

Permitting Services, LLC

6425 Bankside Drive, Stitte 2111
Houston, TX 77096
robin@permittingsorices.net
Tel. 713-458-8612

October 11, 2023

Chilton Water Supply and Sewer Service Corporation P.O. Box 167 Chilton, TX 76632

RE: Public Viewing Requirement

Please place this in its entirety at the Falls County Courthouse, Front Desk, located at 125 Bridge Street, Marlin, Texas 76661.

Secondly, please sign-off on the Public Notice Verification Form and the Laboratory Accreditation Form mail them to: Permitting Services, LLC, 6425 Bankside Drive, Houston, TX 77096.

There will be a 30-day comment period after the 1st public notice ad runs. The permit will be in Technical Review now. After that, you'll be asked to run a 2nd Public Notice Ad. That will probably happen towards the end of January 2024.

Thank you for your help in completing the 1st Public Notice Ad Requirement.

Yours sincerely,

Robin Lynn Butcko

Senior Wastewater Consultant

Robin Batek

Permitting Services, LLC

713.458.8612

Enclosed: Public Notice Viewing Form

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:	
	or AmendmentNewNew
County:	Segment Number:
Admin Complete Date:	
Agency Receiving SPIF:	
Texas Historical Commission	U.S. Fish and Wildlife
Texas Parks and Wildlife Departme	ent U.S. Army Corps of Engineers
This form applies to TPDES permit applica	ations only. (Instructions, Page 53)
each agency as required by the TCEQ agree	document. The TCEQ will mail a copy of the SPIF to ment with EPA. If any of the items are not completely I, you will be contacted to provide the information t be completely addressed.
be provided with this form separately from	the permit application form. Each attachment must the administrative report of the application. The tively complete without this form being completed in
The following applies to all applications:	
. Permittee: Chilton Water Supply and Sev	ver Service Corporation
Permit No. WQ00 10811001	EPA ID No. TX <u>0053520</u>
and county):	scription that includes street/highway, city/vicinity,
.7 miles east of state highway 77 and 1 Texas 76632	mile south of the City of Chilton; Falls County,
A B	

SPIF FORM

	- Child
Provid answe	le the name, address, phone and fax number of an individual that can be contacted to er specific questions about the property.
Prefix	(Mr., Ms., Miss): Ms.
First a	and Last Name: Robin Butcko
Crede	ntial (P.E, P.G., Ph.D., etc.): BBA
Title: 5	Senior Wastewater Consultant
Mailin	g Address: 6425 Bankside Drive, Suite 2111
City, S	tate, Zip Code: Houston, TX 77096
Phone	No.: 713-458-8612 Ext.: Fax No.:
	Address: robin@permittingservices.net
List th	e county in which the facility is located: Falls
If the	property is publicly owned and the owner is different than the permittee/applicant, list the owner of the property.
discha the cla Disch	nent from the point of discharge to the nearest major watercourse (from the point of rge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify ssified segment number. Narge begins at the WWTP to an unnamed ditch, thence to Deer Park Creek; thence to be River below Whitney Lake in Segment No. 1242 on the Brazos River Basin.
plotted route i	provide a separate 7.5-minute USGS quadrangle map with the project boundaries d and a general location map showing the project area. Please highlight the discharge from the point of discharge for a distance of one mile downstream. (This map is ed in addition to the map in the administrative report).
1411 ¹² 7711	e original photographs of any structures 50 years or older on the property.
Does y	our project involve any of the following? Check all that apply.
Ö	Proposed access roads, utility lines, construction easements
	Visual effects that could damage or detract from a historic property's integrity
6	Vibration effects during construction or as a result of project design
H	Additional phases of development that are planned for the future

Sealing caves, fractures, sinkholes, other karst features

3.

4.

5.

SPIF FORM

OI	st proposed co caves, or othe	nstruction impa r karst features)	act (surface acres):	to be impacted	, depth of excav	ation, sealin
7. De	escribe existing	disturbances, v	vegetation, and l	and use:		
AMEN 3. <u>Lis</u>	DMENTS TO T	PDES PERMITS	Y TO APPLICATI			AND MAJOR

TCEQ

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: Chilton Water Supply and Sewer Service Corporation

PERMIT NUMBER: WQ0010811001

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

	Y	N		Y	N
Administrative Report 1.0	Ø		Original USGS Map	Ø	
Administrative Report 1.1	₫	⊠	Affected Landowners Map		Ø
SPIF	\boxtimes		Landowner Disk or Labels	=	8
Core Data Form	×	Õ	Buffer Zone Map		×
Public Involvement Plan Form		2	Flow Diagram	2	1
Technical Report 1.0	Ø	=	Site Drawing		
Technical Report 1.1		図	Original Photographs		Ø
Worksheet 2.0	\boxtimes		Design Calculations		1
Worksheet 2.1	Ē	\boxtimes	Solids Management Plan		図
Worksheet 3.0		\boxtimes	Water Balance	60	×
Worksheet 3.1	ā	2			
Worksheet 3.2		8			
Worksheet 3.3		1			
Worksheet 4.0		⊠			
Worksheet 5.0		⊠			
Worksheet 6.0	Ø	6			
Worksheet 7.0		Ø			

COLUMN TO STATE OF	only			Tak in
		Country		
		Region		
Personal Division				



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 29)

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

New/Major Amendment	Renewal
\$350.00 =	\$315.00
\$550.00	\$515.00
\$850.00	\$815.00
\$1,250.00	\$1,215.00
\$1,650.00	\$1,615.00
\$2,050.00	\$2,015.00
	\$350.00

Minor Amendment (for any flow) \$150.00

Payment Information:

Mailed Check/Money Order Number: 7039

ATTACHMENT E

Check/Money Order Amount: \$815.00

Name Printed on Check: Chilton Water Supply & Sewer Service

EPAY

Voucher Number:

Copy of Payment Voucher enclosed? Yes

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New TPDES

New TLAP

Major Amendment with Renewal

Minor Amendment with Renewal

Major Amendment without Renewal

Minor Amendment without Renewal

Renewal without changes

Minor Modification of permit

For amendments or modifications, describe the proposed changes:

For existing permits:

Permit Number: WQ00<u>10811001</u> EPA I.D. (TPDES only): TX10811001

Expiration Date: 08/14/2024

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

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

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

Chilton Water Supply and Sewer Service Corporation

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

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

CN: 600692115

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

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

First and Last Name: Alejandro Flores

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

Title: Mayor

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

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

N/A

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

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

CN: N/A

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

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

First and Last Name: N/A

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

Title: N/A

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

C. Core Data Form

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

Attachment: 1

Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: <u>Robin Butcko</u> Credential (P.E, P.G., Ph.D., etc.): <u>BBA</u> Title: Senior Wastewater Consultant

Organization Name: Permitting Services, LLC

Mailing Address: 6425 Bankside Drive, Suite 2111

City, State, Zip Code: Houston, TX 77096

Phone No.: 713-458-8612 Ext.: Fax No.:

E-mail Address: robin@permittingservices.net

Check one or both: 🔯 Administrative Contact 🔯 Technical Contact

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

First and Last Name: Ed Hall

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

Title: Superintendent WISD

Organization Name: Chilton Water Supply and Sewer Service Corporation

Mailing Address: PO Box 167

City, State, Zip Code: Chilton, TX 76632

Phone No.: 254-7471193 Ext.: Fax No.:

