PERMIT RENEWAL APPLICATION

TO THE

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

FOR

J & B Sausage Company, Inc.

May 2023

Prepared for:
J & B Sausage Company, Inc.
1078 Highway 90
Weimar, TX 78962
Phone: (830) 788-7511

Prepared By:

RSB ENVIRONMENTAL

6001 Savoy Drive, Suite # 110
Houston, Texas 77036
Phone: (832) 291-3473
www.rsbenv.com

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report

Item 1. Application Information and Fees (Instructions, Page 25)

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

Applicant Name: J & B Sausage Company, Inc. dba J Bar B Foods EPA ID No.: TX0D988040044

Permit No.: WQ0002868000 Expiration Date: Click to enter text.

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active ☐ Inactive

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

☐ TPDES Permit ☐ TLAP

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

☐ New

☐ Renewal with changes ☒ Renewal without changes

☐ Major amendment with renewal ☐ Major amendment without renewal

☐ Minor amendment without renewal ☐ Minor modification without renewal

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

g. Application Fee

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

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

h. Payment Information

Mailed

Check or money order No.: 90469 Check or money order amt.: $315.00

Named printed on check or money order: J Bar B Foods

Epay

Voucher number: Click to enter text. Copy of voucher attachment: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 25)

a. Customer Number, if applicant is an existing customer: CN603806746

Note: Locate the customer number using the TCEQ's Central Registry Customer Search[2].

b. Legal name of the entity (applicant) applying for this permit: J & B Sausage Company, Inc.

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

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

☒ Mr. ☐ Ms. First/Last Name: Adam Bosl

Title: President/CFO Credential: Click to enter text.

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

☒ Yes ☐ No

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

Item 3. Co-applicant Information (Instructions, Page 26)

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

a. Legal name of the entity (co-applicant) applying for this permit: N/A

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

b. Customer Number (if applicant is an existing customer): CNN/A

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

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

☐ Mr. ☐ Ms. First/Last Name: N/A

Title: N/A Credential: N/A

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

☐ Yes ☐ No

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

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

Item 4. Core Data Form (Instructions, Pages 26)

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

Item 5. Application Contact Information (Instructions, Page 26)

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

a. ☒ Administrative Contact ☒ Technical Contact

☐ Mr. ☒ Ms. Full Name (First and Last): Nency Thakkar

Title: Environmental Scientist Credential: Click to enter text.

Organization Name: RSB Environmental

Mailing Address: 6001 Savoy Dr. Suite 110

City: Houston State: TX Zip Code: 77036

Phone No: (832)291-3473 Fax No: Click to enter text. Email: nency@rsbenv.com

b. ☒ Administrative Contact ☒ Technical Contact

☐ Mr. ☒ Ms. Full Name (First and Last): Nency Thakkar

Title: Environmental Scientist Credential: Click to enter text.

Organization Name: RSB Environmental

Mailing Address: 6001 Savoy Dr. Suite 110

City: Houston State: TX Zip Code: 77036

Phone No: (832)291-3473 Fax No: Click to enter text. Email: alex@rsbenv.com

Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Pages 26)

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

a. ☒ Mr. ☐ Ms. Full Name (First and Last): Adam Bosl

Title: President/CFO Credential: Click to enter text.

Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Mailing Address: 1078 U.S. Highway 90

City: Weimar State: TX Zip Code: 78962

Phone No: (830)788-7511 Fax No: Click to enter text. Email: abosl@jbfoods.com

b. ☒ Mr. ☐ Ms. Full Name (First and Last): Brian Zbikowski

Title: Plant Manager Credential: Click to enter text.

Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Mailing Address: 1078 U.S. Highway 90

City: Weimar State: TX Zip Code: 78962

Phone No: (830)788-7511 ext. Fax No: Click to enter text. Email: bzbikowski@jbfoods.com

Attachment: Click to enter text.

Item 7. Billing Contact Information (Instructions, Page 27)

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

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

☒ Mr. ☐ Ms. Full Name (First and Last): Adam Bosl

Title: President/CFO Credential: Click to enter text.

Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Mailing Address: 1078 U.S. Highway 90

City: Weimar State: TX Zip Code: 78962

Phone No: (830)788-7511 Fax No: Click to enter text. Email: abosl@jbfoods.com

Item 8. DMR/MER Contact Information (Instructions, Page 27)

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

☒ Mr. ☐ Ms. Full Name (First and Last): Brian Zbikowski

Title: Plant Manager Credential: Click to enter text.

Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Mailing Address: 1078 U.S. Highway 90

City: Weimar State: TX Zip Code: 78962

Phone No: (830)788-7511 ext. 101 Fax No: Click to enter text. Email: bzbikowski@jbfoods.com

Item 9. NOTICE INFORMATION (Instructions, Pages 27

a. Individual Publishing the Notices

☐ Mr. ☒ Ms. Full Name (First and Last): Nency Thakkar

Title: Environmental Scientist Credential: Click to enter text.

Organization Name: RSB Environmental

Mailing Address: 6001 Savoy Dr. Suite 110

City: Houston State: TX Zip Code: 77036

Phone No: (832)291-3473 Fax No: Click to enter text. Email: nency@rsbenv.com

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

☒ E-mail: nency@rsbenv.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

☒ Mr. ☐ Ms Full Name (First and Last): Brian Zbikowski

Title: Plant Manager Credential: Click to enter text.

Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Phone No: (830)788-7511 Fax No: Click to enter text. Email: bzbikowski@jbfoods.com

d. Public Viewing Location Information

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

Public building name: Colorado County Courthouse Annex Location within the building: Click to enter text.

Physical Address of Building: 3118 Spring Street, Room 103, Columbus, TX 78934

City: Weimar County: Colorado

e. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

   If no, publication of an alternative language notice is not required; skip to Item 8 (Regulated Entity and Permitted Site Information.)

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No ☐ N/A

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

f. Plain Language Summary Template – Complete the Plain Language Summary at the end of this application.

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

Item 10. Regulated Entity and Permitted Site Information (Instructions Pages 28-30)

a. TCEQ issued Regulated Entity Number (RN), if available: RN102180106

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

b. Name of project or site (the name known by the community where located): J & B Sausage Company

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

☒ Yes ☐ No ☐ N/A (new permit)

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

d. Owner of treatment facility:

☐ Mr. ☐ Ms. Full Name (First and Last): N/A

or Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Mailing Address: 1078 U.S. Highway 90

City: Weimar State: TX Zip Code: 78962

Phone No: (830)788-7511 Fax No: Click to enter text. Email: bzbikowski@jbfoods.com

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

f. Owner of land where treatment facility is or will be: J & B Sausage Company, Inc. dba J Bar B Foods

☐ Mr. ☐ Ms. Full Name (First and Last): N/A

or Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Mailing Address: 1078 U.S. Highway 90

City: Weimar State: TX Zip Code: 78962

Phone No: (830)788-7511 ext. 101 Fax No: Click to enter text. Email: bzbikowski@jbfoods.com

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

g. Owner of effluent TLAP disposal site (if applicable): J & B Sausage Company, Inc. dba J Bar B Foods

☐ Mr. ☐ Ms. Full Name (First and Last): N/A

or Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods

Mailing Address: 1078 U.S. Highway 90

City: Weimar State: TX Zip Code: 78962

Phone No: (830)788-7511 Fax No: Click to enter text. Email: bzbikowski@jbfoods.com

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

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

☐ Mr. ☐ Ms. Full Name (First and Last): N/A

or Organization Name: N/A

Mailing Address: Click to enter text.

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

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

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Pages 30-32)

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

☐ Yes ☒ No

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

☒ One-mile radius
☒ Applicant's property boundaries
☐ Labeled point(s) of discharge
☒ Effluent disposal site boundaries
☐ Sewage sludge disposal site
☒ Three-miles downstream information
☐ Treatment facility boundaries
☐ Highlighted discharge route(s)
☒ All wastewater ponds
☐ New and future construction

Attachment: B

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

☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: N/A

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

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: N/A

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

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: N/A

f. City nearest the outfall(s): Weimar

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

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

☐ Yes ☒ No

If yes, indicate by a check mark if: ☐ Authorization granted ☐ Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: N/A

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

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

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: N/A

j. City nearest the disposal site: Weimar

k. County in which the disposal site is located: Colorado

l. Disposal Site Latitude: 29°42'1.61"N Longitude: 96°48'9.41"W

m. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: The effluent from the lagoon overflows to compacted clay lined ponds connected in series for storage prior to irrigation.

n. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: East Navidad River on Clear Creek (tributary of Navidad River).

Item 12. MISCELLANEOUS INFORMATION (Instructions, Page 32)

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

☐ Yes ☒ No

If yes, list each person: Click to enter text.

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the account no.: N/A and total amount due: N/A

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the enforcement order no.: Click to enter text. and amount due: Click to enter text.

Item 13. SIGNATURE PAGE (Instructions, Pages 32-33)

Permit No: WQ0002868000

Applicant Name: J Bar B Foods

Certification: I, Adam Bosl, 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): Adam Bosl

Signatory title: President / CFO

Signature: [signature] Date: 3-6-2023
(Use blue ink)

Subscribed and Sworn to before me by the said Adam Bosl
on this ~~3rd~~ 6th day of March, 2023.
My commission expires on the 1st day of July, 2024.

Julia C. Lara
Notary Public

Gonzales
County, Texas

[SEAL]

JULIA CARMEN LARA
NOTARY PUBLIC
STATE OF TEXAS
EXP. 07-01-2024

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

INDUSTRIAL ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. AFFECTED LANDOWNER INFORMATION (Instructions, Pages 34-35)

a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.

- ☐ 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 (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
- ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of 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 (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: Click to enter text.

b. Check the box next to the format of the landowners list:

☐ Readable/Writeable CD ☐ Four sets of labels

Attachment: Click to enter text.

