

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

**PROPOSED PERMIT NO. WQ0015565001**

**APPLICATION.** East Fork Partners LLC, 13355 Noel Road, Suite 1350, Dallas, Texas 75240, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0015565001 (EPA I.D. No. TX0137642) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 2,500,000 gallons per day. The domestic wastewater treatment facility is located approximately 1.4 miles west and 0.8 mile north of the intersection of County Road 170 and Farm-to-Market Road 543, and approximately 2.25 miles south-southeast of the City of Weston in Collin County, Texas 75009. The discharge route is from the plant site to an unnamed tributary of Honey Creek; thence to Honey Creek; thence to East Fork Trinity River; thence to Lake Lavon. Authorization to discharge was previously permitted by expired Permit No. WQ0014998001. TCEQ received this application on March 14, 2017. The permit application is available for viewing and copying at Weston City Hall, 301 Main Street, Weston, Texas. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For exact location, refer to application.  
<http://www.tceq.texas.gov/assets/public/hb610/index.html?lat=33.316666&lng=-96.682777&zoom=13&type=r>

**ADDITIONAL NOTICE.** TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the county-wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.**

**PUBLIC COMMENT / PUBLIC MEETING.** You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

**OPPORTUNITY FOR A CONTESTED CASE HEARING.** After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone**



who submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

**TO REQUEST A CONTESTED CASE HEARING, YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR REQUEST:** your name, address, phone number; applicant's name and proposed permit number; the location and distance of your property/activities relative to the proposed facility; a specific description of how you would be adversely affected by the facility in a way not common to the general public; a list of all disputed issues of fact that you submit during the comment period and, the statement "[I/we] request a contested case hearing." If the request for contested case hearing is filed on behalf of a group or association, the request must designate the group's representative for receiving future correspondence; identify by name and physical address an individual member of the group who would be adversely affected by the proposed facility or activity; provide the information discussed above regarding the affected member's location and distance from the facility or activity; explain how and why the member would be affected; and explain how the interests the group seeks to protect are relevant to the group's purpose.

Following the close of all applicable comment and request periods, the Executive Director will forward the application and any requests for reconsideration or for a contested case hearing to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. **If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period.**

**MAILING LIST.** If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for this specific application to receive future public notices mailed by the Office of the Chief Clerk. In addition, you may request to be placed on: (1) the permanent mailing list for a specific applicant name and permit number; and/or (2) the mailing list for a specific county. If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](http://www.tceq.texas.gov/goto/cid). Search the database using the permit number for this application, which is provided at the top of this notice.

**AGENCY CONTACTS AND INFORMATION.** Public comments and requests must be submitted either electronically at [www.tceq.texas.gov/about/comments.html](http://www.tceq.texas.gov/about/comments.html), or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Any personal information you submit to the TCEQ will become part of the agency's record; this includes email addresses. For more information about this permit application or the permitting process, please call the TCEQ Public Education

Program, Toll Free, at 1-800-687-4040 or visit their website at [www.tceq.texas.gov/goto/pep](http://www.tceq.texas.gov/goto/pep). Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from City of Weston at the address stated above or by calling Mr. Scott Norris, Land Advisors at 972-239-0707.

Issuance Date: April 6, 2017







# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with your application.

Applicant's Name: East Fork Partners, LLC

Permit Number (if assigned): [Click here to enter text.](#)

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowner Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Features	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0 (Required for POTW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

### For TCEQ Use Only

Segment Number _____	County _____
Expiration Date _____	Region _____
Permit Number _____	



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**APPLICATION FOR A DOMESTIC WASTEWATER PERMIT  
ADMINISTRATIVE REPORT 1.0**

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

**SECTION 1. APPLICATION FEE**

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input checked="" type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 1288  
Check/Money Order Amount: \$2,050.00  
Name Printed on Check: HONEY CREEK PATNERS, L.P.

EPAY      Voucher Number: Click here to enter text.

Copy of Payment Voucher enclosed?      Yes ☐

**SECTION 2. TYPE OF APPLICATION**

- |                                                                 |                                                                 |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> New TPDES                   | <input type="checkbox"/> New TLAP                               |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal    | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal    |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input type="checkbox"/> Renewal without changes                | <input type="checkbox"/> Minor Modification of permit           |

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

For existing permits:

What is the permit number? Click here to enter text.