E-mail Address: firestomper959@yahoo.com

Check one or both: Administrative Contact Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Robin Butcko
Credential (P.E, P.G., Ph.D., etc.): BBA
Title: Senior Wastewater Consultant

Organization Name: Permitting Services, LLC

Mailing Address: 6425 Bankside Drive, Suite 2111

City, State, Zip Code: Houston, TX 77096

Phone No.: 713-458-8612 Ext.: Fax No.:

E-mail Address: robin@permittingservices.net

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

First and Last Name: Ed Hall

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

Title: Board President

Organization Name: Chilton Water Supply and Sewer Service Corporation

Mailing Address: PO Box 167

City, State, Zip Code: Chilton, TX 76632

Phone No.: 254-747-1193 Ext.: Fax No.:

E-mail Address: firestomper959@yahoo.com

Section 6. Billing Information (Instructions Page 30)

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

Prefix (Mr., Ms., Miss): Mr. First and Last Name: Ed Hall

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

Title: Board President

Organization Name: Chilton Water Supply and Sewer Service Corporation

Mailing Address: PO Box 167

City, State, Zip Code: Chilton, TX 76632

Phone No.: 254-747-1193 Ext.: Fax No.:

E-mail Address: firestomper959@yahoo.com

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

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

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

First and Last Name: John Young

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

Title: Operator

Organization Name: Chilton Water Supply and Sewer Service Corporation

Mailing Address: PO Box 167

City, State, Zip Code: Chilton, TX 76632

Phone No.: 254-424-4411 Ext.: Fax No.:

E-mail Address: youngj@aol.com

DMR data is required to be submitted electronically. Create an account at:

https://www.tceq.texas.gov/permitting/netdmr/netdmr.html.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

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

First and Last Name: <u>Robin Butcko</u> Credential (P.E, P.G., Ph.D., etc.): <u>BBA</u> Title: Senior Wastewater Consultant

Organization Name: Permitting Services, LLC

Mailing Address: 6425 Bankside Drive, Suite 2111

City, State, Zip Code: Houston, TX 77096

Phone No.: 713-458-8612 Ext.: Fax No.:

E-mail Address: robin@permittingservices.net

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

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

E-mail Address

Fax

Regular Mail

C. Contact person to be listed in the Notices

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

First and Last Name: Robin Butcko

	Cr	edentia	ıl (P.E, P.G	., Ph.D.,	etc.): BBA					
			ior Waster							
	Organization Name: Permitting Services, LLC									
	Phone No.: 713-458-8612 Ext.:									
	E-:	mail: <u>ro</u>	bin⊕pern	nittingse	ervices.net					
D.	Pu	ıblic Vi	ewing Inf	ormatio	n.					
	If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.									
	Pu	blic bu	ilding nan	ne: Falls	County Courthouse					
	Lo	cation	within the	buildin	g: Front Desk					
	Ph	ysical /	Address o	f Buildin	ig: 125 Bridge Street					
	Ci	ty: <u>Marl</u>	in		County: Falls					
	Co	ntact N	lame: <u>Sha</u>	ron Scot	t					
	Ph	one No	.: 254-883	-1419 E	xt.: <u>N/A</u>					
E.	Bil	lingual	Notice Re	quirem	ents:					
	Th	is inform inor m	nation is r rodificati	equire ion, an	d for new, major amendment, minor amendment or d renewal applications.					
	be	needec	on of the l. Comple ic notice p	te instru	ion is only used to determine if alternative language notices will actions on publishing the alternative language notices will be in					
	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 bil	lingual ed ntary or n	ucation iddle so	program required by the Texas Education Code at the chool nearest to the facility or proposed facility?					
			Yes	⊠	No					
		If no, p	publicatio	n of an	alternative language notice is not required; skip to Section 9					
	2.	Are the	e students gual educ	who att	tend either the elementary school or the middle school enrolled in ogram at that school?					
			Yes		No					
	3.	Do the	students on?	at these	e schools attend a bilingual education program at another					
			Yes		No					

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33) A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN102285814 Search the TCEQ's Central Registry at http://www15.tccq.texas.gov/crpub/ to determine if the site is currently regulated by TCEQ. B. Name of project or site (the name known by the community where located): Chilton Water Supply and Sewer Service Corporation Owner of treatment facility: Chilton Water Supply and Sewer Service Corporation Owner of land where treatment facility is or will be: Private Both Federal D. Owner of land where treatment facility is or will be: Private Treatment Plant City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 E-mail Address: If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A City, State, Zip Code: N/A City, State, Zip Code: N/A City, State, Zip Code: N/A		٦.	has w	aived out	of this i	quirea t requiren	o provide nent und	er 19 TAC	ai educ §89.12	ation pro	gram	but the school	
F. Public Involvement Plan Form Complete the Public Involvement Plan Form (TCEQ Form 20960) for each application for a new permit or major amendment to a permit and include as an attachment. Attachment: N/A Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33) A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN102285814 Search the TCEQ's Central Registry at http://www15.tceq.texas.gov/crpub/ to determine if the site is currently regulated by TCEQ. B. Name of project or site (the name known by the community where located): Chilton Water Supply and Sewer Service Corporation Wastewater Treatment Plant C. Owner of treatment facility: Chilton Water Supply and Sewer Service Corporation Ownership of Facility: Public Private Both Federal D. Owner of land where treatment facility is or will be: Prefix (Mr., Ms., Miss): First and Last Name: Chilton Water Supply and Sewer Service Corporation Mailing Address: PO Box 167 City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A			2000		-								
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C. Owner of treatment facility: Chilton Water Supply and Sewer Service Corporation Ownership of Facility: □ Public ☑ Private □ Both □ Federal D. Owner of land where treatment facility is or will be: Prefix (Mr., Ms., Miss): First and Last Name: Chilton Water Supply and Sewer Service Corporation Mailing Address: PO Box 167 City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242	B.	Na	me of	project or	site (th	e name	known by	the comn	nunity	where lo	cated):	:	
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Ownership of Facility: Public Private Both Federal D. Owner of land where treatment facility is or will be: Prefix (Mr., Ms., Miss): First and Last Name: Chilton Water Supply and Sewer Service Corporation Mailing Address: PO Box 167 City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 E-mail Address: If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A	c.	Ov	vner of	treatment	facility	y: Chilto	n Water S	Supply and	Sewer	Service	Corpor	ration	
Prefix (Mr., Ms., Miss): First and Last Name: Chilton Water Supply and Sewer Service Corporation Mailing Address: PO Box 167 City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 E-mail Address: If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A		Ov	vnershi	p of Facili	ty: 🗖	Public	Ø	Private		Both		Federal	
Prefix (Mr., Ms., Miss): First and Last Name: Chilton Water Supply and Sewer Service Corporation Mailing Address: PO Box 167 City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 E-mail Address: If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A	D.	Ov	vner of	land wher	e treati	ment fa	cility is o	will be:					
Mailing Address: PO Box 167 City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A							NAME OF	100					
Mailing Address: PO Box 167 City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A		Fir	st and	Last Name	: Chilto	on Water	Supply	and Sewer	Service	Corpora	ation		
City, State, Zip Code: Chilton, TX 76632 Phone No.: 254-546-2242 If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A											0000000		
Phone No.: 254-546-2242 E-mail Address: If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A						- PERMIT	6632						
If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions. Attachment: N/A E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A			37.	90 - 92			0.000000	Address:	40500		872753	23	
E. Owner of effluent disposal site: Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A		If t	the land	downer is it or deed	not the	same p	erson as nent, See	the facility instruction	owne	r or co-ap	plican	nt, attach a leas	e
Prefix (Mr., Ms., Miss): <u>N/A</u> First and Last Name: <u>N/A</u> Mailing Address: <u>N/A</u>			Attacl	hment: N/	Α								
First and Last Name: <u>N/A</u> Mailing Address: <u>N/A</u>	E.	Ov	vner of	effluent d	isposal	site:							
Mailing Address: N/A		Pre	efix (Mi	., Ms., Mis	s): N/A								
		Fir	st and	Last Name	: N/A								
					-1100								
					THE SERVEN								