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

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

☐ Yes ☒ No

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

Item 2. Public Involvement Plan Form (Instructions, Page 36)

Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment to a permit.

Item 3. ORIGINAL PHOTOGRAPHS (Instructions, Page 36)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

☐ 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.

Attachment: Click to enter text.

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

This form applies to TPDES permit applications only. (Instructions, Page 36)

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 Name: J & B Sausage Company, Inc. dba J Bar B Foods
2. Permit No.: WQ0002868000 EPA ID No.: TX0D988040044
3. Address of the project (location description that includes street/highway, city/vicinity, and county): 1078 U.S. Highway 90 West, Colorado County, Weimar, TX 78962
4. Provide the name, address, phone and fax number, and email address of an individual that can be contacted to answer specific questions about the property.

   Full Name (First and Last): Brian Zbikowski

   Organization Name: J & B Sausage Company, Inc. dba J Bar B Foods Mailing Address: 1078 U.S. Highway 90

   City: Weimar State: TX Zip Code: 78962

   Phone No: (830)788-7511 Fax No: Click to enter text. Email: abosl@jbfoods.com
5. List the county in which the facility is located: Colorado
6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property: N/A

7. 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:
Land Application Permit: The effluent from the lagoon overflows to compacted clay lined ponds connected in series for storage prior to irrigation. The nearest watercourse is the East Navidad River on Clear Creek (tributary of Navidad River).
TPEDS: Process wastewater is commingled domestic wastewater and pumped to a compact clay lined anaerobic lagoon for treatment and storage. The effluent from the lagoon overflows to compacted clay lined ponds connected in a series for storage prior to irrigation. From the ponds, the effluent is pumped to the mobile irrigation system to spray irrigate three separate irrigation tracts consisting of 39.57 acres of Bermuda Grass. Nearest watercourse is the East Navidad River on Clear Creek (tributary of Navidad River).

8. 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.) Attachment: C

9. Provide original photographs of any structures 50 years or older on the property. Attachment: None Known

10. 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

11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features): None Expected

12. Describe existing disturbances, vegetation, and land use: Land is currently used as permitted.

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

13. List construction dates of all buildings and structures on the property: N/A

14. Provide a brief history of the property, and name of the architect/builder, if known: N/A

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 37)

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., or Miss): N/A

Full legal name (first, middle, and last): N/A

Driver's License or State Identification Number: N/A

Date of Birth: N/A

Mailing Address: N/A

City, State, and Zip Code: N/A

Phone No.: N/A

Fax No.: N/A

E-mail Address: N/A

CN: N/A

Checklist of Common Deficiencies

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

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

☒ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

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

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

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

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

Things to Know:

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

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

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

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

☒ Plain Language Summary

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

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

J & B Sausage Company, Inc. dba J Bar B Foods (CN 601635782) operates J & B Sausage Company, Inc. dba J Bar B Foods. (RN102180106). a manufacturer, seller, and distributor of sausage and related products from purchased meat, (not carcasses). The facility is located 1078 U.S. Highway 90 , in Weimar, Colorado County, Texas 78962. This application is for renewal to discharge process wastewater from a meat processing facility commingled with domestic wastewater, not to exceed a daily average flow of 69,500 gallons per day via irrigation of 39.21 acres. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain oil & grease, BOD and nitrogen .Process wastewater is treated by commingling with domestic wastewater and pumped to a compacted clay lined aerobic lagoon, (3.1 acre-feet capacity), for treatment. The effluent from the lagoon overflows to two compacted clay lined ponds connected in series, (27.7-acre feet capacity), for storage prior to irrigation. From the ponds, the effluent is pumped to the mobile irrigation system to spray irrigate 39.21 acres of Bermuda grass. .

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

AGUAS RESIDUALES INDUSTRIALES/AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo

requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no son representaciones federales exigibles de la solicitud de permiso.

1. Introduzca el nombre del solicitante aquí. (2. Introduzca el número de cliente aquí (es decir, CN6 #########).) 3. Elija del menú desplegable. 4. Introduzca el nombre de la instalación aquí. 5. Introduzca el número de entidad regulada aquí (es decir, RN1 #########). 6. Elija del menú desplegable. 7. Introduzca la descripción de la instalación aquí. . La instalación 8. Elija del menú desplegable. ubicado 9. Introduzca la ubicación aquí. , en 10. Introduzca el nombre de la ciudad aquí. , Condado de 11. Introduzca el nombre del condado aquí. , Texas 12. Introduzca el código postal aquí. .
13. Introduzca el resumen de la petición de solicitud aquí. *<<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>>* Este permiso no autorizará una descarga de contaminantes en el agua en el estado.
Se espera que las descargas de la instalación contengan14. Liste todos los contaminantes esperados aquí. . 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí. .

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose "operates" in this section for existing facility applications or choose "proposes to operate" for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose "is" for an existing facility or "will be" for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.

14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Example

Individual Industrial Wastewater Application

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

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred as "previously monitored effluents" (low volume wastewater, metal cleaning waste, and stormwater (from diked oil storage area yards, and storm drains)) via Outfall 001. Low volume waste sources, metal cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low volume waste and metal cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility's potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam. Low volume wastewater from blowdown of boiler Units 1 and 2 and metal cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal cleaning waste from equipment cleaning is generally disposed of off-site.

TECHNICAL REPORT 1.0
INDUSTRIAL

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

For additional information or clarification on the requested information, refer to the Instructions for Completing the Industrial Wastewater Permit Application[1] available on the TCEQ website.

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

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

1. FACILITY/SITE INFORMATION (Instructions, Pages 39-40)

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

Manufacture, sale, and distribution of sausage and related products from purchased meat, (not carcasses).

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

Process wastewater generated from meat processing equipment and process washdown is commingled with domestic wastewater and pumped to a compacted clay lined aerobic lagoon, (3.1 acre-feet capacity), for treatment. The effluent from the lagoon overflows to two compacted clay lined ponds connected in series, (27.7 acre-feet capacity), for storage prior to irrigation. From the ponds, the effluent is pumped to the mobile irrigation system to spray irrigate 39.21 acres of Bermuda Grass.

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

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

Materials List

Raw Materials	Intermediate Products	Final Products
Meat/flavorings		
Casting Material		
Natural Gas		
Water		

Attachment:

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

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

Attachment: D

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

☐ Yes ☒ No

If **yes**, provide background discussion: N/A

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA Panel No. 48089C0225D

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

Attachment:

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

☐ Yes ☐ No ☒ N/A (Renewal only)

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

☐ Yes ☐ No

If **yes**, provide the permit number:

If **no**, provide an approximate date of application submittal to the USACE:

2. TREATMENT SYSTEM (Instructions, Page 40)

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

Process and sanitary wastewater will be treated in an anaerobic lagoon and then disposed by irrigation on site.

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

Attachment: E

3. IMPOUNDMENTS (Instructions, Pages 40-42)

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

☒ Yes ☐ No

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

a. Complete the table with the following information for each existing, new, or proposed impoundment:

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

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

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

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

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

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

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

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

Impoundment Information

Parameter	Pond # A	Pond # B	Pond # C	Pond #
Use Designation: (T) (D) (C) or (E)	T	Storage	Storage	
Associated Outfall Number	IRR	IRR	IRR	
Liner Type (C) (I) (S) or (A)	C	C	C	
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)	146	285	440	
Width (ft)	158	265	varies	
Max Depth From Water Surface (ft), Not Including Freeboard	6	8	8	
Freeboard (ft)	2	2	2	
Surface Area (acres)	0.53	1.73	2.34	
Storage Capacity (gallons)	1,008,364	4,432,344	5,927,957	
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Impoundment Information

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

Attachment:

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

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

i. Liner data

☒ Yes ☐ No ☐ Not yet designed

ii. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

iii. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

Attachment: N/A

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

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

Attachment:

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

Attachment:

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

Attachment:

4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 42-43)

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

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

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Latitude and Longitude

Outfall Number	Latitude-decimal degrees	Longitude-decimal degrees
I1	29.698888	-96.805277
I2	29.700277	-96.800277

Outfall Location Description

Outfall Number	Location Description
I1	Permitted Irrigation Area
I2	Permitted Irrigation Area

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point

Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
I1	0.035	0.069	N/A	N/A	
I2	N/A	N/A			

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
I1	Y		Meter
I2	Y		Meter

Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
I1	Y			12	30	12
I2	Y			12	30	12

Wastestream Contributions

Outfall No.: I1

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water	0.0605	80.70
Sanitary	0.0090	12.00
Cooling Towers	0.0050	6.60
Boilers	0.0005	0.70

Outfall No.: I2

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water	0.0605	80.70
Sanitary	0.0090	12.00
Cooling towers	0.0050	6.60
Boilers	0.0005	0.70

Outfall No.:

Contributing Wastestreams	Volume (MGD)	% of Total Flow

Attachment:

5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Page 44)

a. Does the facility use/propose to use any cooling towers which discharge blowdown or other wastestreams to the outfall(s)?

☒ Yes ☐ No

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

b. Does the facility use or plan to use any boilers that discharge blowdown or other wastestreams to the outfall(s)?

☒ Yes ☐ No

c. Does or will the facility discharge once-through cooling water to the outfall(s)?

☐ Yes ☒ No

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

d. If **yes** to Items 5.a, 5.b, **or** 5.c, attach the SDS with the following information for each chemical additive.

