.: Fax No.: 830-393-2056

E-mail Address: David.Inouye@floresvilletx.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): MR

First and Last Name: RICKY CARRASCO

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

Title: PUBLIC WORKS DIRECTOR

Organization Name: CITY OF FLORESVILLE

Phone No.: 830-393-3105 Ext.: [redacted]

E-mail: rcarrasco@floresvilletx.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: PUBLIC WORKS DIRECTOR OFFICE

Physical Address of Building: 1120 D Street

City: Floresville County: Wilson

Contact Name: RICKY CARRASCO

Phone No.: 830-393-3105 Ext.: 1223

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

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

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**101916336

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 FLORESVILLE WWTP

C. Owner of treatment facility: CITY OF FLORESVILLE

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

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

Prefix (Mr., Ms., Miss): [redacted]

First and Last Name: CITY OF FLORESVILLE

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-393-3105 E-mail Address: [redacted]

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: [redacted]

E. Owner of effluent disposal site:

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

First and Last Name: SARITA JIMENEZ

Mailing Address: 243 FM 536

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: [redacted] E-mail Address: [redacted]

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: [redacted]

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):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.: E-mail Address:

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:

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:

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:

City nearest the outfall(s): FLORESVILLE

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

Outfall Latitude: 29.128472 Longitude: -98.173481

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: [redacted]

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.

[redacted]

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

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.

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:

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: Amount past due:

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Amount past due:

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:

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0010085001

Applicant: CITY OF FLORESVILLE

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): RICKY CARRASCO

Signatory title: PUBLIC WORKS DIRECTOR

Signature: _____ Date: 8-30-19

(Use blue ink)

Subscribed and Sworn to before me by the said Ricardo Carrasco

on this 30th day of August, 2019.

My commission expires on the 4th day of August, 2020.

Margaret Tejada

Notary Public

MARGARET TEJADA [SEAL]
My Notary ID # 126612380
Expires August 4, 2020

Wilson

County, Texas

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: [redacted]

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):

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 FLORESVILLE

   Permit No. WQ00 10085001 EPA ID No. TX 0056227

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

   815 GOLIAD ROAD, FLORESVILLE, TEXAS 78114

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

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

First and Last Name: DAVID INOUYE

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

Title: WASTEWATER SUPERINTENDANT

Mailing Address: 1120 D STREET

City, State, Zip Code: FLORESVILLE, TEXAS, 78114

Phone No.: 830-581-8042 Ext.: Fax No.: 830-393-2056

E-mail Address: David.inouye@floresvilletx.com

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

N/A

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

Effluent is piped from the wastewater treatment plant site into Lodi Branch Creek. Lodi Branch Creek conveys the water to the San Antonio River (segment 1911).

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

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

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

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

☐ Disturbance of vegetation or wetlands

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:

Existing structures include office building, headworks including bar screen, influent lift station, BNR basins, clarifiers, chlorine contact basin, parshall flume, RAS lift station. Existing vegetation consists of grass cover and the entire site is dedicated to wastewater treatment.

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:

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

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:** WQ0010085001

1. Check or Money Order Number: 61888
2. Check or Money Order Amount: 1,615.00
3. Date of Check or Money Order: 6/28/2019
4. Name on Check or Money Order: CITY OF FLORESVILLE
5. APPLICATION INFORMATION

   Name of Project or Site: Floresville WWTP

   Physical Address of Project or Site: 815 Goliad Road, Floresville TX. 78114

   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

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ATTACHMENT 1

INDIVIDUAL INFORMATION

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):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number: Fax Number:

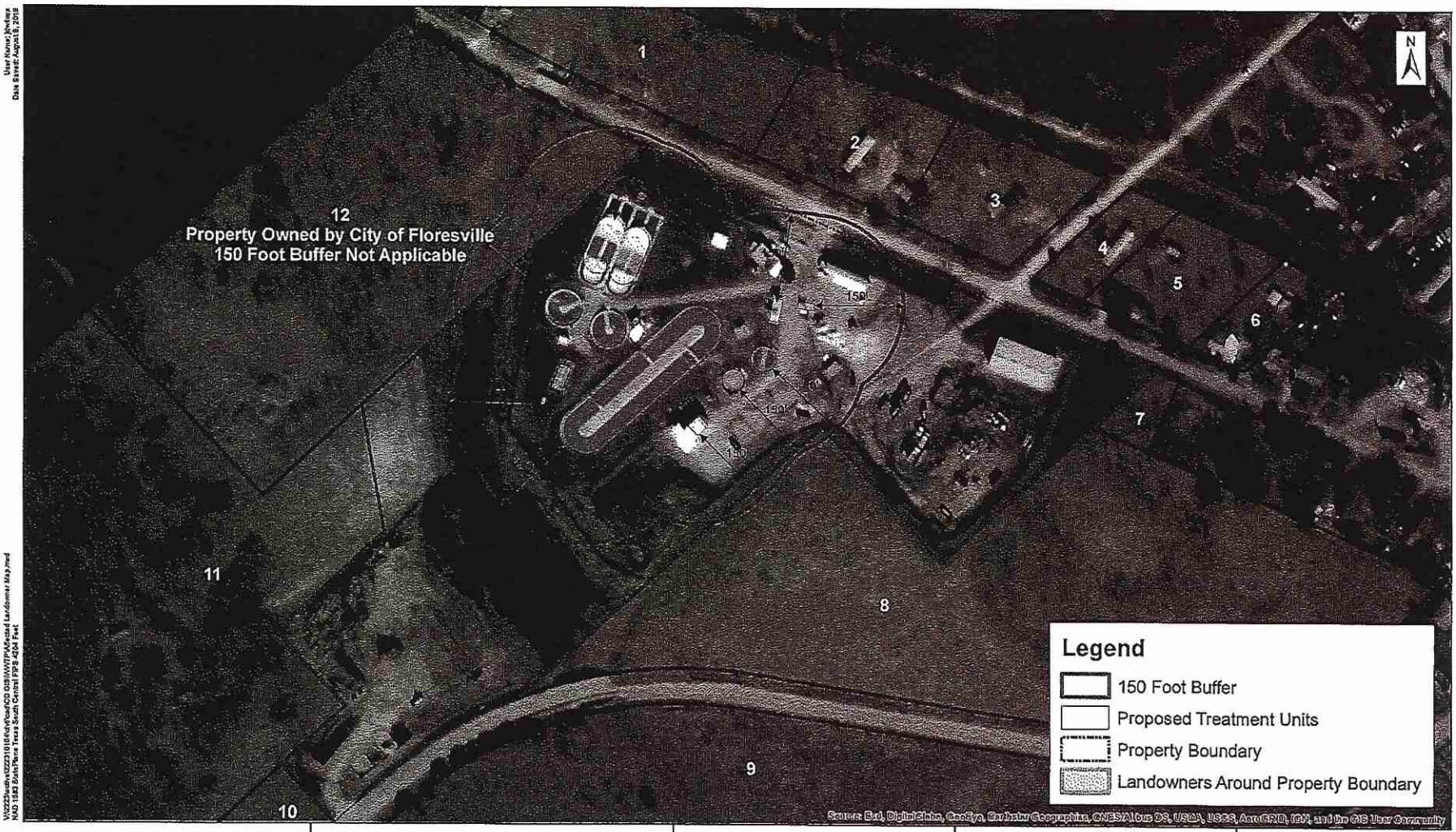
E-mail Address:

CN:

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

Attachment 1

Affected Landowner Map



Stantec
70 NE Loop 410, Suite 1100
San Antonio, Texas 78216
(210) 525-9090

Affected Landowner Exhibit

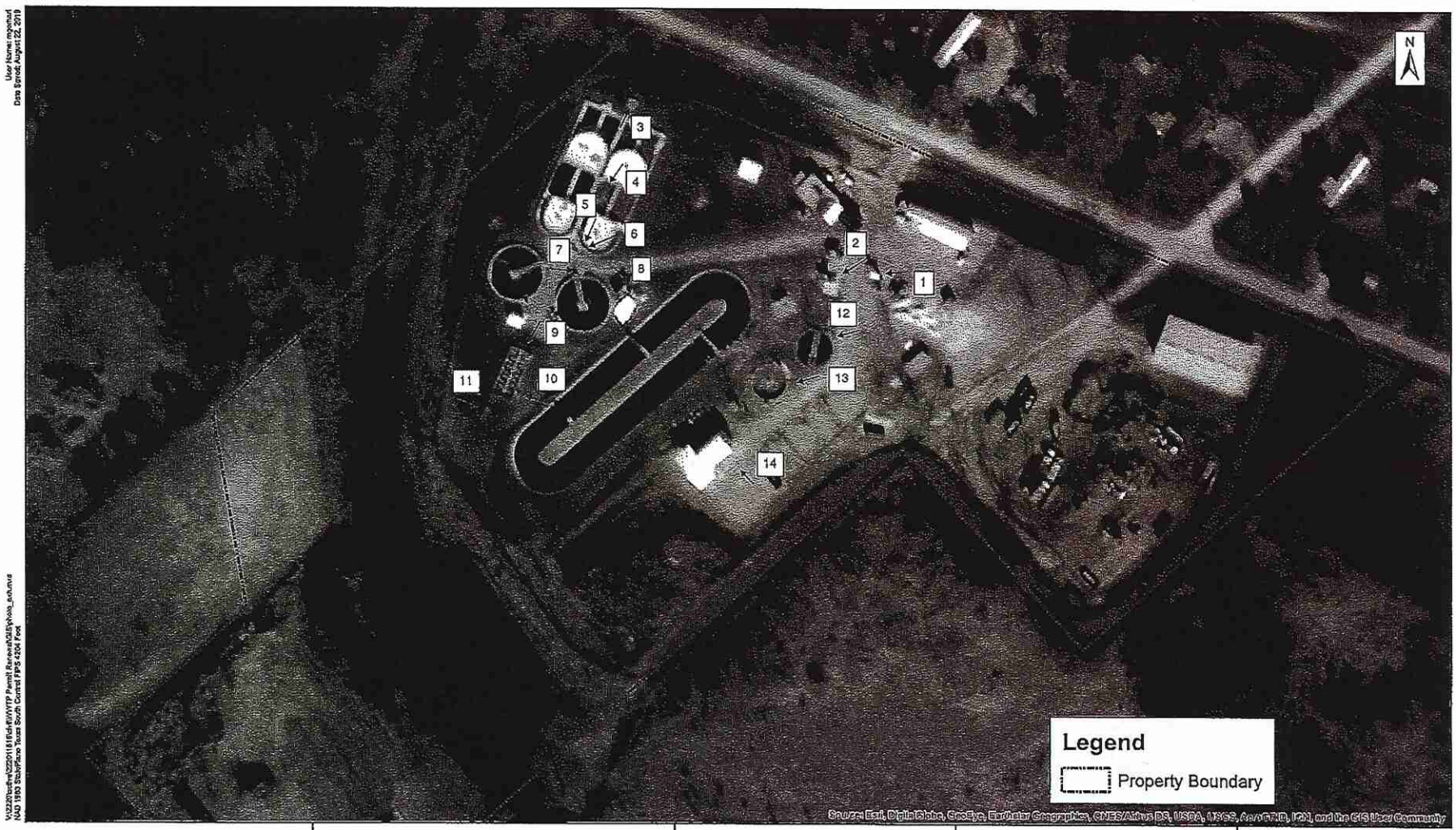
Floresville Wastewater Treatment Plant

City of Floresville, Texas

Date: 8/9/2019
File: Affected Landowner Map.mxd
Scale: 1 inch = 150 feet
Tech: JDW
Project Number: 222011816

Attachment 2

Original Photographs



User Name: mjachard
Date Saved: August 22, 2019

V:\222\active\222011816\cad\EWWTP Permit Renewal\GIS\photo_exh.mxd
NAD 1983 StatePlane Texas South Central FIPS 4204 Feet

Stantec

70 NE Loop 410, Suite 1100
San Antonio, Texas 78216
(210) 525-9090

TBPE #6324

www.stantec.com

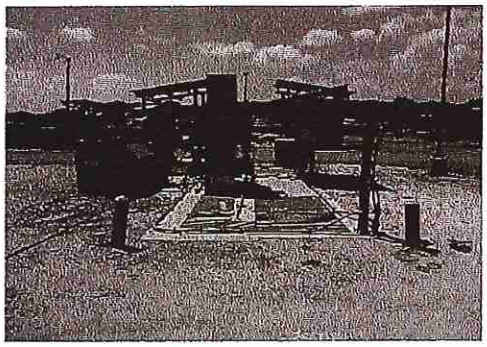
Site Photo Exhibit

Floresville Wastewater Treatment Plant

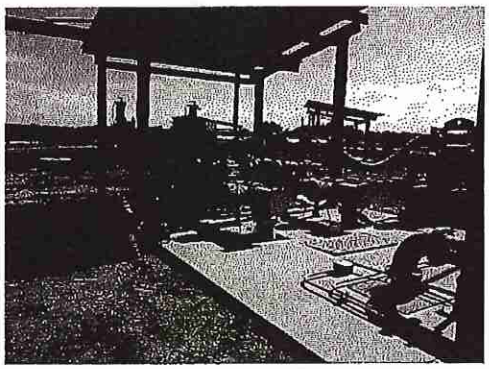
City of Floresville, Texas

Date: 8/22/2019
File: photo_exh.mxd
Scale: 1 inch = 100 feet
Tech: MJG
Project Number: 222011816