Phone	No.	NI/A
Phone	NO.	NA

E-mail Address: N/A

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

Attachment: N/A

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

Prefix (Mr., Ms., Miss): N/A First and Last Name: N/A Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

100	Yes	H	No	facility location in the existing permit accurate?	
No.		=			
If no,	or a nev	v perr	nit appli	ication, please give an accurate description:	
			2322		

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

Yes Yes

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

《中国》,"中国的

City nearest the outfall(s): Chilton, Texas

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

Longitude: -97.049722 W Outfall Latitude: 31.263333 N

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

	Yes No
	If yes, indicate by a check mark if:
	Authorization granted Authorization pending
	For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.
	Attachment:
D.	For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge.
	N/A
121	That the same of t
Se	ction 11. TLAP Disposal Information (Instructions Page 36)
	Yes No If no, or a new or amendment permit application, provide an accurate description of the disposal site location: N/A
	N/A
B.	City nearest the disposal site: N/A
C.	County in which the disposal site is located: N/A
D.	Disposal Site Latitude: N/A Longitude: N/A
E.	For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:
	N/A
F.	For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

Section 12. Miscellaneous Information (Instructions Page 37)

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

В.		Yes	⊠	No					
						onsite sludge existing pern		l authorization, is the locati ate?	on of the
	3	Yes		No		Not Applicab	le		
	If No.	or if a neation, pr	ew on rovide	site slud an accu	ge di rate l	sposal authori ocation descri	zation is ption of	s being requested in this per the sewage sludge disposal	mit site.
C.				ierly em is applic			2 represe	ent your company and get p	aid for
	6	Yes	Ø	No					
						mployed by the application:	ie TCEQ	who represented your com	any and
			625						
	Do you	u owe ar	ny fee	s to the	TCEQ	?			
D.	-		anness.						
D.		Yes	×	No					
D.	If yes,	provide	the f	ollowing		rmation:			
D.	If yes,	provide	the f	0.00000			Amo	unt past due:	
	If yes,	provide nt numb	e the f	ollowing	en de	STATE OF THE PARTY	Amo	unt past due:	
	If yes,	provide nt numb	e the f	ollowing	en de	STATE OF THE PARTY	Amo	unt past due:	
	If yes, Accou	provide nt numb u owe ar Yes	e the foer:	ollowing alties to No	the T	STATE OF THE PARTY		unt past due:	
	If yes, Accou	provide nt numb u owe ar Yes please	e the foer:	ollowing nalties to No le the fo	the T	rceq?	n:	unt past due:	

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

Lease agreement or deed recorded easement, if the land where the treatment facility is

located or the effluent disposal site are not owned by the applicant or co-applicant.

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

Applicant's property boundary

ATTACHMENT A

ATTACHMENT A

- Treatment facility boundary
- · Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- · New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.
- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify: <u>Core Data Form, Site Drawing, Flow Diagram, Copy of Check, Pollutant Analysis</u>

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0010811001

Applicant: Chilton Water Supply and Sewer Service Corporation

Signatory name (typed or printed): Edward Hall

Signatory title: Board President

Certification:

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

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

Signature:	Edwar	Hall	Date	Que 14.2023
	(Use blue ink)			7
Subscribed a	nd Sworn to before	me by the	said EdNO	ua Hall
on this	14	day of	august	, 20 <u>23</u> .
My commissi	on expires on the_	31	_day of allal	£ .20,23.

Notary Public

County, Texas

TERRA COKER
NY COMMISSION EXPIRES
08/31/2025
NOTARY ID: 133338315



August 30, 2023

Texas Commission on Environmental Quality
Water Quality Division
Application Review and Processing Team (MC148)
P.O. Box 13087
Austin, TX 78711-3087

Re:

Application to Renew Permit Number: WQ0010811001 (EPA ID TX0053520)

Customer Number: CN600692115

Regulated Entity Number: RN102285814

Dear Application Review Team,

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.

The Chilton Water Supply & Sewer Service Corporation (CN60092115) operates the Chilton Water Supply & Sewer Wastewater Treatment Plant (WQ0010811001), the plant operates as activated sludge processing plant. The facility is located approximately 0.7 miles east of the State Highway 77 and 1 mile south of the City of Chilton, in Falls County, Texas 76632.

This application is for a renewal to dispose a daily average flow not to exceed 105,000 gallons per day of treated domestic wastewater via outfall 001.

Discharges from the facility are expected to contain seven-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an Existing Phase: The sludge process: influent screening; complete mix activated sludge basin; final clarifier; chlorine contact basin; aerobic digestion; sand drying beds. The sludge disposal method is by truck from IESI – McGregor transported to the Lacy Lakeview Landfill located in McLennan County.

The plant discharges treated wastewater at a volume not to exceed an annual average flow of 105,000 gallons per day. The effluent discharges through a 6" pipe to an unnamed ditch, thence to Deer Creek; thence to Brazos River Above Navasota River in Segment No. 1242 of the Brazos River Basin.

I appreciate your time and effort in reviewing my summary. If you have any questions, please contact me at (713) 458-8612, or via email at robin@permittingservices.net.

Yours truly,

Robin Butcko

Senior Wastewater Consultant

Kobir Buteto

Permitting Services, LLC

(713) 458-8612



agosto 30, 2023

Texas Commission on Environmental Quality
Water Quality Division
Application Review and Processing Team (MC148)
P.O. Box 13087
Austin, TX 78711-3087

Re:

Solicitud de renovación del número de permiso: WQ0010811001 (EPA ID TX0053520

Número de cliente: CN600692115

Número de entidad regulada: RN102285814

Estimado equipo de revisión de solicitudes,

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.

Chilton Water Supply & Sewer Service Corporation (CN60092115) opera la Planta de Tratamiento de Aguas Residuales de Chilton Water Supply & Sewer (WQ0010811001), la planta opera como planta de procesamiento de lodos activados. La instalación está ubicada aproximadamente a 0.7 millas al este de la Carretera Estatal 77 y 1 milla al sur de la Ciudad de Chilton, en el Condado de Falls, Texas 76632.

Esta solicitud es para una renovación para disponer de un flujo promedio diario que no exceda los 105,000 galones por día de aguas residuales domésticas tratadas a través del desagüe 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica de oxígeno carbonoso de siete días (CBODS), sólidos suspendidos totales (TSS), nitrógeno amoníaco (NH3-N) y Escherichia coli. Otros contaminantes potenciales se incluyen en el Informe Técnico Doméstico 1.0, Sección 7. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permiso. Las aguas residuales domésticas se tratan mediante una fase existente: El proceso de lodo: cribado influente; cuenca de lodos activados de mezcla completa; clarificador final; cuenca de contacto con cloro; digestión aeróbica; Camas de secado de arena. El método de eliminación de lodos es por camión de IESI – McGregor transportado al vertedero de Lacy Lakeview ubicado en el condado de McLennan.