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

Attach a summary of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment:

e. Cooling Towers and Boilers

If **yes** to either Item 5.a **or** 5.b, complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers	3	5000	5000
Boilers	2	500	500

6. STORMWATER MANAGEMENT (Instructions, Page 44)

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

☐ Yes ☒ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in some manner which may result in exposure of the activities or materials to stormwater: N/A

7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Page 45)

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

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

- ☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. **Complete Item 7.b.**
- ☐ Domestic sewage disposed of by an on-site septic tank and drainfield system. **Complete Item 7.b.**
- ☒ Domestic and industrial treatment sludge **ARE commingled** prior to use or disposal.
- ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge **IS NOT commingled** prior to sludge use or disposal. **Complete Worksheet 5.0.**
- ☐ Facility is a POTW. **Complete Worksheet 5.0.**
- ☐ Domestic sewage is not generated on-site.
- ☐ Other (e.g., portable toilets), specify and **Complete Item 7.b:** N/A

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

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
N/A	N/A

8. IMPROVEMENTS OR COMPLIANCE/ENFORCEMENT REQUIREMENTS (Instructions, Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☒ No

c. If **yes** to either 8.a **or** 8.b, provide a brief summary of the requirements and a status update: N/A

9. TOXICITY TESTING (Instructions, Page 45)

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

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes: N/A

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

Attachment: N/A

10. OFF-SITE/THIRD PARTY WASTES (Instructions, Page 45)

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

☐ Yes ☒ No

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

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

b. Attach the following information to the application:

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

Attachment: N/A

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

☐ Yes ☐ No

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

Attachment: N/A

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

☐ Yes ☒ No

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

11. RADIOACTIVE MATERIALS (Instructions, Pages 46)

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

☐ Yes ☒ No

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

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material	Concentration (pCi/L)
N/A	N/A
N/A	N/A

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

Radioactive Material	Concentration (pCi/L)
N/A	N/A
N/A	N/A
N/A	N/A

12. COOLING WATER (Instructions, Pages 46-47)

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

c. Cooling Water Supplier

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

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

CWIS ID	N/A	N/A	N/A	N/A
Owner	N/A	N/A	N/A	N/A
Operator	N/A	N/A	N/A	N/A

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

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No. N/A

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

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here: N/A

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

☐ Yes ☒ No

If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes to the facility and proceed: N/A

If **no**, proceed to Item 12.d.

d. 316(b) General Criteria

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: N/A

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

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

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

☐ Yes ☐ No

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

f. Oil and Gas Exploration and Production

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

g. Compliance Phase and Track Selection

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

☐ Yes ☐ No

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

☐ Track I – AIF greater than 2 MGD, but less than 10 MGD
- Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.

☐ Track I – AIF greater than 10 MGD
- Attach information required by *40 CFR § 125.86(b)*.

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

Attachment: N/A

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Track I – Fixed facility
- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – Not a fixed facility
- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except the CWIS latitude and longitude under Item 2.a).

☐ Track II – Fixed facility
- Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment: N/A

NOTE: Item 13 is required only for existing permitted facilities.

13. PERMIT CHANGE REQUESTS (Instructions, Pages 49-50)

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

☐ Yes ☒ No

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

N/A

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

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

N/A

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

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

N/A

WORKSHEET 1.0
EPA CATEGORICAL EFFLUENT GUIDELINES

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

1. CATEGORICAL INDUSTRIES (Instructions, Pages 50-52)

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

☒ Yes ☐ No

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

40 CFR Effluent Guidelines

Industry	40 CFR Part
Meat Products	432

2. PRODUCTION/PROCESS DATA (Instructions, Page 54)

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

a. Production Data

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

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units
G	80,000	80,000	lb/day

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

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentages of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metal	Appendix A – Cyanide
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

N/A

3. PROCESS/NON-PROCESS WASTEWATER FLOWS (Instructions, Page 54)

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

N/A. Although 40 CFR 432, Subpart G, applies to the facility, there are no discharges, and all effluent is disposed by on-site irrigation.

4. NEW SOURCE DETERMINATION (Instructions, Page 54)

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

Wastewater-generating Processes Subject to Effluent Guidelines

Process	EPA Guideline: Part	EPA Guideline: Subpart	Date Process/ Construction Commenced
N/A	N/A	N/A	N/A

WORKSHEET 2.0
POLLUTANT ANALYSES REQUIREMENTS

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

1. LABORATORY ACCREDITATION (Instructions, Page 56)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 34, for a list of approved signatories.

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

_____

(Signature)

2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 56-58)

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

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

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

3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 58-69)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** [redacted]

TABLE 1 and TABLE 2 (Instructions, Page 58)

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

Table 1 for Outfall No.: N/A

Samples are (check one): ☐ **Composite** ☐ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as $CaCO_3$)				
Temperature (°F)				
pH (standard units)				

Table 2 for Outfall No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

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

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

Table 3 for Outfall No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10
2,4,5-Trichlorophenol					50
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

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

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

TABLE 4 (Instructions, Pages 58-59)

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

a. Tributyltin

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

☐ Yes ☒ No

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

☐ Manufacturers and formulators of tributyltin or related compounds.
☐ Painting of ships, boats and marine structures.
☐ Ship and boat building and repairing.
☐ Ship and boat cleaning, salvage, wrecking and scaling.
☐ Operation and maintenance of marine cargo handling facilities and marinas.
☐ Facilities engaged in wood preserving.
☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

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

☐ Yes ☒ No

ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

c. E. coli (discharge to freshwater)

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

☐ Yes ☒ No

ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

Table 4 for Outfall No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

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

TABLE 5 (Instructions, Page 59)

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

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

☒ N/A

Table 5 for Outfall No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090
Endosulfan I (*alpha*)					0.01
Endosulfan II (*beta*)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (*alpha*)					0.05
Hexachlorocyclohexane (*beta*)					0.05
Hexachlorocyclohexane (*gamma*) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

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

Table 6 for Outfall No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☐					400
Color (PCU)	☐	☐					–
Nitrate-Nitrite (as N)	☐	☐					–
Sulfide (as S)	☐	☐					–
Sulfite (as SO_3)	☐	☐					–
Surfactants	☐	☐					–
Boron, total	☐	☐					20
Cobalt, total	☐	☐					0.3
Iron, total	☐	☐					7
Magnesium, total	☐	☐					20
Manganese, total	☐	☐					0.5
Molybdenum, total	☐	☐					1
Tin, total	☐	☐					5
Titanium, total	☐	☐					30

* Indicate units if different from µg/L.

TABLE 7 (Instructions, Page 60)

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

☒ N/A

Table 7 for Applicable Industrial Categories

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

* Test if believed present.

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

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

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

Table 8 for Outfall No.: : Volatile Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	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 [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: : Acid Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	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
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 10 for Outfall No.: : Base/Neutral Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					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
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Diethyl phthalate					10
Dimethyl phthalate					10
Di-n-butyl phthalate					10
2,4-Dinitrotoluene					10
2,6-Dinitrotoluene					10
Di-n-octyl phthalate					10
1,2-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					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

* Indicate units if different from µg/L.

Table 11 for Outfall No.: : Pesticides

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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
PCB 1248					0.2
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from µg/L.

Attachment:

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 60-61)

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

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

Description:

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

☐ Yes ☐ No

Description:

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

Table 12 for Outfall No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.03					50
2,3,4,7,8-PeCDF	0.3					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Table 13 for Outfall No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

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

WORKSHEET 3.0
LAND APPLICATION OF EFFLUENT

This worksheet is required for all applications for a permit to dispose of wastewater by land application.

1. TYPE OF DISPOSAL SYSTEM (Instructions, Page 70)

Check the box next to the type of land disposal requested by this application:

- ☒ Irrigation
- ☐ Evaporation
- ☐ Evapotranspiration beds
- ☐ Drip irrigation system
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Surface application
- ☐ Other, specify:

2. LAND APPLICATION AREA (Instructions, Page 70)

Land Application Area Information

Effluent Application (gallons/day)	Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)
75,000	39.21	Coastal Bermuda	N

3. ANNUAL CROPPING PLAN (Instructions, Page 70)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment: G

4. WELL AND MAP INFORMATION (Instructions, Page 71)

a. Check each box to confirm the required information is shown and labeled on the attached USGS map:

- ☒ The exact boundaries of the land application area
- ☒ On-site buildings
- ☒ Waste-disposal or treatment facilities
- ☒ Effluent storage and tailwater control facilities
- ☒ Buffer zones
- ☐ All surface waters in the state onsite and within 500 feet of the property boundaries
- ☒ All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries
- ☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment: D

b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice
On Site	Active – dust suppression only	Y	Cased	150 ft. buffer zone

Attachment:

c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

☐ Yes ☒ No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

Attachment: N/A

d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment:

5. SOIL MAP AND SOIL INFORMATION (Instructions, Page 72)

Check each box to confirm that the following information is attached:

a. ☒ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops

b. ☒ Breakdown of acreage and percent of total acreage for each soil type

c. ☒ Copies of laboratory soil analyses

Attachment:

6. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 73)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

Laura Bonjonia

(Signature)

7. EFFLUENT MONITORING DATA (Instructions, Page 73)

Completion of Table 14 **is required** for all **renewal** and **major amendment** applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 14 for Site No.: Pond C

Samples are (check one): ☐ **Composites** ☒ **Grabs**

Date (mo/yr)	Daily Avg Flow (gpd)	BOD_5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)
4/2022	2401	38.7		5.92		19	
5/2022	49238	64.1		6.42		19	
6/2022	56444	26.8		12.1		19	
7/2022	61248	23.9		8.75		19	
8/2022	51640	45.2		5.42		19	
9/2022	66052	207.45		5.64		19	
10/2022	36028	51.5		6.25		19	
11/2022	2401	38.8		14.5		19	
12/2022	6004	26.17		5.94		19	
01/2023	12009	19.3		6.89		9	
02/2023	10808	21.1		6.45		9	
03/2023	30023	37.9		8.9		19	

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment:

Use this table to provide effluent analysis for parameters regulated in the current permit which are not listed in Table 14.