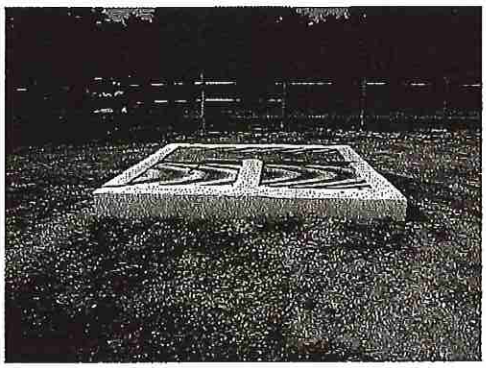
1. Headworks



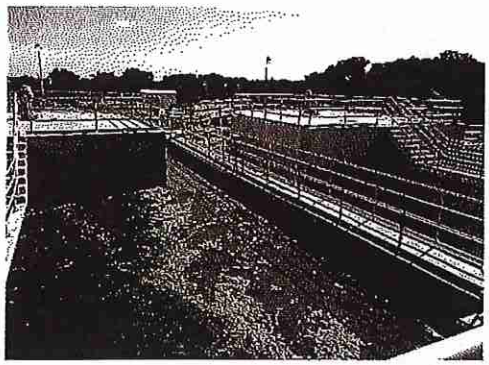
2. Influent Lift Station



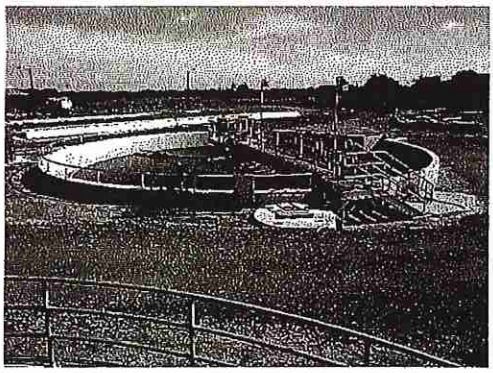
3. Splitter Box



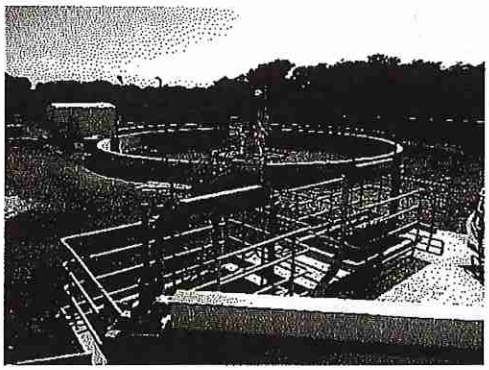
4. BNR Basins



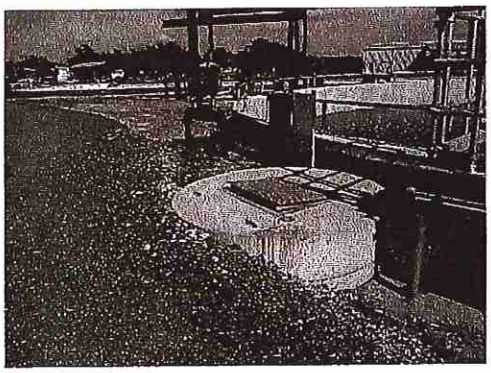
5. Clarifier #1



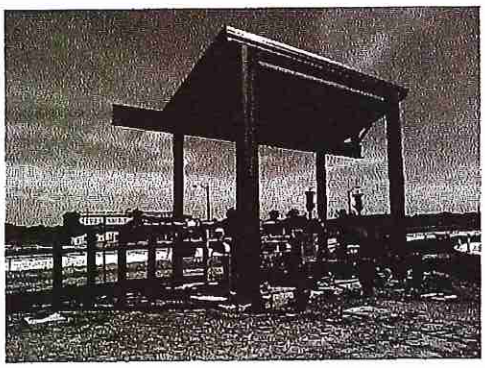
6. Clarifier #2



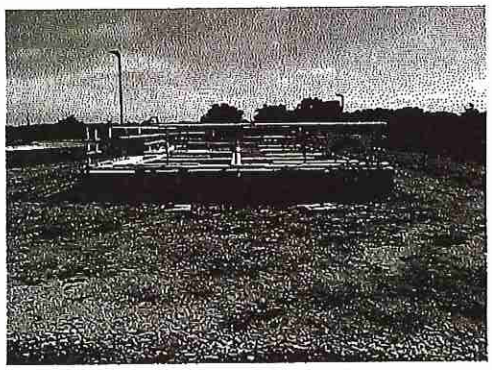