La planta descarga aguas residuales tratadas a un volumen que no excede un flujo promedio anual de 105,000 galones por día. El efluente se descarga a través de una tubería de 6 "a una zanja sin nombre, de allí a Deer Creek; de allí al río Brazos, sobre el río Navasota, en el segmento No. 1242 de la cuenca del río Brazos.

Agradezco su tiempo y esfuerzo al revisar mi resumen. Si tiene alguna pregunta, comuníquese conmigo al (713) 458-8612, o por correo electrónico a robin@permittingservices.net.

Atentamente,

Robin Butcko

Senior Wastewater Consultant

Permitting Services, LLC

Rober Bulko

713.458.8612

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications Renewal, New, And Amendment

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.105

2-Hr Peak Flow (MGD): 0.315

Estimated construction start date: N/A

Estimated waste disposal start date: ongoing

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.105

2-Hr Peak Flow (MGD): 0.315

Estimated construction start date: N/A

Estimated waste disposal start date: ongoing

D. Current operating phase: Final Phase

Provide the startup date of the facility:

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

Provide a detailed description of the treatment process. Include the type of

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Domestic Wastewater Permit Application, Technical Reports

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treatment plant, mode of operation, and all treatment units. Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. If more than one phase exists or is proposed in the permit, a description of each phase must be provided. Process description:

The Wastewater Treatment Plant is an activated sludge processing plant. The effluent enters the influent screening; complete mix activated sludge basin; final clarifier, chlorine contact basin; aerobic digestion; sand drying beds.

Port or pipe diameter at the discharge point, in inches: 6"

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Influent Screening & Parshall Flume	1	2' W x 25' L x 2.5' D
Aeration/Activated Sludge Basin	1	13' W x 20' L x 18.5' swd
Final Clarifier	1	22' dia x 13.3 ' swd
Chlorine Contact Chamber	1	10.2 sf x 12' swd
Aerobic Digester Basins	2	8' W x 10.3' L x 14.5' swd
Sludge Drying Beds	2	Approx. 22' L x 15.5' W
Sludge Drying Beds	2	40' L x 18' W

C. Process flow diagrams

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

Attachment: B

Section 3. Site Drawing (Instructions Page 5.	Section
---	---------

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

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

Attachment: C

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

Community of Chilton within the Chilton Water Supply and Sewer Service Corporation service area.

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes 🗖 No 🖾

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

Yes 🗖 No 🗖

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

1	
l	
L	

	ment units been taken out of service permanently, or will any out of service in the next five years? No
yes, was a cl	osure plan submitted to the TCEQ?
Yes 🗖	No 🖬
yes, provide	a brief description of the closure and the date of plan approval.
历史证明是这	
ection 6. Pe	ermit Specific Requirements (Instructions Page 53)
or applicants pecial Provis	with an existing permit, check the Other Requirements or ions of the permit.
A. Summar	ry transmittal
Have plans each propo Yes ⊠	
If yes, prov	ride the date(s) of approval for each phase:
requiremen	ormation, including dates, on any actions taken to meet a at or provision pertaining to the submission of a summary letter. Provide a copy of an approval letter from the TCEQ, if
N/A	
B. Buffer	ones
Have the b Yes ⊠	uffer zone requirements been met? No 🗖
Provide inf	formation below, including dates, on any actions taken to meet the of the buffer zone. If available, provide any new documentation

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relevant to m	aintaining the buffer zones.
C. Other action	ons required by the current permit
permit require	er Requirements or Special Provisions section in the existing e submission of any other information or other required aples include Notification of Completion, progress reports, soil ata, etc. No
If yes, provid the conditions N/A	e information below on the status of any actions taken to meet s of an Other Requirement or Special Provision.
D. Grit and gr	rease treatment
1. Acceptar	ice of grit and grease waste
treats and dec	ity have a grit and/or grease processing facility onsite that cants or accepts transported loads of grit and grease waste that directly to the wastewater treatment plant prior to any

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

2. Grit and grease processing

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

N//4			
N/A			
3. Grit disposal			TA CONTROL AND THE PRINCIPLE OF A SEC.
Does the facility has for grit disposal? Yes No	ave a Municipal Solid	l Waste (MSW) reg	gistration or permit
A registration or p combined with tre	rceQ Municipal Solice ermit is required for atment plant sludge. Ition on grit disposal	grit disposal. Gr See the instructi	it shall not be on booklet for
Describe the meth N/A	od of grit disposal.		
Note: A registration	decanted liquid d on or permit is requir with treatment plant al Solid Waste team	ed for grease dis sludge. For more	information, contac
Describe how the separation.	decant and grease ar	e treated and dis	posed of after grit
N/A			
E. Stormwater m	anagement		
1. Applicability	v		
그 마스타이 사이를 제휴가 하고 있으면 하는 것이 없는 것이 없었다.	ave a design flow of	1.0 MGD or grea	ter in any phase?
Does the facility l	nave an approved pr	etreatment progr	am, under 40 CFR Pa
403?			

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Yes 🗖	No 🖾
If no to both Received.	of the above, then skip to Subsection F, Other Wastes
2. MSGP c	overage
Is the storm disposal cur (MSGP), TXR Yes	water runoff from the WWTP and dedicated lands for sewage rently permitted under the TPDES Multi-Sector General Permit 050000? No 🗵
Other Waste	e provide MSGP Authorization Number and skip to Subsection F, s Received:
	intend to seek coverage under TXR050000?
Yes 🗐	No 🗵
3. Condition	onal exclusion
permitting b	v, do you intend to apply for a conditional exclusion from ased TXR050000 (Multi Sector General Permit) Part II B.2 or (Multi Sector General Permit) Part V, Sector T 3(b)? No 🔯
If yes, pleas	e explain below then proceed to Subsection F, Other Wastes
Received:	
北郊 程	

4. Existing coverage in individual permit

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

Yes ■ No 🗵

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

 Zero stormwater discharge Do you intend to have no discharge of stormwater via use of evaporation 	
	ration of
other means?	• • • • • • • • • • • • • • • • • • • •
Yes No 🗵	
If yes, explain below then skip to Subsection F. Other Wastes Recei	ived.

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

6. Request for coverage in individual permit

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

Yes No 🖾

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

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require
additional information during the technical review of your application.
F. Discharges to the Lake Houston Watershed
Does the facility discharge in the Lake Houston watershed? Yes ☑ No ☑
If yes, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.
G. Other wastes received including sludge from other WWTPs and septic waste
1. Acceptance of sludge from other WWTPs
Does the facility accept or will it accept sludge from other treatment plants at the facility site? Yes No
If yes, attach sewage sludge solids management plan. See Example 5 of the instructions.
In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge
acceptance (gallons or millions of gallons), an estimate of the BOD_5
concentration of the sludge, and the design BOD ₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes 🗖

No 🛛

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

Yes 🗖

No 🖪

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

Yes 🗖

No 🗖

If yes to any of the above, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

uns mormation has or has not changed since the last permit actions

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

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

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

Yes 🗖

No 🖾

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

N/A		

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

Is the facility in operation?
Yes No

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

If yes, provide effluent analysis data for the listed pollutants. Wastewater treatment facilities complete Table 1.0(2). Water treatment facilities discharging filter backwash water, complete Table 1.0(3).