Additional Parameter Effluent Analysis

Date (mo/yr)	Oil & Grease (mg/l)	TDS (mg/l)	pH	Nitrate- N (mg/l)	Fecal coliform (cfu/100ml)		
4/2022	7.9	8190	8.35	0.5	1790		
5/2022	5.6	6060	8.37	0.5	2670		
6/2022	5	6850	8.33	0.5	342		
7/2022	7.8	7140	8.37	0.5	236		
8/2022	5	7450	8.31	0.5	290		
9/2022	5	5880	8.31	0.5	820		
10/2022	5	7380	8.51	5	19900		
11/2022	5	2710	8.31	0.5	1540		
12/2022	5	3390	8.3	0.5	1280		
01/2023	5	5830	8.35	0.5	9140		
02/2023	5.5	5080	8.27	0.5	39800		
03/2023	0.5	2370	8.38	3.55	18400		

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment:

8. POLLUTANT ANALYSIS (Instructions, Page 73)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): 04/2022-03/2023

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

c. Completion of Tables 15 and 16 **is required** for all applications for the authorization of land application.

Table 15 for Site No.: ; Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Fecal Coliform (cfu/100 mL)				
Specific conductance (mmhos/cm)				
pH (standard units; min/max)				
Soluble sodium				
Soluble calcium				
Soluble magnesium				
SAR (unitless)				

Table 16: for Site No.: ; Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Boron, total					20
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Zinc, total					5.0

WORKSHEET 3.1
SURFACE LAND APPLICATION AND EVAPORATION

This worksheet **is required** for all applications for a permit to dispose of wastewater by surface land application or evaporation.

1. EDWARDS AQUIFER (Instructions, Page 74)

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

☐ Yes ☒ No

If **no**, proceed to Item 2. If **yes**, complete Items 1.b **and** 1.c.

b. Check the box next to the subchapter applicable to the facility.

☐ *30 TAC Chapter 213, Subchapter A*

☐ *30 TAC Chapter 213, Subchapter B*

c. If *30 TAC Chapter 213, Subchapter A* applies, attach **either**: 1) a Geologic Assessment (if conducted in accordance with *30 TAC § 213.5*) **or** 2) a report that contains the following information:

- A description of the surface geological units within the proposed land application site and wastewater pond area.
- The location and extent of any sensitive recharge features in the land application site and wastewater pond area
- A list of any proposed BMPs to protect the recharge features.

Attachment: N/A

2. SURFACE SPRAY/IRRIGATION (Instructions, Pages 74-75)

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): 39.21

Design application rate (acre-ft/acre/yr): 3.05

Design application frequency (hours/day): 8

Design application frequency (days/week): 5

Design total nitrogen loading rate (lbs nitrogen/acre/year): 1.825

Average slope of the application area (percent): 2

Maximum slope of the application area (percent): 2.5

Irrigation efficiency (percent): 90

Effluent conductivity (mmhos/cm): 2.75

Soil conductivity (mmhos/cm): N/A

Curve number: 68

Describe the application method and equipment: Pumping (Manual)

b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance.

Attachment:

3. EVAPORATION PONDS (Instructions, Page 75)

a. Daily average effluent flow into ponds: N/A gallons per day

b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions.

Attachment:

4. EVAPOTRANSPIRATION BEDS (Instructions, Page 75)

a. Provide the following information on the evapotranspiration beds:

Number of beds: N/A

Area of bed(s) (acres): N/A

Depth of bed(s) (feet): N/A

Void ratio of soil in the beds: N/A

Storage volume within the beds (include units): N/A

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

Attachment: N/A

5. OVERLAND FLOW (Instructions, Page 75)

a. Provide the following information on the overland flow:

Area used for application (acres): N/A

Slopes for application area (percent): N/A

Design application rate (gpm/foot of slope width): N/A

Slope length (feet): N/A

Design BOD_5 loading rate (lbs BOD_5/acre/day): N/A

Design application frequency (hours/day): N/A

Design application frequency (days/week): N/A

b. Attach a separate engineering report with the method of application and design requirements according to *30 TAC § 217.212*.

Attachment: N/A

WORKSHEET 3.2
SUBSURFACE IRRIGATION SYSTEMS (NON-DRIP)

This worksheet **is required** for all applications for a permit to dispose of wastewater by subsurface land application.

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?

☐ Yes ☐ No

b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. SUBSURFACE APPLICATION (Instructions, Page 76)

a. Check the box next to the type of subsurface land disposal system requested by this application:

☐ Conventional drainfield, beds, or trenches
☐ Low pressure dosing
☐ Other:

b. Provide the following information on the irrigation operations:

Application area (acres):
Area of drainfield (square feet):
Application rate (gal/square ft/day):
Depth to groundwater (feet):
Area of trench (square feet):
Dosing duration per area (hours):
Number of beds:
Dosing amount per area (inches/day):
Soil infiltration rate (inches/hour):
Storage volume (gallons):
Area of bed(s) (square feet):
Soil classification:

c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

Attachment:

WORKSHEET 3.3
SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a SADDS.

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) for this type of disposal system has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

a. The SADDS is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?

☐ Yes ☐ No

b. The SADDS is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the SADDS may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. ADMINISTRATIVE INFORMATION (Instructions, Page 77)

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. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.

☐ 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 WWTF is/will be located:

c. Provide the legal name of the owner of the SADDS:

d. The owner of the SADDS is the same as the owner of the WWTF or the site where the WWTF is/will be located.

☐ Yes ☐ No

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

e. Provide the legal name of the owner of the land where the SADDS is located:

f. The owner of the land where the SADDS is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDS.

☐ Yes ☐ No

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

3. SADDS (Instructions, Pages 78-79)

a. Check the box next to the type SADDS requested by this application:

- ☐ Subsurface drip/trickle irrigation
- ☐ Surface drip irrigation
- ☐ Other:

b. Attach a description of the SADDS proposed/used by the facility (see instructions for guidance).

Attachment:

c. Provide the following information on the SADDS:

Application area (acres):

Soil infiltration rate (inches/hour):

Average slope of the application area:

Maximum slope of the application area:

Storage volume (gallons):

Major soil series:

Depth to groundwater (feet):

Effluent conductivity (mmhos/cm):

d. The facility is/will be located west of the boundary shown in *30 TAC § 222.83* **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

e. The facility is/will be located east of the boundary shown in *30 TAC § 222.83* **or** is the facility proposing 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.

f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

☐ Yes ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day):
- Nitrogen application rate (gal/square foot/day):

g. Provide the following dosing information:

Number of doses per day:

Dosing duration per area (hours):

Rest period between doses (hours):

Dosing amount per area (inches/day):

Number of zones:

h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

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

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.

  Attachment:

- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

  Attachment:

4. REQUIRED PLANS (Instructions, Pages 79-80)

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

Attachment:

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

Attachment:

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

Attachment:

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment:

5. FLOOD AND RUN-ON PROTECTION (Instructions, Page 80)

a. Is the existing/proposed SADDS located within the 100-year frequency flood level?

☐ Yes ☐ No

Source:

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

b. Is the existing/proposed SADDS within a designated floodway?

☐ Yes ☐ No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination.

Attachment:

6. SURFACE WATERS IN THE STATE (Instructions, Page 80)

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

Attachment:

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

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

Attachment:

WORKSHEET 4.0
RECEIVING WATERS

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

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 81)

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

☐ Yes ☒ No

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

i. The legal name of the owner of the drinking water supply intake: N/A

v. The distance and direction from the outfall to the drinking water supply intake: N/A

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

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

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 81)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

a. Width of the receiving water at the outfall: N/A feet

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

☐ Yes ☒ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: N/A

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

☐ Yes ☒ No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: N/A

3. CLASSIFIED SEGMENT (Instructions, Page 81)

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

☐ Yes ☒ No

If **yes**, stop here. It is not necessary to complete Items 4 and 5 of this worksheet or Worksheet 4.1.

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

4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Page 82)

a. Name of the immediate receiving waters: None – Irrigation Only

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

- ☐ Lake or Pond
  - Surface area (acres):
  - Average depth of the entire water body (feet):
  - Average depth of water body within a 500-foot radius of the discharge point (feet):
- ☐ Man-Made Channel or Ditch
- ☐ Stream or Creek
- ☐ Freshwater Swamp or Marsh
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Open Bay
- ☐ Other, specify:

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

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

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

- ☐ Intermittent (dry for at least one week during most years)
- ☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)
- ☐ Perennial (normally flowing)

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

- ☐ USGS flow records
- ☐ personal observation
- ☐ historical observation by adjacent landowner(s)
- ☐ other, specify: N/A

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: N/A

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

☐ Yes ☐ No

If **yes**, describe how: N/A

f. General observations of the water body during normal dry weather conditions: N/A

Date and time of observation: N/A

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

☐ Yes ☐ No

If **yes**, describe how: N/A

5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 82)

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

- ☐ oil field activities
- ☐ agricultural runoff
- ☐ upstream discharges
- ☐ urban runoff
- ☐ septic tanks
- ☐ other, specify: N/A

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

- ☐ livestock watering
- ☐ non-contact recreation
- ☐ domestic water supply
- ☐ contact recreation
- ☐ fishing
- ☐ industrial water supply
- ☐ irrigation withdrawal
- ☐ navigation
- ☐ picnic/park activities
- ☐ other, specify: N/A

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

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

WORKSHEET 4.1
WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

1. DATA COLLECTION (Instructions, Pages 83-84)

a. Date of study: Time of study:

Waterbody name:

General location:

b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):

☐ perennial ☐ intermittent with perennial pools ☐ impoundment

c. No. of defined stream bends:

Well: Moderately: Poorly:

d. No. of riffles:

e. Evidence of flow fluctuations (check one):

☐ Minor ☐ Moderate ☐ Severe

f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications:

g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**								

* riffle, run, glide, or pool

** channel bed to water surface

2. SUMMARIZE MEASUREMENTS (Instructions, Page 84)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.):

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

Length of stream evaluated (ft):

Number of lateral transects made:

Average stream width (ft):

Average stream depth (ft):

Average stream velocity (ft/sec):

Instantaneous stream flow (ft^3/sec):

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

Flow fluctuations (i.e., minor, moderate, or severe):

Size of pools (i.e., large, small, moderate, or none):

Maximum pool depth (ft):

Total number of stream bends:

- Number well defined:
- Number moderately defined:
- Number poorly defined:

Total number of riffles:

WORKSHEET 5.0
SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

1. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 85)

a. Is this a new permit application or an amendment permit application?