7. Scum Pump Station



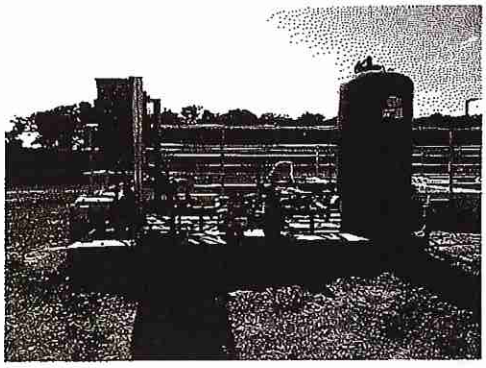
8. RAS / WAS Pump Station



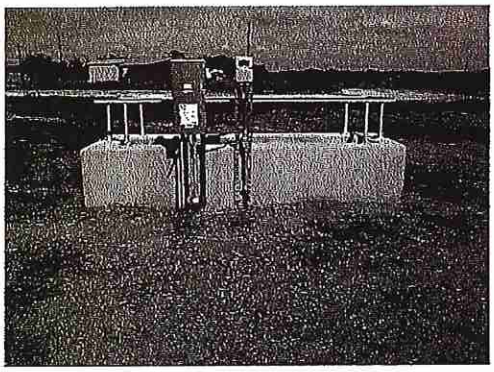
9. Chlorine Contact Chamber



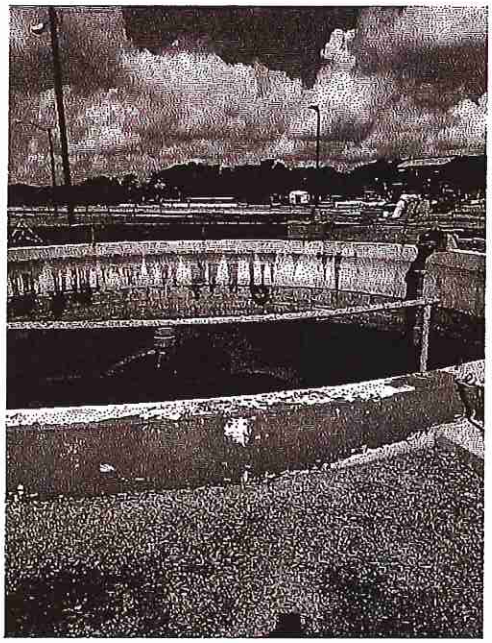
10. NPW Pump Station



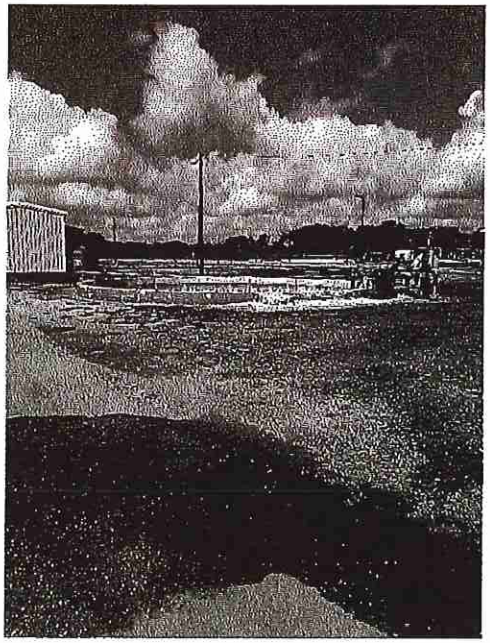
11. Parshall Flume



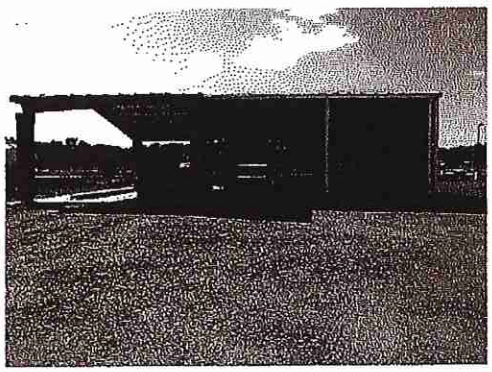
12. Sludge Holding Tank #1