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

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

<i>Table 1.0(2) - Pollutan</i> Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml)					

ATTACHMENT D

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l	1				
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₁)*, mg/l					

*TPDES permits only

†TLAP permits only

ATTACHMENT D

Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: John Young

Facility Operator's License Classification and Level: A

Facility Operator's License Number: WW0065936

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

A. Sludge disposal method

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

follow	ing list. Check all that apply.
×	Permitted landfill
	Permitted or Registered land application site for beneficial use
	Land application for beneficial use authorized in the wastewater permit
ē	Permitted sludge processing facility
ō	Marketing and distribution as authorized in the wastewater permit
	Composting as authorized in the wastewater permit
Ē	Permitted surface disposal site (sludge monofill)
	Surface disposal site (sludge monofill) authorized in the wastewater
	permit
	Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
(S)	Other: N/A - Treatment Consists of Facultative Lagoon
B.	Sludge disposal site
	sal site name: Lacy Lakeview Landfill
	permit or registration number: No. 1646-A
Count	ty where disposal site is located: McLennan County
C.	Sludge transportation method
Metho	od of transportation (truck, train, pipe, other): Truck
Name	of the hauler: <u>IESI - McGregor</u>
Haule	er registration number: No. 40-0197
Sludg	e is transported as a:
	Liquid semi-liquid semi-solid solid solid

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

A. Reneficial use authorization

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

Yes 🗖 No 🔯

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

Yes No 🗖

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

Yes No D

B. Sludge processing authorization

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

Sludge Composting

Yes 🗖 No 🖪

Marketing and Distribution of sludge

Yes 🗓 No 🗖

Sludge Surface Disposal or Sludge Monofill

Yes 🖪

No 🖪

Temporary storage in sludge lagoons

Yes 🗖

No 🗖

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

Yes 🗖 No 🖺

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes 🖪 No 🔯

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

A. Location information

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

• 0	riginal General Highway (County) Map:
Α	ttachment:
• U	SDA Natural Resources Conservation Service Soil Map:
Α	ttachment:
• F	ederal Emergency Management Map:
A	ttachment:
• S	ite map:
A	attachment:
Discuss	in a description if any of the following exist within the lagoon area.
Check a	all that apply.
	Overlap a designated 100-year frequency flood plain
	Soils with flooding classification
6	Overlap an unstable area
6	Wetlands
5	Located less than 60 meters from a fault
1	None of the above
_	ment:
plain,	rtion of the lagoon(s) is located within the 100-year frequency flood provide the protective measures to be utilized including type and size of tive structures:
Provid are in Ni To	Temporary storage information le the results for the pollutant screening of sludge lagoons. These results addition to pollutant results in Section 7 of Technical Report 1.0. trate Nitrogen, mg/kg: otal Kjeldahl Nitrogen, mg/kg: otal Nitrogen (=nitrate nitrogen + TKN), mg/kg:

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Potassium, mg/kg:
pH, standard units:
Ammonia Nitrogen mg/kg:
Arsenic:
Cadmium:
Chromium:
Copper:
Lead:
Mercury:
Molybdenum:
Nickel:
Selenium:
Zinc:
Total PCBs:
Provide the following information: Volume and frequency of sludge to the lagoon(s):
Total dry tons stored in the lagoons(s) per 365-day period:
Total dry tons stored in the lagoons(s) over the life of the unit:
C. Liner information
Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1x10 ⁷ cm/sec? Yes No
If yes, describe the liner below. Please note that a liner is required.
D. Cita davelenment plan

D. Site development plan

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

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lagoon(s):
・
Attach the following documents to the application.
 Plan view and cross-section of the sludge lagoon(s)
Attachment:
Copy of the closure plan
Attachment:
Copy of deed recordation for the site
Attachment:
 Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
Attachment:
 Description of the method of controlling infiltration of groundwater and surface water from entering the site
Attachment:
 Procedures to prevent the occurrence of nuisance conditions
Attachment:
E. Groundwater monitoring
Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)? Yes No
If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.
Attachment:

Section 12. Authorizations/Compliance/Enforcement

(Instructions Page 63)

A. Additional authorizations

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

Yes No 🛛

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

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes 🖬 No 🔯

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

Yes 🖪 No 🛭

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

N/A

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

A. RCRA hazardous wastes

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

Yes No 🗵

B. Remediation activity wastewater

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

Yes 🖪 No 🖾

C. Details about wastes received

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

Attachment:

Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

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

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

CERTIFICATION:

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

Printed Name: Edward Hall

Title: Board President

Signature:

Date:

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Wa	iter Supply (I	Instructions	Page 73
---------------------------------	----------------	--------------	---------

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge? Yes No	
If yes, provide the following: Owner of the drinking water supply:	
Distance and direction to the intake:	
Attach a USGS map that identifies the location of the intake.	
Attachment:	
Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)	
Does the facility discharge into tidally affected waters?	
Yes 🗖 No 🔯	
If yes, complete the remainder of this section. If no, proceed to Section 3.	
A. Receiving water outfall	
Width of the receiving water at the outfall, in feet:	
B. Oyster waters	
Are there oyster waters in the vicinity of the discharge?	
Yes 🗖 No 🗷	
If yes, provide the distance and direction from outfall(s).	
建设以及金融 高度的。	

	ea grasses
Are	there any sea grasses within the vicinity of the point of discharge? Yes No No
16	es, provide the distance and direction from the outfall(s).
1000	same and the distance and direction from the outlands.
ESECT.	PARTICIPATION OF THE PARTICIPA
ectio	n 3. Classified Segments (Instructions Page 73)
	ischarge directly into (or within 300 feet of) a classified segment?
	Yes 🗖 No 🗷
yes, t	this Worksheet is complete.
no, co	omplete Sections 4 and 5 of this Worksheet.
38	
	n 4. Description of Immediate Receiving Waters
	Instructions Page 75)
Nan	ne of the immediate receiving waters:
	teceiving water type
Idei	ntify the appropriate description of the receiving waters.
	Stream .
	Freshwater Swamp or Marsh
	Lake or Pond
	Surface area, in acres:
	Average depth of the entire water body, in feet:
	Average depth of water body within a 500-foot radius of discharge point, in feet:
Ø	Man-made Channel or Ditch

	Open Bay
	Tidal Stream, Bayou, or Marsh
	Other, specify:
B. F	low characteristics
followii charact	eam, man-made channel or ditch was checked above, provide the right for existing discharges, check one of the following that best erizes the area <i>upstream</i> of the discharge. For new discharges, erize the area <i>downstream</i> of the discharge (check one). Intermittent - dry for at least one week during most years
Ħ	Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
0	Perennial - normally flowing
	he method used to characterize the area upstream (or downstream for schargers). USGS flow records
õ	Historical observation by adjacent landowners
6	Personal observation
Ø	Other, specify: Observation August 29, 2023
C. D	Oownstream perennial confluences
three m	names of all perennial streams that join the receiving water within niles downstream of the discharge point.
De	er Creek
D. D	Oownstream characteristics
Do the the disc	receiving water characteristics change within three miles downstream of charge (e.g., natural or man-made dams, ponds, reservoirs, etc.)? Yes No
If yes,	discuss how.