☐ Yes ☒ No

b. Does or will the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

If **yes** to either Item 1.a **or** 1.b, attach a solids management plan.

Attachment: N/A

2. SEWAGE SLUDGE MANAGEMENT AND DISPOSAL (Instructions, Pages 85-86)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

☒ Permitted landfill
☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
☐ Registered land application site, attach Form TCEQ-00565
☐ Processed by the permittee, attach Form TCEQ-00744
☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
☐ Transported to another WWTP
☐ Beneficial land application, attach Form TCEQ-10451
☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment:

b. Provide the following information for each disposal site:

Disposal site name: None needed to date

TCEQ Permit/Registration Number: N/A

County where disposal site is located: N/A

c. Method of sewage sludge transportation: ☒ truck ☐ train ☐ pipe ☐ other: truck when needed

TCEQ Hauler Registration Number:

Sludge is transported as a: ☐ liquid ☐ semi-liquid ☒ semi-solid ☐ solid

d. Purpose of land application: ☒ reclamation ☐ soil conditioning ☐ N/A

e. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

Attachment:

3: AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL (Instructions, Page 86)

a. If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment: N/A

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit**. New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

WORKSHEET 6.0
INDUSTRIAL WASTE CONTRIBUTION

This worksheet **is required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

1. ALL POTWS (Instructions, Page 87)

a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU		
SIU - Non-categorical		
Other IU		

b. In the past three years, has the POTW experienced treatment plant interference?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference:

c. In the past three years, has the POTW experienced pass-through?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through:

d. Does the POTW have, or is it required to develop, an approved pretreatment program?

☐ Yes ☐ No

If **yes**, answer all questions in Item 2 and skip Item 3.

If **no**, skip Item 2 and answer all questions in Item 3 for each significant industrial user and categorical industrial user.

2. POTWS WITH APPROVED PRETREATMENT PROGRAMS OR THOSE REQUIRED TO DEVELOP A PRETREATMENT PROGRAM (Instructions, Pages 87-88)

a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to *40 CFR § 403.18*?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all substantial modifications that have not been submitted to the TCEQ and the purpose of the modifications.

Attachment:

b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment:

c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment:

d. Has any SIU, CIU, or other IU caused or contributed to any other problems (excluding interference or pass-through) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including date(s), duration, description of problems, and probable pollutants. Include the name(s) of the SIU(s)/CIU(s)/other IU(s) that may have caused or contributed to any of the problems:

3. SIGNIFICANT INDUSTRIAL USER AND CATEGORICAL INDUSTRIAL USER INFORMATION (Instructions, Pages 88-89)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

a. Mr. or Ms.: First/Last Name:

Organization Name: SIC Code:

Phone number: Email address:

Physical Address: City/State/ZIP Code:

Attachment:

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

Attachment:

c. Provide a description of the principal products(s) or service(s) performed:

d. Flow rate information

Flow rate information

Effluent Type	Discharge (gallons per day)	Discharge Frequency (continuous, batch, or intermittent)
Process wastewater		
Non-process wastewater		

e. Pretreatment Standards

i. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

☐ Yes ☐ No

ii. Is the SIU subject to categorical pretreatment standards?

☐ Yes ☐ No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject To Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

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

☐ Yes ☐ No

If **yes**, provide a description of each episode, including dates, duration, description of problems, and probable pollutants, and include the name(s) of the SIU(s)/CIU(s) that may have caused or contributed to the problem(s):

WORKSHEET 7.0
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

1. APPLICABILITY (Instructions, Page 90)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☐ Yes ☐ No

If **no**, stop here. If **yes**, proceed as directed.

2. STORMWATER OUTFALL COVERAGE (Instructions, Page 91)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization coverage

Outfall	Authorized Under MSGP	Authorized Under Individual Permit
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP, stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit, proceed.**

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application.

3. SITE MAP (Instructions, Page 91)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in *30 TAC § 327.4*) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☐ Check the box to confirm all the above information was provided on the facility site map(s).

Attachment:

4. FACILITY/SITE INFORMATION (Instructions, Pages 91-92)

a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

b. Provide the following local area rainfall information and the source of the information.

Wettest month:

Average rainfall for wettest month (total inches):

25-year, 24-hour rainfall (inches):

Source:

c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:**

d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:**

e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility:

5. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 92)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   vi. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

6. POLLUTANT ANALYSIS (Instructions, Pages 92-93)

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

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

c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 Pollutant Analysis for Outfall No.:

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event
** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

Table 18 Pollutant Analysis for Outfall No.:

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

* Taken during first 30 minutes of storm event
** Flow-weighted composite sample

Attachment:

7. STORM EVENT DATA (Instructions, Page 94)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event:

Duration of storm event (minutes):

Total rainfall during storm event (inches):

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours):

Maximum flow rate during rain event (gallons/minute):

Total stormwater flow from rain event (gallons):

Provide a description of the method of flow measurement or estimate:

WORKSHEET 8.0
AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

1. FACILITY/SITE INFORMATION (Instructions, Pages 95-96)

a. Complete the following table with information regarding production ponds, raceways, and fabricated tanks at the facility:

Production Pond Descriptions:

Number of Ponds	Dimensions (include units)	Area of Each Pond (include units)	Number of Ponds × Area of Ponds (include units)

Total surface area of all ponds:

Raceway Descriptions:

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions:

Number of Tanks	Dimensions (include units)

b. Does the facility have a TPWD-approved emergency plan?

☐ Yes ☐ No

If **yes**, attach a copy of the approved plan.

Attachment:

c. Does the facility have an aquatic plant transplant authorization?

☐ Yes ☐ No

If **yes**, attach a copy of the authorization letter.

Attachment:

d. Provide the number of aquaculture facilities located within 25-miles of this facility:

2. SPECIES IDENTIFICATION (Instructions, Page 96)

Complete the following table regarding each species raised, source, origin, and disease status of the stock. Identify and attach copies of any current relevant authorizations or permits that authorize the species.

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment:

3. STOCK MANAGEMENT PLAN (Instructions, Page 96)

Attach a detailed stock management plan.

Attachment:

4. WATER TREATMENT AND DISCHARGE DESCRIPTION (Instructions, Page 97)

Attach a detailed description of the discharge practices and water treatment process(es).

Attachment:

5. SOLID WASTE MANAGEMENT (Instructions, Page 97)

Attach a description of the solid waste-disposal practices.

Attachment:

6. SITE ASSESSMENT REPORT (Instructions, Pages 97-98)

All new and expanding commercial shrimp facilities located/to be located within the coastal zone must attach a detailed site assessment report which identifies sensitive aquatic habitats within the coastal zone.

Attachment:

WORKSHEET 9.0
CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

SUBMIT TO: TCEQ UIC Permits Team Radioactive Materials Division MC 233 PO Box 13087 Austin, Texas 78711-3087 512/239-6466	TEXAS COMMISSION ON ENVIRONMENTAL QUALITY CLASS V INJECTION WELL INVENTORY/ AUTHORIZATION FORM	For TCEQ Use Only Reg. No. Date Received: Date Authorized:

Reg. No. 5

Class V Well Designation Code:

SECTION I GENERAL INFORMATION (Instructions, Page 101)

Provide the requested information for Items 1 through 8.

1. TCEQ Program (PST, VCP, IHW, etc.): Program ID:
   Contact Name: Phone Number:
2. Agent/Consultant:
   Contact Name: Phone Number:
   Address (Street, City, State, and Zip Code):
3. ☐ Owner ☐ Operator
   Owner/Operator:
   Contact Name: Phone Number:
   Address (Street, City, State, and Zip Code):
4. Facility Name:
   Address (Street, City, County, State, and Zip Code) or location description (if no address is available):
   Contact Name: Phone Number:
5. Latitude and Longitude (degrees-minutes-seconds):
   Method of determination (GPS, TOPO, etc.):
   Attach topographic quadrangle map as Attachment A.
6. Type of Well Construction (Vertical Injection, Subsurface Fluid Distribution System, Infiltration Gallery, Temporary Injection Points, etc.):
   Number of Injection Wells:
7. Detailed Description regarding purpose of Injection System:
   Attach a Site Map as Attachment B (Include Approved Remediation Plan, if appropriate).
8. Water Well Driller/Installer: License Number:
   Address (Street, City, State, and Zip Code):
   Phone Number:

SECTION II PROPOSED DOWN HOLE DESIGN

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

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

SECTION III PROPOSED TRENCH SYSTEM, SUBSURFACE FLUID DISTRIBUTION SYSTEM, OR INFILTRATION GALLERY

Attach a diagram signed and sealed by a licensed engineer as Attachment D and provide the information requested in Items 12 through 13.

12. System(s) Dimensions:
13. System(s) Construction:

SECTION IV SITE HYDROGEOLOGICAL AND INJECTION ZONE DATA

Provide the information requested in Items 14 through 31.