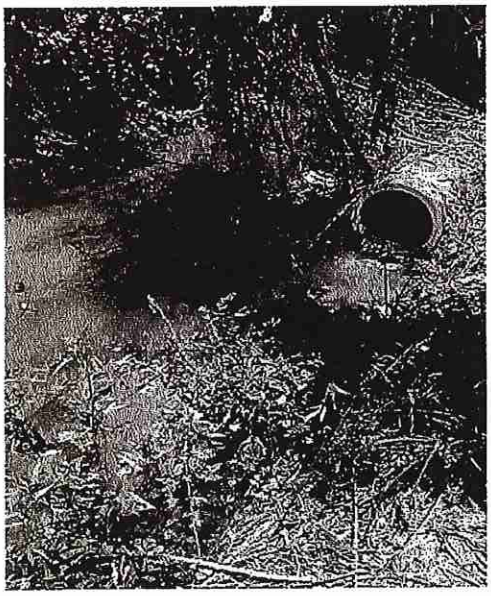
13. Sludge Holding Tank #2



14. Belt Filter Press

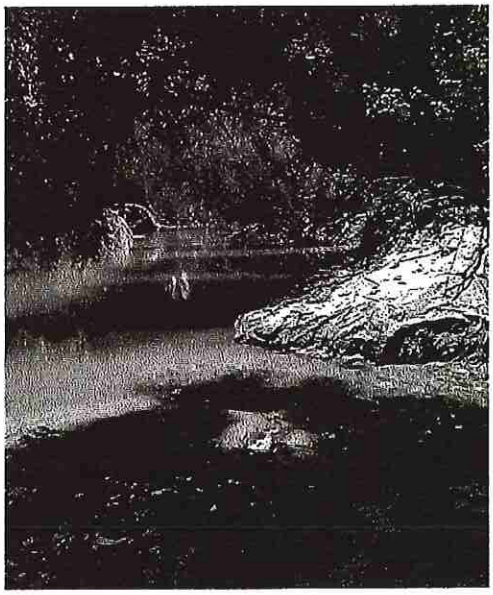


15. Discharge Pipe Picture #1

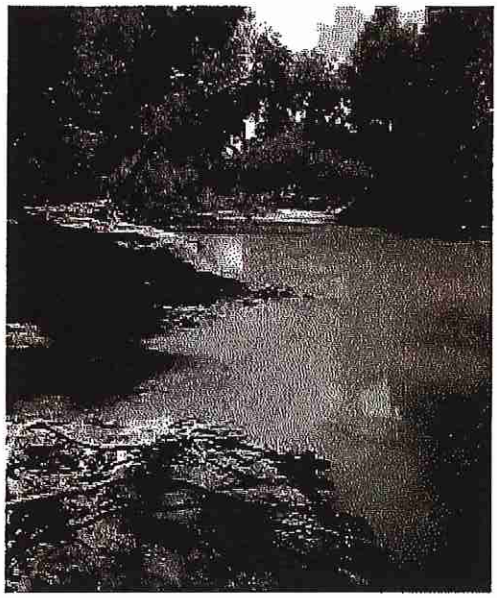


16. Discharge Pipe Picture #2

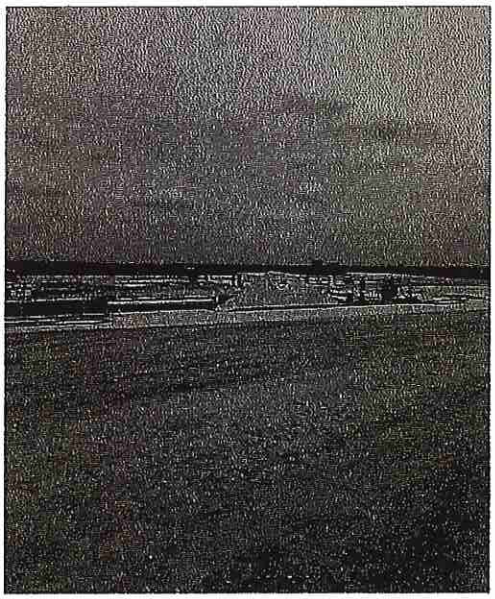
17. View upstream from the Outfall



18. View downstream from the Outfall

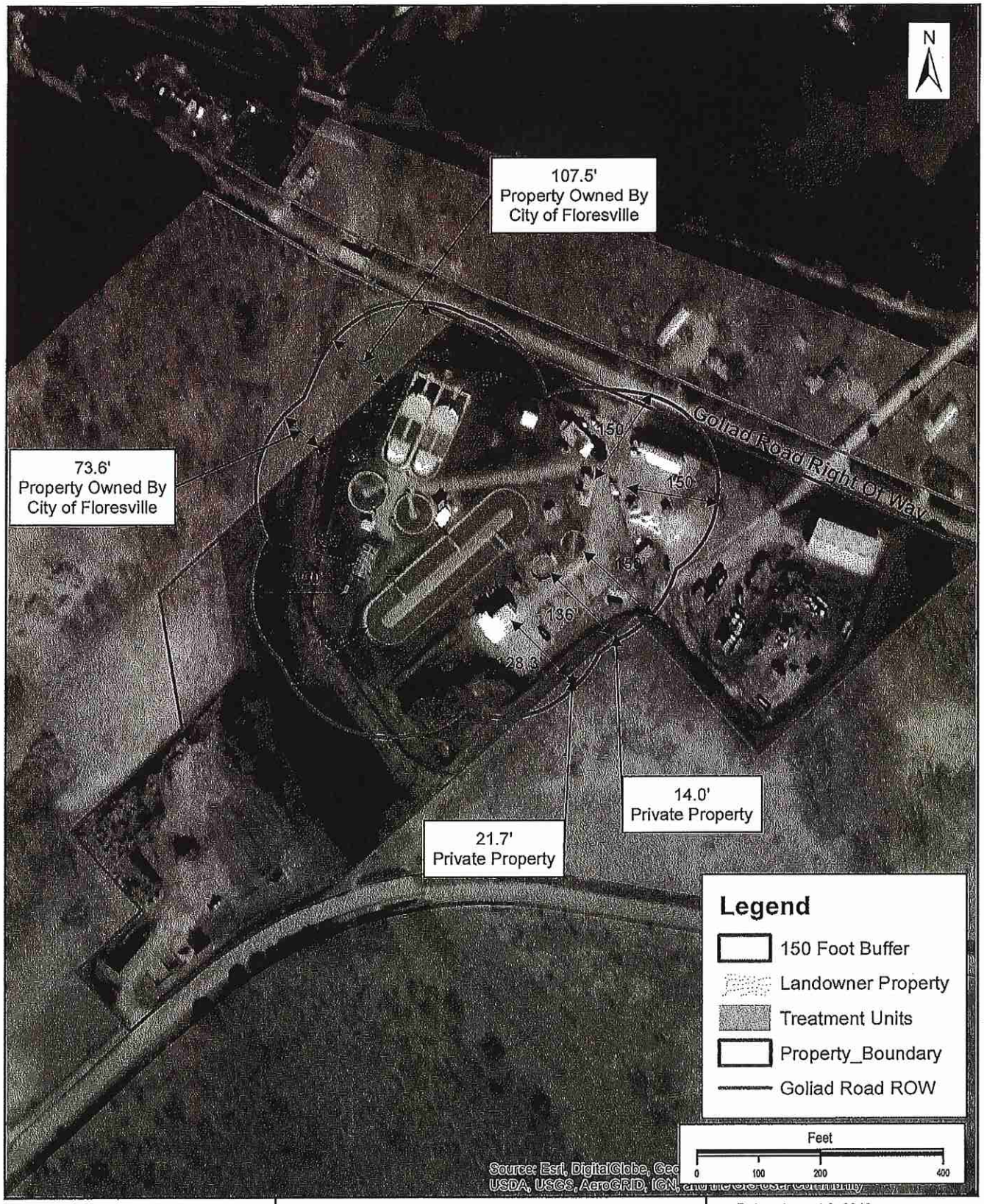