What is the EPA I.D. Number? TX [Click here to enter text.](#)

### SECTION 3. FACILITY OWNER (APPLICANT) INFORMATION

**A.** What is the legal name of the facility owner? The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.

East Fork Partners, LLC

**B.** If the applicant is an existing TCEQ customer, provide the Customer Number (CN) issued to this entity? CN 603791872

**C.** What is the contact information for the facility owner?

Contact Name: Scott Norris

Mailing Address: 13335 Noel Rd #1350

City, State, and Zip Code: Dallas, TX 75240

Phone Number: 972-239-0707 Fax Number: 972-788-4247

E-mail Address: snorris@tomlininvestments.com

**D.** Indicate the type of customer:

- |                                                       |                                                                             |
|-------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Individual                   | <input type="checkbox"/> Federal Government                                 |
| <input type="checkbox"/> Limited Partnership          | <input type="checkbox"/> County Government                                  |
| <input type="checkbox"/> General Partnership          | <input type="checkbox"/> State Government                                   |
| <input type="checkbox"/> Trust                        | <input type="checkbox"/> City Government                                    |
| <input type="checkbox"/> Sole Proprietorship (D.B.A.) | <input type="checkbox"/> Other Government                                   |
| <input type="checkbox"/> Corporation                  | <input checked="" type="checkbox"/> Other: <u>Limited Liability Company</u> |
| <input type="checkbox"/> Estate                       |                                                                             |

**E.** If customer type is individual, complete Attachment 1.

**F.** Is the customer an independent entity?

- ☒ Yes    ☐ No the customer is government, subsidiary, or part of a larger corporation

**G.** Number of employees:

- ☒ 0-20    ☐ 21-100    ☐ 101-250    ☐ 251-500    ☐ 501 or higher

**H.** For Corporations and Limited Partnerships:

What is the Tax Identification Number issued by the State Comptroller: 32039537371

What is the Charter Filing Number issued by the Texas Secretary of State: 0801124094



## SECTION 4. CO-APPLICANT INFORMATION

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

- A.** What is the legal name of the co-applicant applying for this permit? The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.

[Click here to enter text](#)

- B.** If the co-applicant is an existing TCEQ customer, provide the Customer Number (CN) issued to this entity? CN [Click here to enter text](#).

- C.** What is the contact information for the facility owner?

Contact Name: [Click here to enter text](#).

Mailing Address: [Click here to enter text](#).

City, State, and Zip Code: [Click here to enter text](#).

Phone Number: [Click here to enter text](#) Fax Number: [Click here to enter text](#).

E-mail Address: [Click here to enter text](#).

- D.** Explain the need for a co-applicant: [Click here to enter text](#).

- E.** Indicate the type of customer:

- |                                                       |                                                                            |
|-------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Individual                   | <input type="checkbox"/> Federal Government                                |
| <input type="checkbox"/> Limited Partnership          | <input type="checkbox"/> County Government                                 |
| <input type="checkbox"/> General Partnership          | <input type="checkbox"/> State Government                                  |
| <input type="checkbox"/> Trust                        | <input type="checkbox"/> City Government                                   |
| <input type="checkbox"/> Sole Proprietorship (D.B.A.) | <input type="checkbox"/> Other Government                                  |
| <input type="checkbox"/> Corporation                  | <input type="checkbox"/> Other: <a href="#">Click here to enter text</a> . |
| <input type="checkbox"/> Estate                       |                                                                            |

- F.** If customer type is individual, complete Attachment 1.

- G.** Is the customer an independent entity?

- ☐ Yes ☐ No the customer is government, subsidiary, or part of a larger corporation

- H.** Number of employees:

- ☐ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 or higher

- I.** For Corporations and Limited Partnerships:

What is the Tax Identification Number issued by the State Comptroller [Click here to enter text](#).

What is the Charter Filing Number issued by the Texas Secretary of State [Click here to enter](#)

text.

## SECTION 5. APPLICATION CONTACT INFORMATION

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

### A. Administrative Contact:

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

Application Contact First and Last Name: Mark Hill

Title: President Credentials: PE

Organization Name: Hunter-Howard-Roberts, LLC

Mailing Address: 4569 Southgate Dr

City, State, and Zip Code: Plano, TX 75024

Phone Number: 214-533-2036 Fax Number: Click here to enter text.

E-mail Address: mark.hill85@verizon.net

### B. Technical Contact:

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

Application Contact First and Last Name: Mark Hill

Title: President Credentials: PE

Organization Name: Hunter-Howard-Roberts, LLC

Mailing Address: 4569 Southgate Dr

City, State, and Zip Code: Plano, TX 75024

Phone Number: 214-533-2036 Fax Number: Click here to enter text.

E-mail Address: mark.hill85@verizon.net

## SECTION 6. PERMIT CONTACT INFORMATION

Provide two names of individuals that TCEQ can contact during the term of the permit.

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

Permit Contact First and Last Name: John Bayless

Title: Member Credentials: Click here to enter text.

Organization Name: East Fork Partners, LLC

Mailing Address: 13335 Noel Rd. #1350

City, State, and Zip Code: Dallas, TX 75240

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

E-mail Address: Click here to enter text.

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

Permit Contact First and Last Name: Scott Norris

Title: Partner Credentials: Click here to enter text.

Organization Name: Land Advisors, Ltd

Mailing Address: 4265 Kellway Cir

City, State, and Zip Code: Addison, TX 75001

Phone Number: 972-239-0707 Fax Number: Click here to enter text.