14. Name of Contaminated Aquifer:
15. Receiving Formation Name of Injection Zone:
16. Well/Trench Total Depth:
17. Surface Elevation:
18. Depth to Ground Water:
19. Injection Zone Depth:
20. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

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

    - Name:
    - Thickness:

21. Provide a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.
22. Provide the Horizontal and Vertical extent of contamination and injection plume as Attachment F.
23. Provide Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. as Attachment G.
24. Provide the Injection Fluid Chemistry in PPM at point of injection as Attachment H.
25. Lowest Known Depth of Ground Water with < 10,000 PPM TDS:
26. Maximum injection Rate/Volume/Pressure:
27. Water wells within 1/4-mile radius (attach map as Attachment I):
28. Injection wells within 1/4-mile radius (attach map as Attachment I):
29. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment I):
30. Sampling frequency:
31. Known hazardous components in injection fluid:

SECTION V SITE HISTORY

Provide the information requested in Items 32 through 35

32. Type of Facility:

33. Contamination Dates:

34. Provide the original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations as attachment J

35. Provide the results of any previous remediation as attachment K.

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 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 Stormwater 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 groundwater 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, 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)

WORKSHEET 10.0
QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facilities or mining facilities located within a Water Quality Protection Area in the John Graves Scenic Riverway.

Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.

1. EXCLUSIONS (Instructions, Pages 101-102)

a. Is this a municipal solid waste facility?

☐ Yes ☐ No

b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?

☐ Yes ☐ No

c. Is this a coal mine?

☐ Yes ☐ No

d. Is this a facility mining clay and/or shale for use in manufacturing of structural clay products?

☐ Yes ☐ No

If **yes** to **any** of the above questions, **stop here**. The facility is required to maintain acceptable documentation, as outlined in *30 TAC § 311.72(c)*, at the facility to demonstrate the exclusion(s).

2. LOCATION OF THE QUARRY (Instructions, Page 102)

Check the box next to the distance between the quarry and the nearest navigable water body:

☐ < 200 feet ☐ 200 feet – 1,500 feet ☐ 1,500 feet – 1 mile ☐ > 1 mile

NOTE: The construction or operation of any new quarry or expansion of any existing quarry **is prohibited** within 200 feet of any water body located within a water quality protection area in the John Graves Scenic Riverway.

3. ADDITIONAL REQUIREMENTS (Instructions, Pages 102-104)

Use the table in the Instructions to determine if additional application requirements apply to the facility based on distance between the quarry and the nearest waterway. Attach as appropriate or enter N/A.

a. Attach a Restoration Plan:

b. Amount of Financial Assurance for Restoration: $

Mechanism:

c. Attach a Technical Demonstration:

d. Attach a Reclamation Plan:

e. Amount of Financial Assurance for Reclamation: $

Mechanism:

WORKSHEET 11.0
COOLING WATER SYSTEM INFORMATION

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.**

1. COOLING WATER SYSTEM DATA (Instructions, Pages 105-106)

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Total DIF	
Total AIF	
Intake Flow Uses (%)	
Contact cooling	
Non-contact cooling	
Process uses	
Other	

b. Attach the following information:

i. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).

ii. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.

iii. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).

iv. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.

v. Previous year (a minimum of 12 months) of AIF data.

vi. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment:

2. COOLING WATER INTAKE STRUCTURE(S) DATA (Instructions, Page 106)

a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID				
DIF				
AIF				
Intake Flow Uses (%)				
Contact cooling				
Non-contact cooling				
Process uses				
Other				
Latitude				
Longitude				

b. Attach the following information regarding the CWIS(s):

i. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.

ii. Engineering calculations for each CWIS.

Attachment:

3. SOURCE WATER PHYSICAL DATA (Instructions, Pages 106-107)

a. Complete the following table with information regarding the CWIS(s) source waterbody (this includes primary and make-up CWIS(s)).

Source Waterbody Data

CWIS ID				
Source waterbody				
Mean annual flow				
Source				

b. Attach the following information regarding the source waterbody.

i. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

ii. A narrative description of the source waterbody's hydrological and geomorphological features.

iii. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.

iv. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment:

4. OPERATIONAL STATUS (Instructions, Page 107)

a. Is this application for a power production or steam generation facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.b. If **yes**, provide the following information as an attachment:

i. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.

ii. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.

iii. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).

iv. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

Attachment:

b. Process Units

i. Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, continue.

ii. Does the facility use or intend to use reductions in flow or changes in operations to meet the requirements of *40 CFR § 125.94(c)*?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors
- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment:

c. Is this an application for a nuclear power production facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment:

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment:

WORKSHEET 11.1
IMPINGEMENT MORTALITY

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12.** Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID:

1. IMPINGEMENT COMPLIANCE TECHNOLOGY SELECTION (Instructions, Page 108)

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.

- ☐ Closed-cycle recirculating system(CCRS) [*40 CFR § 125.94(c)(1)*]
- ☐ 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] – Proceed to Worksheet 11.2
- ☐ 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]
- ☐ Existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] – Proceed to Worksheet 11.2
- ☐ Modified traveling screens [*40 CFR § 125.94(c)(5)*]
- ☐ System of technologies [*40 CFR § 125.94(c)(6)*]
- ☐ Impingement mortality performance standard [*40 CFR § 125.94(c)(7)*]
- ☐ De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]
- ☐ Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

If 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] or existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] was selected, proceed to Worksheet 11.2. Otherwise, continue to Item 2.

2. IMPINGEMENT COMPLIANCE TECHNOLOGY INFORMATION (Instructions, Pages 108-109)

Complete the following sections based on the selection made for item 1 above.

a. CCRS [*40 CFR § 125.94(c)(1)*]

☐ Check this box to confirm the CWS meets the definition of CCRS located at *40 CFR § 125.91(c)* and provide a response to the following questions.

i. Does the facility use or propose to use a CWIS to replenish water losses to the CWS?

☐ Yes ☐ No

If **no**, proceed to item a.ii. If **yes**, provide the following information as an attachment and continue.

1. CWIS ID
2. 12 months of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation.
3. A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment:

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

ii. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

1. Average number of COCs prior to blowdown:

Average COCs prior to blowdown

Cooling Tower ID				
COCs				

2. Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months)

Attachment:

3. Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs prior to blowdown

Cooling Tower ID				
COCs				

4. Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions:

b. 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment:

c. Modified traveling screens [*40 CFR § 125.94(c)(5)*]

Provide the following information as an attachment and proceed to Worksheet 11.2.

i. A description of the modified traveling screens and associated equipment.

ii. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods

iii. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment:

d. System of technologies [*40 CFR § 125.94(c)(6)*] or impingement mortality performance standard [*40 CFR § 125.94(c)(7)]*

Provide the following information as an attachment and proceed to Worksheet 11.2.

i. A description of the system of technologies used or proposed for use by the facility to achieve compliance with the impingement mortality standard.

ii. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.

iii. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment:

e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

i. Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation.

Attachment:

ii. If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.vi. to support this determination.

Attachment:

f. Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment:

WORKSHEET 11.2
SOURCE WATER BIOLOGICAL DATA

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12.** Complete one copy of this worksheet for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at *40 CFR §§ 125.94(c)(1)-(7).*

Name of source waterbody:

1. SPECIES MANAGEMENT (Instructions, Page 110)

a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the USFWS or the NMFS.

☐ Yes ☐ No

If yes, attach any information submitted in order to obtain that permit, which may be used to supplement the permit application information requirements of paragraph *40 CFR § 125.95(f).*

Attachment:

b. Is the facility requesting a waiver from application requirements at *40 CFR § 122.21(r)(4)* in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

☐ Yes ☐ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment:

c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

2. SOURCE WATER BIOLOGICAL DATA (Instructions, Pages 110-111)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop.

Existing Facilities (Phase II)

- If the answer to **1.b.** above was **no**, provide responses to all items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **true**, do not complete any items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **false**, attach a response for any item in this section that is not contained within the most recent TPWD, or equivalent and proceed to Worksheet 11.3.

Attachment:

a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through *(vi)* that are not available, and efforts made to identify sources of the data.

b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.
   - all life stages and their relative abundance,
   - identification of all species and life stages that would be most susceptible to impingement and entrainment,
   - forage base,
   - significance to commercial fisheries,
   - significance to recreational fisheries,
   - primary period of reproduction,
   - larval recruitment, and
   - period of peak abundance for relevant taxa.

c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).

d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).

e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.

g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

WORKSHEET 11.3
ENTRAINMENT

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12.** Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID:

1. APPLICABILITY (Instructions, Page 112)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [*40 CFR § 125.94(c)(1)*] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance *with 40 CFR § 125.95*, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

2. EXISTING ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment:

3. FACILITY ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

a. Attach an entrainment characterization study, as described at *40 CFR § 122.21(r)(9)*.

Attachment:

b. Attach a comprehensive feasibility study, as described as *40 CFR § 122.21(r)(10)*.

Attachment:

c. Attach a benefits valuation study, as described as *40 CFR § 122.21(r)(11)*.

Attachment:

d. Attach a non-water quality environmental and other impacts study, as described as *40 CFR § 122.21(r)(12)*.

Attachment:

e. Attach a peer review analysis, as described as *40 CFR § 122.21(r)(13)*.

Attachment:

WORKSHEET 12.0
OIL AND GAS EXPLORATION, DEVELOPMENT, AND PRODUCTION WASTEWATER DISCHARGES

This worksheet **is required** for all TPDES permit applications that are subject to Effluent Limitation Guidelines in 40 CFR Part 435.

1. OPERATIONAL INFORMATION (Instructions, Page 113)

a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☒ No

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

2. PRODUCTION/PROCESS DATA (Instructions, Page 113)

a. Provide the applicable 40 CFR Part 435 Subpart(s).

b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

Attachment:

d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

Attachment:

e. Provide information on miscellaneous discharges.

Attachment:

f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (specify units)	Purpose

Attachment:

g. List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Wastewater Treatment Chemicals List

Chemical Name	Concentration (specify units)	Purpose

Attachment:

3. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 114)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

4. POLLUTANT ANALYSIS (Instructions, Page 114)

Tables 1, 2, 6, and 7 located in Worksheet 2.0 are required. In addition, Table 19 below is required and must be completed for each outfall and submitted with this application. The remaining tables in Worksheet 2.0, are required as applicable.