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All nor	mal dry ditch (except for i	ntermit	tent beaver ponds) enters a perennial
stream	1		
			cs r body during normal dry weather
	d time of observation: <u>Aug</u> water body influenced by Yes 1 No 2		<u>, 2023</u> water runoff during observations?
P	n 5. General Characte age 74) Ipstream influences	ristics	of the Waterbody (Instructions
Is the in	mmediate receiving water ge site influenced by any	upstrea	m of the discharge or proposed ollowing? Check all that apply.
ē	Oil field activities		Urban runoff
	Upstream discharges	8	Agricultural runoff
đ	Septic tanks		Other(s), specify
5			
	Waterbody uses red or evidences of the follow	lowing	uses. Check all that apply.
×	Livestock watering	1	Contact recreation
	Irrigation withdrawal		Non-contact recreation
Ø	Fishing	Ē	Navigation

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Ö	Domestic water supply		Industrial water supply	
	Park activities	Ö	Other(s), specify	
c. v	Vaterbody aesthetics			
	eck one of the following that eiving water and the surrou		describes the aesthetics of the area.	
	Wilderness: outstanding rarea; water clarity except		l beauty; usually wooded or unpastured	
×			ve vegetation; some development dwellings); water clarity discolored	
Ō	Common Setting: not offensive; developed but uncluttered; water may be colored or turbid			
	Offensive: stream does no developed; dumping area		ance aesthetics; cluttered; highly ter discolored	

DOMESTIC WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

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

Section 1. All POTWs (Instructions Page 99)

A. Industrial users

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

nd Other IUs.	1101
If there are no users, enter 0 (zero).	
Categorical IUs:	
Number of IUs: 0	
Average Daily Flows, in MGD: 0	
Significant IUs - non-categorical:	
Number of IUs: 0	
Average Daily Flows, in MGD: 0	

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

Yes 🗖 No 🗖

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

ne IUs that may have caused the interference.	
N/A	

C. Treatment plant pass through

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

Yes 🗖 No 🖾

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

pass unough.	
N/A	

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes 🗖

No 🖾

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes 🗖

No 🔯

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

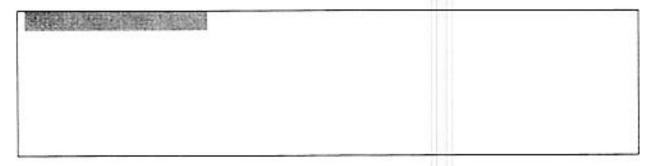
A. Substantial modifications

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

Yes 🗖

No 🛛

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



B. Non-substantial modifications

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

Yes 🗖 No 🗵

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

SINCE THE STATE OF	

C. Effluent parameters above the MAL

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

Table 6.0(1) - Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

D. Industrial user	74
Has any SIU, CIU, or o interferences or pass	ther IU caused or contributed to any problems (excluding throughs) at your POTW in the past three years?
Yes 🗖	No 🗖
If yes, identify the inc description of the pro	dustry, describe each episode, including dates, duration, blems, and probable pollutants.
N/A	
Section 3. Signific	ant Industrial User (SIU) Information and
Categorical I	ndustrial User (CIU) (Instructions Page 100)
A. General inform	nation
Company Name: N/A	
SIC Code: N/A	
Telephone number: N	I <u>/A</u> Fax number: <u>N/A</u>
Contact name: N/A	
Address: N/A	
City, State, and Zip C	ode: N/A
B. Process inform	nation
Describe the industri the SIU(s) or CIU(s) d	al processes or other activities that affect or contribute to ischarge (i.e., process and non-process wastewater).
N/A	

C. Product and service information

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

N/A				
D. Flow rate inform				
See the Instructions fo	or definitions of "pro	cess" and "no	n-proces	s wastewater.
Process Wastewater:				
	llons/day:	的 一	100	102111111111111111111111111111111111111
Discharge Type:	Continuous	Batch		Intermittent
Non-Process Wastewa	ter:			
Discharge, in ga	llons/day:	Property lies		
Discharge Type:	Continuous	Batch		Intermittent
E. Pretreatment st				
Is the SIU or CIU subje instructions?	ect to technically bas	ed local limits	s as defir	ied in the
Yes 🗖	No 🗖			
Is the SIU or CIU subje Parts 405-471?	ect to categorical pre	treatment sta	ndards f	ound in 40 CF
Yes 🗖	No 🗖			
If subject to categori category and subcate	cal pretreatment sta gory for each categor	ndards, indic ical process.	ate the a	pplicable
Category: Subcategories:				
Category: Subcategories:				
Category: Subcategories:				
Category: Subcategories:		50		
Category: Subcategories:		ı		

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F.	Industrial	user	interruptions
----	------------	------	---------------

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

Yes 🗖 No 🗖

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

N/A		
N/A		
13/13		
I		
I .		
1		
1		
1		

Attachment 1 Core Data Form



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

Reason for Submission (if other is checked please New Permit, Registration or Authorization (Core I		the program application.)	
Renewal (Core Data Form should be submitted wi	ith the renewal form)	Other	_
2. Customer Reference Number (if issued)	Follow this link to search	3. Regulated Entity Reference Number (if issued)	
CN 600692115	for CN or RN numbers in Central Registry**	RN 102285814	

SECTION II: Customer Information

4. General Cu	ustomer Informatio	on 5. Ef	fective Date for	Custome	er Informatio	n Updat	es (mm/dd/	(mm)	
☐ New Custor ☐Change in to	mer egal Name (Verifiable		to Customer Inform retary of State or T					tity Ownership	
	r Name submitted as Comptroller of P			ally base	ed on what is	current	and active	with the Texas S	ecretary of State
6. Customer	Legal Name (if on in	idividual, print last	name first: eg: Doe	, John)		(Lne	w Customer,	enter previous Cus	tomer below:
CHILTON WATE	R SUPPLY AND SEWE	R SERVICE CORPOR	ATION	PERM		T			
7. TX SOS/CP 21860101	A Filing Number		K State Tax ID (11 7009716	digits)		(9 di	ederal Tax I gits) 104833	D 10. DU opplicat	NS Number (if
11. Type of C	ustomer:	Corporation			☐ Indiv	ridual		Partnership:	General 🔲 Limited
Government: [City County C	Federal D Local	State 🗌 Other		☐ Sole	Propriet	orship	Other:	
	of Employees 21-100 🔲 101-250	251-500	501 and higher			13.1		ntly Owned and	Operated?
14. Customer	r Role (Proposed or A	Actual) – as it relate	es to the Regulated	Entity list	ted on this form	n. Please	check one o	f the following	
Owner Occupation	Oper	rator sponsible Party	Owner & Ope				☐ Other:	Board President	
15. Mailing	PO Box 167								
	City Chilton		State	TX	ZIP	7663	12	ZIP + 4	0167
16. Country P	Mailing Information	n (if outside USA)			17. E-Mail	Address	(if applicab	le)	
					firestomper:	59@yah	00.com		
18. Telephon	e Number		19. Extens	sion or C	ode		20 Fax 6	lumber (if applica	hiel

TCEQ-10400 (11/22)

1)	