19. Sludge Disposal Site



Attachment 3

Buffer Zone Map



Stantec

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(210) 525-9090

TBPE #6324

Buffer Zone Map
Floresville Wastewater Treatment Plant
City of Floresville

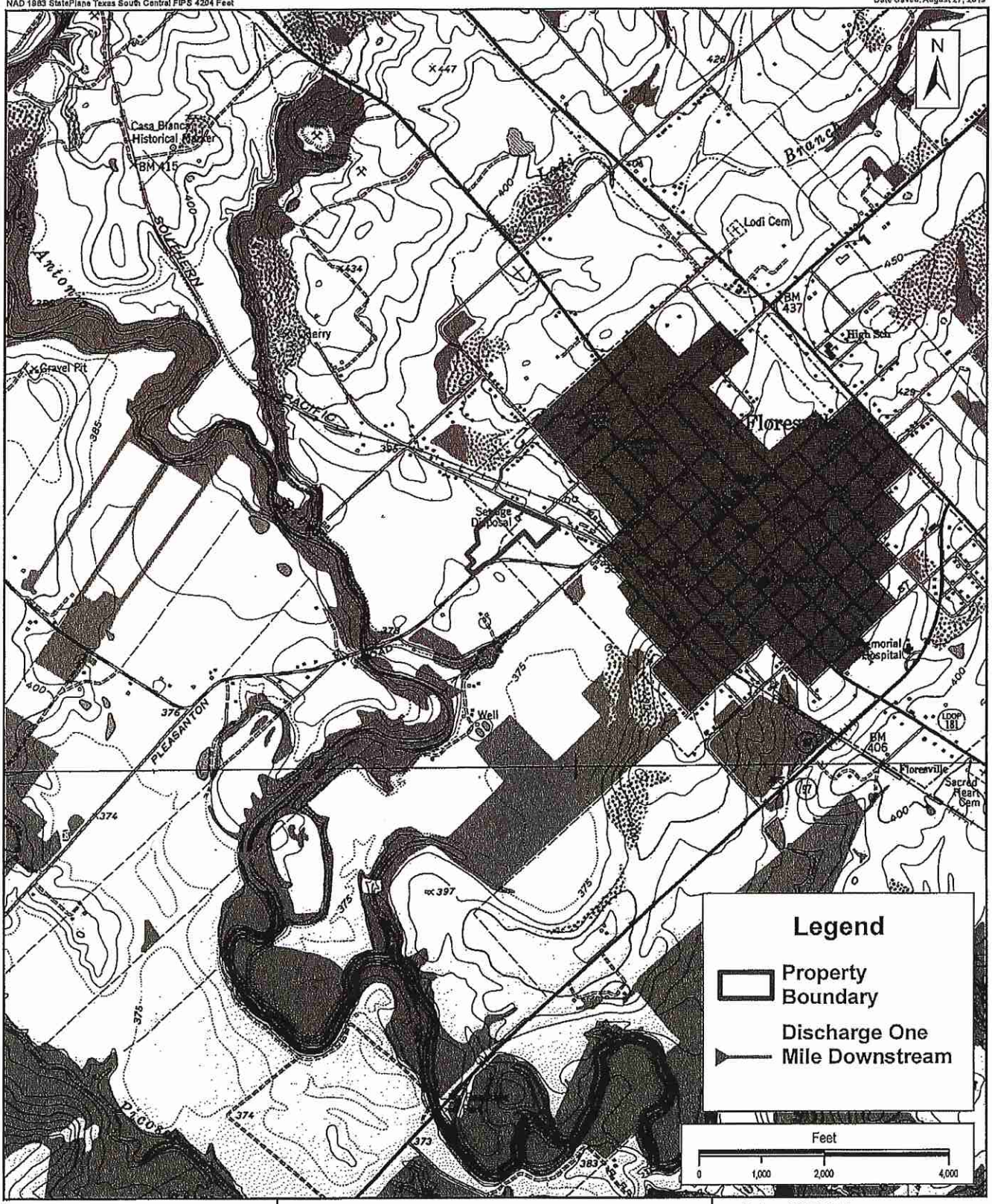
Date: August 9, 2019
File: Buffer Zone Map.mxd
Scale: 1 : 2,400
Tech: JDW
Project Number: 222011816

Attachment 4

USGS Quadrangle Map

V:\2223\active\222310104\civil\cad\CD GIS\WWTP\USGS Map.mxd
NAD 1983 StatePlane Texas South Central FIPS 4204 Feet

User Name: jdwilcox
Date Saved: August 27, 2019



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USGS Quadrangle Map
Floresville Wastewater Treatment Plant
City of Floresville, Texas

Date: 8/27/2019
File: USGS Map.mxd
Scale: 1 : 24,000
Tech: JDW
Project Number: 222011816