Table 19 for Outfall No.: [redacted]

Samples are (check one): ■ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (mg/L)*	Sample 2 (mg/L)*	Sample 3 (mg/L)*	Sample 4 (mg/L)*
Calcium				
Potassium				
Sodium				

* Indicate units if different from mg/L.

Attachment A: Core data Form

Attachment B: Topo Map

Attachment C: Site Drawing

Attachment D: Flow Diagram

Attachment E: Annual Cropping Plan

Attachment F: Soil Map

Attachment A: Core data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 601635782		RN 102180106

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:*

J & B Sausage Company, Inc.

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
0026264800	17416482531	74-1648253	

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

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

13. Independently Owned and Operated?
☐ Yes ☐ No

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

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

15. Mailing Address: 1078 HIGHWAY 90

City	Weimar	State	TX	ZIP	78962	ZIP + 4	

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(830) 788-7511	101	( ) -

SECTION III: Regulated Entity Information

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

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

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

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

J & B Foods

23. Street Address of the Regulated Entity: *(No PO Boxes)*	1078 US- 90							
	City	Weimar	State	TX	ZIP	78962	ZIP + 4	
24. County	Colorado							

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

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

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:	29.69907		28. Longitude (W) In Decimal:	-96.80185	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)
2013		311612	

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

Meat and Sausage Processing

34. Mailing Address:	1078 US-90							
	City	Weimar	State	TX	ZIP	78962	ZIP + 4	
35. E-Mail Address:	bzbikowski@jbfoods.com							

36. Telephone Number	37. Extension or Code	38. Fax Number *(If applicable)*
(830) 788-7511		( ) -

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0002868000			

SECTION IV: Preparer Information

40. Name:	Alexandra Wheeler	41. Title:	Environmental Scientist

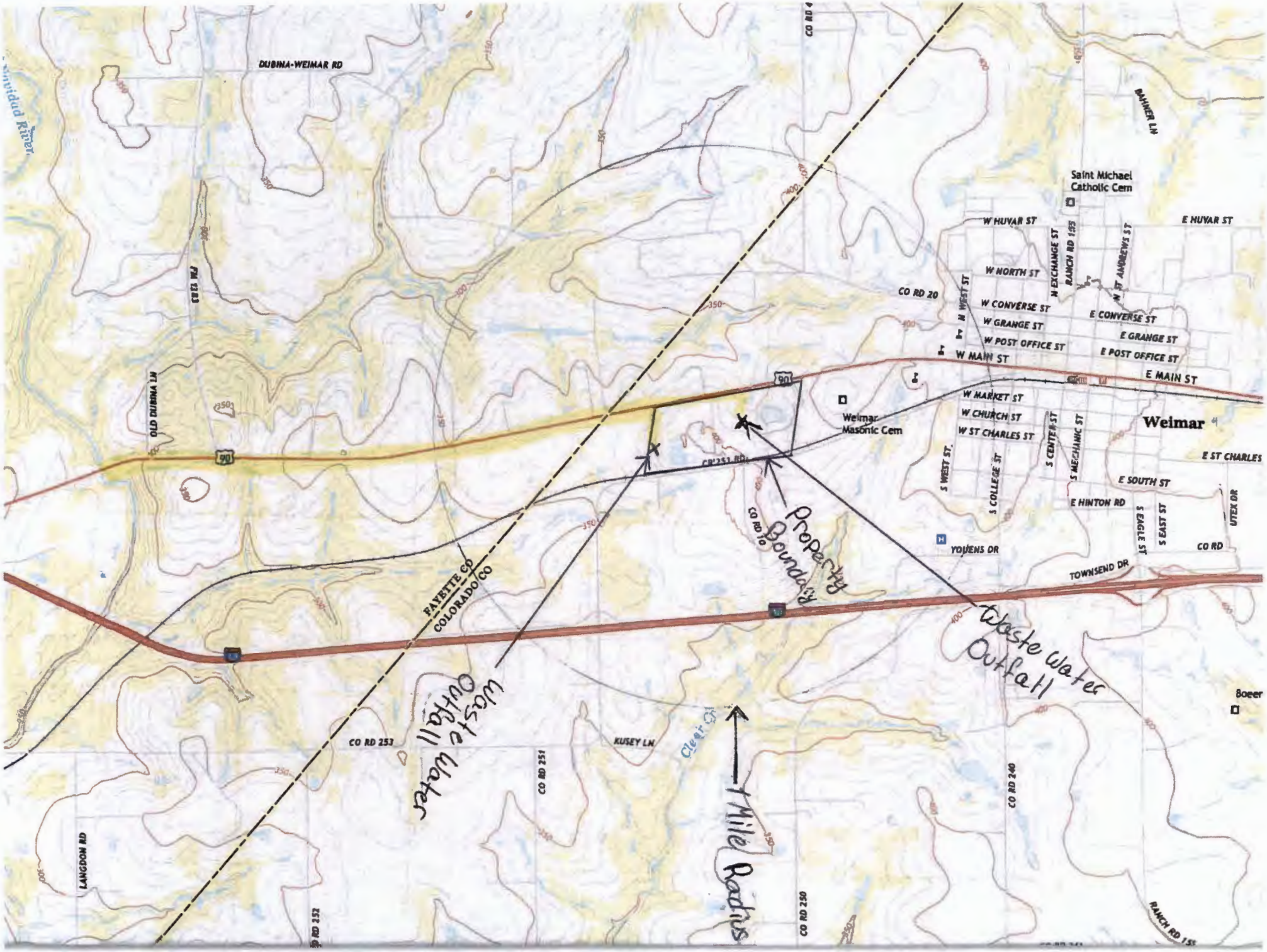
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(832) 291-3473		( ) -	alex@rsbenv.com

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:	J & B Sausage Company, Inc.	Job Title:	President/CFO
Name *(In Print)*:	Adam Bosl	Phone:	(830) 788- 7511
Signature:	AJ Bosl	Date:	3/6/2023

Attachment B: Topo Map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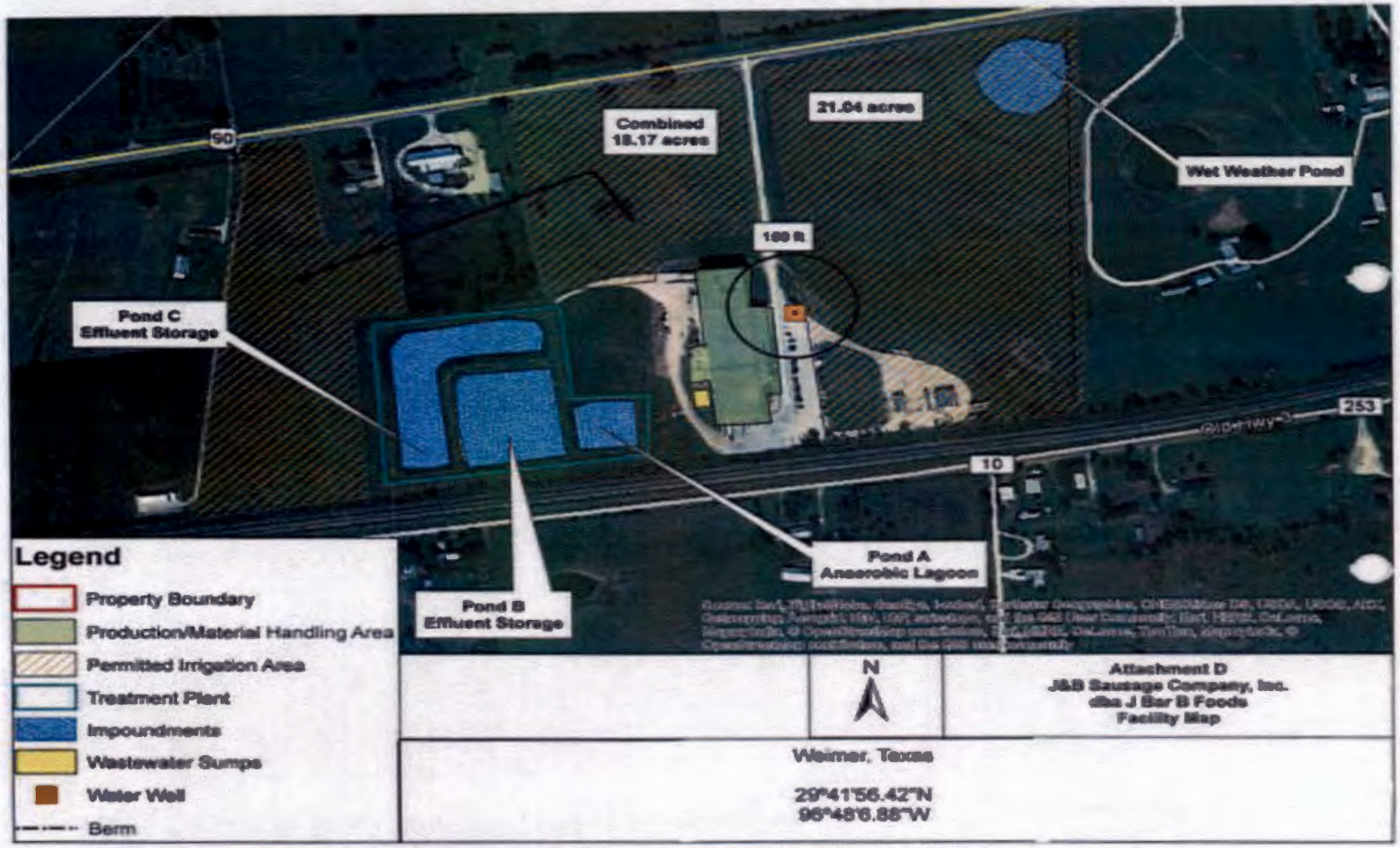
CO RD 4
BAHNER LN
Saint Michael Catholic Cem
W HUVAR ST
E HUVAR ST
W NORTH ST
N EXCHANGE ST
RANCH RD 155
N ST ANDREWS ST
CO RD 20
N WEST ST
W CONVERSE ST
E CONVERSE ST
W GRANGE ST
E GRANGE ST
W POST OFFICE ST
E POST OFFICE ST
W MAIN ST
E MAIN ST
90
FM 1383
OLD DUBINA LN
W MARKET ST
W CHURCH ST
W ST CHARLES ST
Weimar Masonic Cem
Weimar
S WEST ST.
S COLLEGE ST
S CENTER ST
S MECHANIC ST
E ST CHARLES
E SOUTH ST
E HINTON RD
S EAGLE ST
S EAST ST
UTEX DR
CO RD
CR 253 RD
CO RD 10
YOUENS DR
TOWNSEND DR
Property Boundary
FAYETTE CO
COLORADO CO
Waste water Outfall
Waste water outfall
Boeer
CO RD 253
KUSEY LN
Clear Cr
1 Mile Radius
CO RD 251
CO RD 240
CO RD 250
LANGDON RD
RANCH RD 155