General Regulated End	th morman	Ott [4] Section 1	julated Entity" is sele	Established Andrews	alle de Brane et	ion			
KI MINI MININI NA MANANA MA		and stand Engine	Name Di Update	to Regulated c	next and	1111			andings such
New Regulated Entity L e Regulated Entity Nam Inc. LP, or LLC).	ne submitted	may be updo	sted, in order to m	eet TCEQ Con	Data Stan	dards (rem	oval of an	ganizational	enawy sou
Regulated Entity Nam	a /Enter nome	of the site who	ere the regulated acti	on is taking pla	ce.)				
. Regulated Entity Nam	e ferner nome	.,							
HILTON WATER SUPPLY AND	SEWER SERV	ICE WWTP							
3. Street Address of		T 104 h					_		
he Regulated Entity:	150 County	Road 494 N		1=-	T 710	76632	-	ZIP+4	
No PO Baxes)	City	Chiton	State	TX	ZIP	70032			
t4. County	Falls Count	š							
		If no St	treet Address is pro	ovided, fields	25-28 are r	equired.			
25. Description to Physical Location:							506		
26. Nearest City	1:					State		Nea	rest ZIP Code
AD. INCATESE CITY									
Latitude/Longitude are used to supply coording	otes where n	one have bee	en provided or to g	ain occuracy,		lards. (Geo		the Physical	
Latitude/Longitude are used to supply coordina 27. Latitude (N) In Deci	mal:	ad may be add one have bee	n provided or to g	28.	Longitude	fards. (Geo	mal:		
Latitude/Longitude are used to supply coordina 27. Latitude (N) In Deci	otes where n	one have bee	en provided or to g	28.		fards. (Geo			*W
latitude /Lanaitude are	mal: Minutes	one have bee	N Seconds	28.	Longitude grees	dards. (Geo	mal: dinutes 32. Se		*W Seconds
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Latitude/Longitude are used to supply coordina 27. Latitude (N) In Deci Degrees 29. Primary SIC Code (4 digits)	mal: Minutes 30	31° 17' 39° 0. Secondary	N Seconds SIC Code	28. Dej	Longitude grees nary NAICS	dards. (Geo	mal: dinutes 32. Se	97" 3' 31	*W Seconds
Latitude/Longitude are used to supply coordina 27. Latitude (N) In Deci Degrees 29. Primary SIC Code (4 digits)	mal: Minutes 30	31° 17' 39° 0. Secondary	N Seconds SIC Code	28. Dej	Longitude grees nary NAICS	dards. (Geo	mal: dinutes 32. Se	97" 3' 31	*W Seconds
Latitude/Longitude are used to supply coordina 27. Latitude (N) in Deci Degrees 29. Primary SIC Code (4 digits) 4952 33. What is the Primar Wastewater Treatment	mal: Minutes 30	31° 17' 39° 0. Secondary	N Seconds SIC Code	28. Dej	Longitude grees nary NAICS	dards. (Geo	mal: dinutes 32. Se	97" 3' 31	*W Seconds
Latitude/Longitude are used to supply coordina 27. Latitude (N) In Deci Degrees 29. Primary SIC Code (4 digits) 4952 33. What is the Primar Wastewater Treatment	mal: Minutes 30	31° 17' 39" 0. Secondary digits	N Seconds SIC Code	28. Dej	Longitude grees nary NAICS	dards. (Geo	mal: dinutes 32. Se	97" 3' 31	*W Seconds
Latitude/Longitude are used to supply coordina 27. Latitude (N) in Deci Degrees 29. Primary SIC Code (4 digits) 4952 33. What is the Primar Wastewater Treatment	Minutes Minutes 34	31° 17° 39° 0. Secondary digits) of this entity?	N Seconds SIC Code	28.	Longitude grees nary NAICS	dards. (Geo	mal: vlinutes 32. Se (5 or 6	97" 3' 31	Seconds Seconds
Latitude/Longitude are used to supply coordina 27. Latitude (N) In Deci Degrees 29. Primary SIC Code (4 digits) 4952 33. What is the Primar Wastewater Treatment	Minutes Minutes Augustiness of City	31° 17° 39° 0. Secondary digits) of this entity?	Seconds Sic Code (Do not repeat the	28.	Longitude grees nary NAICS ligits)	(W) in Dec	mal: vlinutes 32. Se (5 or 6	97" 3' 31 econdary NAI	Seconds Seconds
Latitude/Longitude are used to supply coordina 27. Latitude (N) In Deci Degrees 29. Primary SIC Code (4 digits) 4952 33. What is the Primar Wastewater Treatment 34. Mailing Address:	Minutes Minutes Winutes Where n Minutes Minutes Where n Minutes Where n Minutes Where n Minutes Where n Whe	31° 17' 39" 0. Secondary digits f this entity?	Seconds Sic Code (Do not repeat the	28. Deposition of the second s	Longitude grees mary NAICS ligits)	(W) in Dec	mal: vlinutes 32. Se (5 or 6	97" 3' 31 econdary NAI is digits)	Seconds Seconds

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

TCEQ-10400 (11/22)

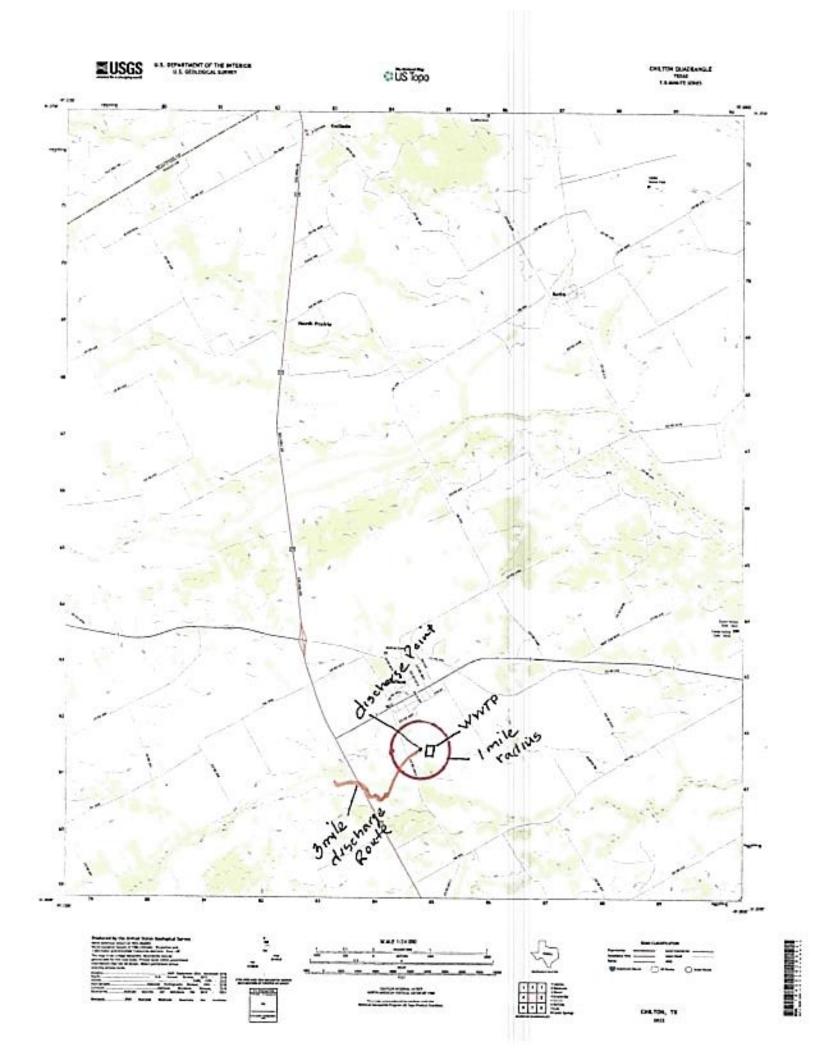
☐ Dam Safety		Districts	☐ Edwards Aquifer		☐ Emissions	Inventory Air	☐ Industrial Hazardous Wastr	
Municipal Sol	lid Waste	New Source	OSSF		Petroleum	Storage Tank	□PWS	
Sludge		Storm Water	☐ Title V Air		☐ Tires		Used Oil	
☐ Voluntary Cle	earup	⊠ Wastewater	☐ Wastewater Agric	culture	☐ Water Righ	hts	Other:	
		WQ0010811001		7				
a service of	IV: P	reparer Inf	ormation	41. Title:	Senior W	astewater Mana	ger	
2. Telephone N	lumber	43. Ext./Code	44. Fax Number	45. E-M	ail Address			
713) 458-8612			t) ·	robin@p	ermittingservic	ces.net		
ECTION	V: A	uthorized S	ignature					
		ify, to the best of my kno he entity specified in Sec					e, and that I have signature authorit entified in field 39.	
Company:	Chilton	Water Supply and Sewer	Supply and Sewer Service Corporation Job Tit			b Title: Board President		
Name (In Print):	Edward	ust .	No	-		Phone:	(254) 747- 1193	