Attachment C: Site Drawings



Wastewater permit renewal **Permit No. WQ0002868000**

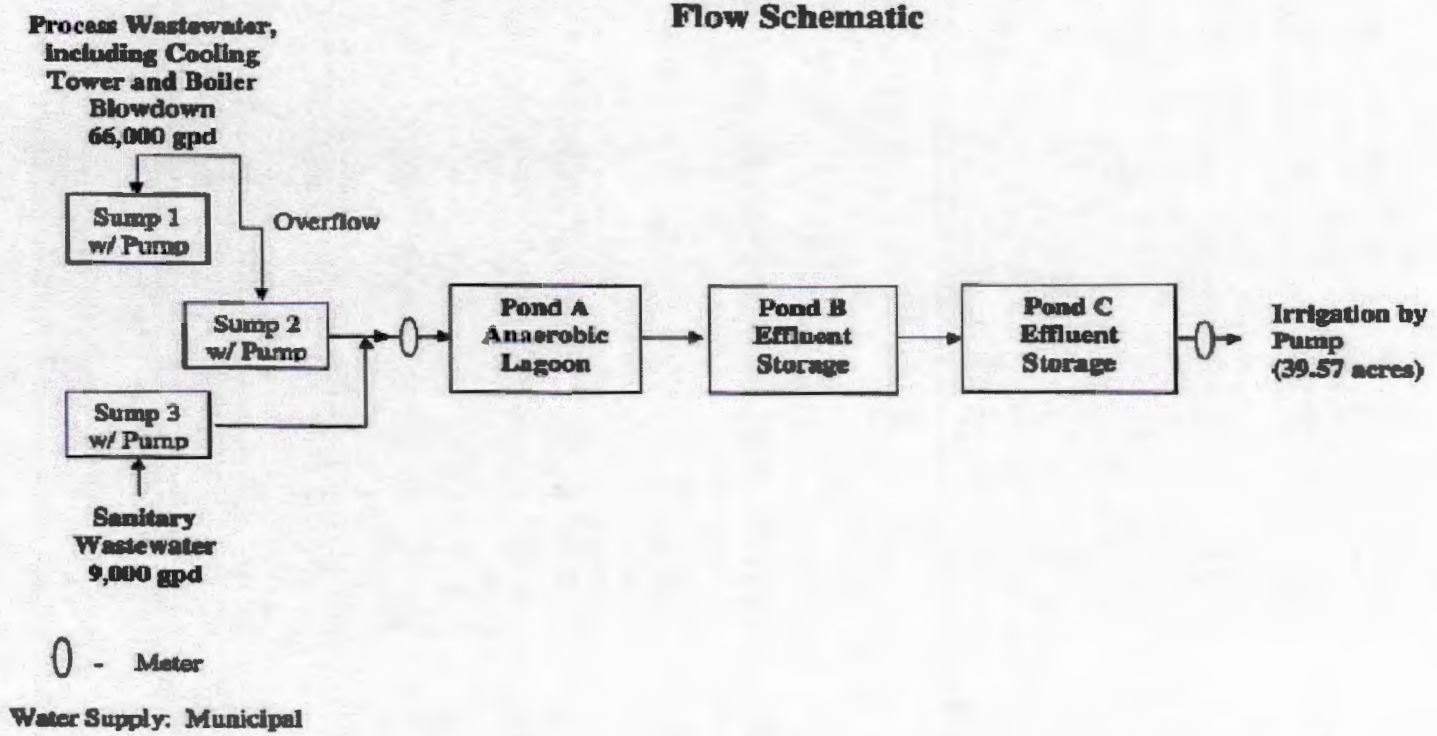
J & B Sausage Company Inc

Site Drawing

RSB ENVIRONMENTAL

Attachment D: Flow Diagram

J&B Sausage Company, Inc. dba J Bar B Foods
Attachment E
Flow Schematic



Wastewater permit renewal
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J & B Sausage Company Inc

Flow Diagram

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Attachment E: Annual Cropping Plan

J & B Sausage Company, Inc

Annual Cropping plan 2023

The Soil map depicts 3 separate irrigation tracts consisting of 39.21 acres of coastal Bermuda hay pasture in Colorado county, Texas.(Soil map attached)

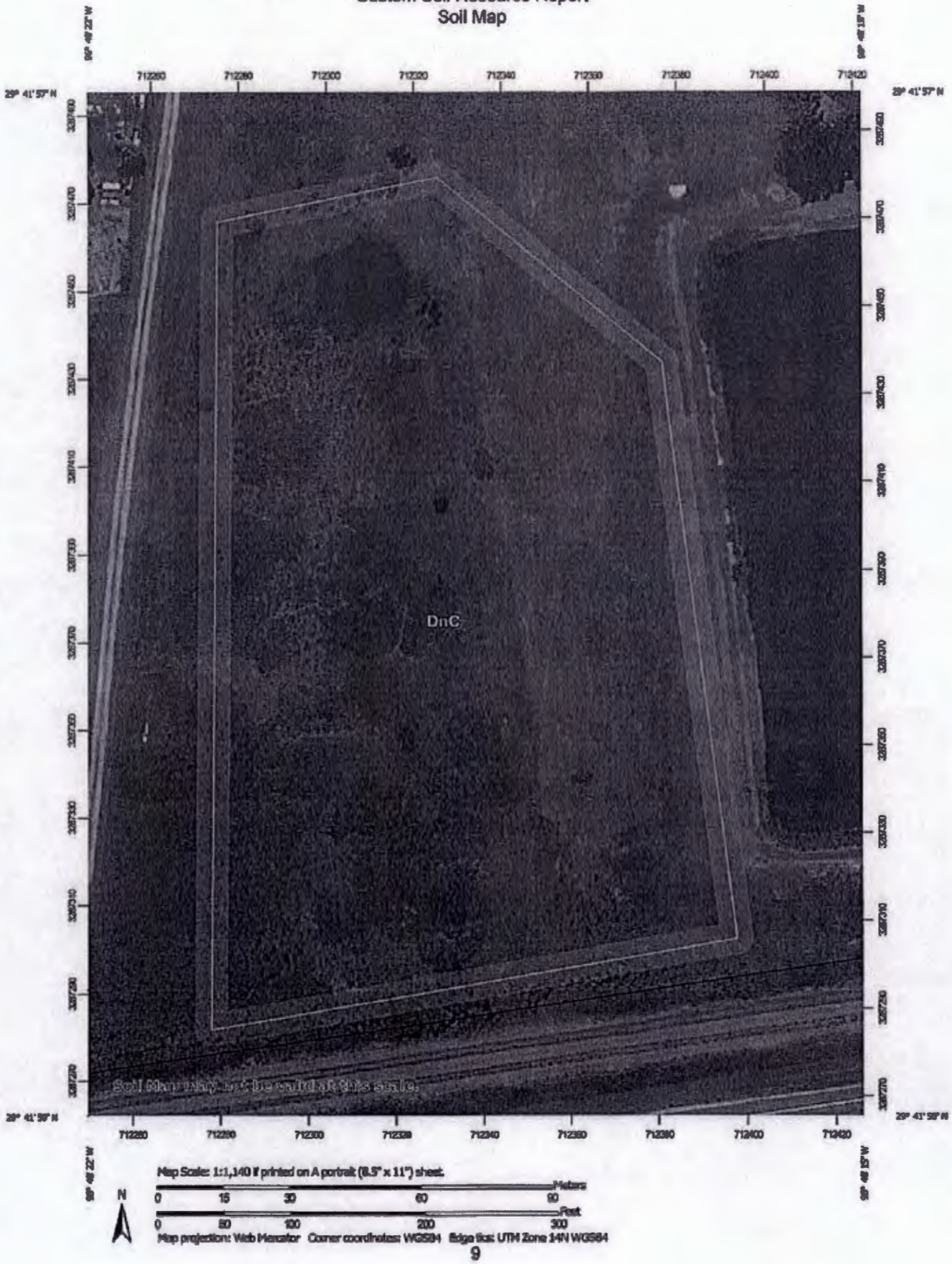
The purpose of the coastal Bermuda pasture is for hay cuttings only. The pasture is not used for grazing.

The growing season of the improved coastal Bermuda is nine months per year, allowing for three months winter dormancy. Nitrogen is required for the growth of coastal Bermuda.

Custom Soil Resource Report
Soil Map

Custom Soil Resource Report
Soil Map

Custom Soil Resource Report
Soil Map



Attachment F: Soil Map

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Soil Map

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