aug 22.2023

Date:

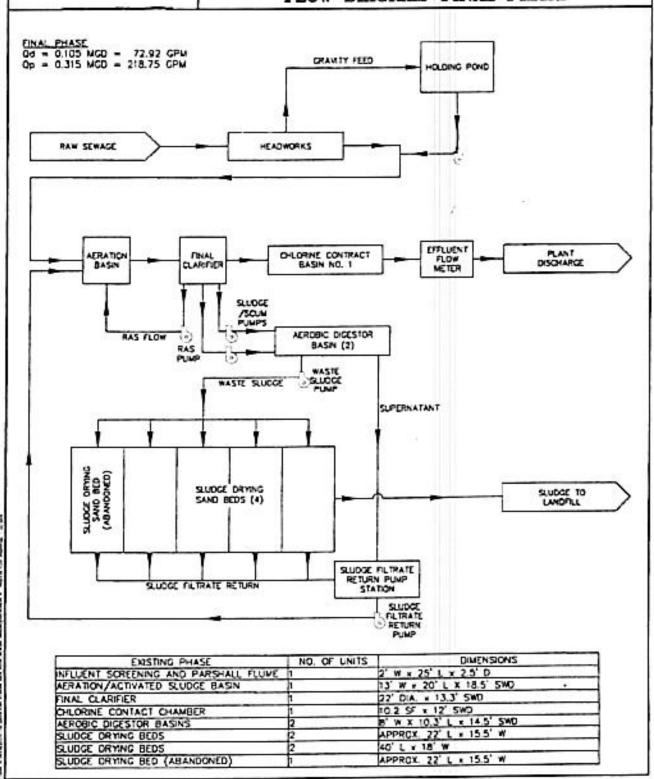
Signature:

Attachment A USGS Map



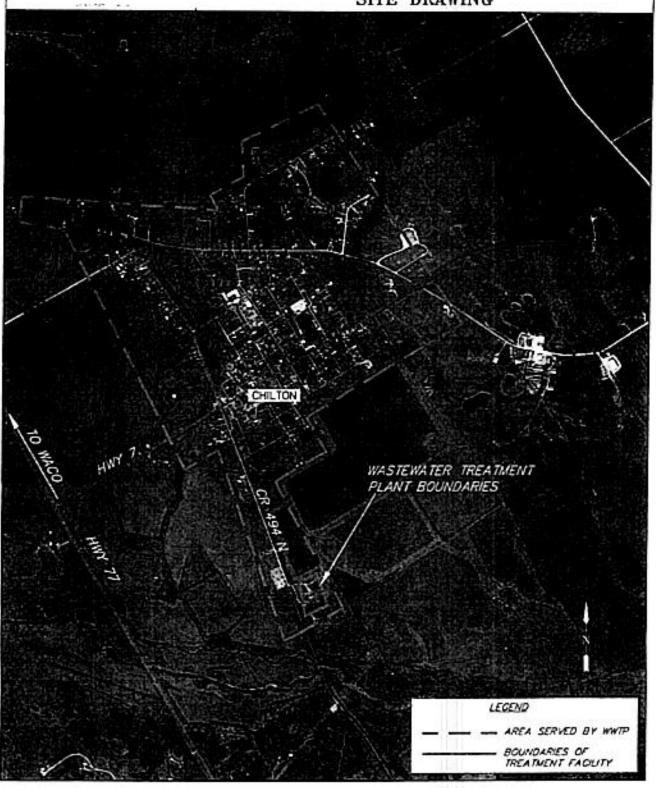
Attachment B Flow Diagram

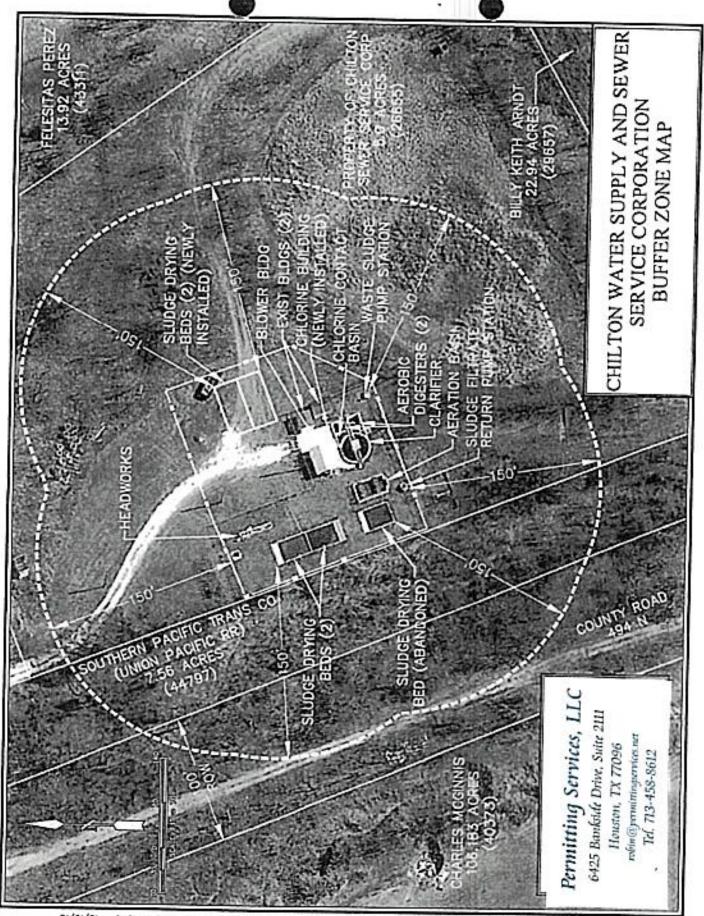
CHILTON WATER SUPPLY AND SEWER SERVICE CORPORATION WASTEWATER TREATMENT PLANT FLOW DIAGRAM-FINAL PHASE



Attachment C Site Drawing

CHILTON WATER SUPPLY AND SEWER SERVICE CORPORATION WASTE WATER TREATMENT PLANT SITE DRAWING





Attachment D Pollutant Analysis

Attachment E Copy of Check

CHILTON WATER SUPPLY & SEWER SERVICE POBOX 167 CHILTON TX 76632	DATE 8-14. 2023	7039 5 177 947 5 27
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