E-mail Address: snorris@tomlininvestments.com

**SECTION 7. REPORTING AND BILLING INFORMATION**

**A. Please identify the individual for receiving the reporting forms.**

First and Last Name: Robert Porter

Title: Partner Credentials: Click here to enter text.

Organization Name: Land Advisors, Ltd.

Mailing Address: 4265 Kellway Cir

City, State, and Zip Code: Addison, TX 75001

Phone Number: 972-239-0707 Fax Number: Click here to enter text.

E-mail Address: rporter@tomlininvestments.com

**B. Please identify the individual for receiving the annual fee invoices.**

First and Last Name: Robert Porter

Title: Partner Credentials: Click here to enter text.

Organization Name: Land Advisors, Ltd.

Mailing Address: 4265 Kellway Cir

City, State, and Zip Code: Addison, TX 75001

Phone Number: 972-239-0707 Fax Number: Click here to enter text.

E-mail Address: rporter@tomlininvestments.com



## SECTION 8. PUBLIC NOTICE INFORMATION

### A. Individual responsible for publishing the notices in the newspaper

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

First and Last Name: Mark Hill

Title: President Credentials: PE

Organization Name: Hunter-Howard-Roberts, LLC

Mailing Address: 4569 Southgate Dr

City, State, and Zip Code: Plano, TX 75024

Phone Number: 214-533-2036 Fax Number: Click here to enter text.

E-mail Address: mark.hill85@verizon.net

### B. Method for receiving the notice package for the Notice of Receipt and Intent

☒ Email: Mark.hill85@verizon.net

☐ Fax Number: Click here to enter text.

☐ Regular Mail:

Mailing Address: Click here to enter text.

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

### C. Contact person to be listed in the notice

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

First and Last Name: Scott Norris

Organization Name: Land Advisors

Phone Number: 972-239-0707

### D. Public viewing location

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

Public Building Name: Weston City Hall

Physical Address of Building: 301 Main St

Location within the Building: Office

City: Weston County: Collin

Contact Name: Susan Coffer

Phone Number: 972-382-1001

### E. Bilingual Notice Requirement

**For new, major amendment, and renewal applications.** This information can be obtained by contacting the bilingual/ESL coordinator at the nearest elementary or middle school.

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

Yes ☒ No ☐

(If No, alternative language notice publication is not required; skip to Section 9. Regulated Entity (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 ☒

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

## SECTION 9. REGULATED ENTITY (SITE) INFORMATION

A. Site Name: East Fork Wastewater Treatment Facility

B. If this is an existing permitted site, provide the Regulated Entity Number (RN) issued to this site? RN 106058894

C. Site Address/Location:

Is the location of the facility used in the existing permit accurate?

Yes ☐ No ☐

If yes, Skip to D. If no, or if this application is for a new facility, complete either Item 1 or Item 2 below.

If the site has a physical address such as 12100 Park 35 Circle, Austin, TX 78753, complete Item 1.

If the site does not have a physical address, provide a location description in Item 2.

Example: located on the north side of FM 123, 2 miles west of the intersection of FM 123 and Highway 1.

**Item 1: Physical Address of Project or Site:**

Street Number and Name: [Click here to enter text.](#)

City, State, and Zip Code: [Click here to enter text.](#)

**Item 2: Site Location Description:**

Location description: Located approximately 1.4 miles west and 0.8 miles north of the intersection of County Road 170 and Farm-to-Market Road 543, approximately 2.25 miles south-southeast of the City of Weston in Collin County, Texas

City where the site is located or, if not in a city, what is the nearest city: Weston

Zip Code where the site is located: 75009

**D.** County or counties if more than 1: Collin

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.

**E.** Latitude: 33deg19'0"N Longitude: 96deg40'58"W

**F.** Briefly describe the primary business of the regulated entity:

Treatment of domestic wastewater

**G.** Owner of the treatment facility: East Fork Partners, LLC

Public ☐

Private ☒

Both ☐

Federal ☐

**H.** Landowner where the treatment facility is or will be located:

Landowner Name: East Fork Partners, LLC

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

**I.** Landowner of the effluent disposal site:

Landowner Name: N/A

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

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

Landowner Name: N/A

**SECTION 10. MISCELLANEOUS INFORMATION**

**A.** Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application? Yes ☐ No ☒



If yes, provide the name(s) of the former TCEQ employee(s): [Click here to enter text.](#)

**B.** Is the facility located on or does the treated effluent cross Indian Country Lands?

Yes ☐

No ☒

**C.** Is any permanent school fund land affected by this application?

Yes ☐

No ☒

**If yes,** provide the location, foreseeable impacts, and effects this application has on the land(s). [Click here to enter text.](#)

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

Yes ☐

No ☐

Not Applicable ☒

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

[Click here to enter text.](#)

**E.** Delinquent Fees and Penalties:

Do you owe fees to the TCEQ?

Yes ☐

No ☒

Do you owe any penalties to the TCEQ?

Yes ☐

No ☒

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number. [Click here to enter text](#)

## SECTION 11. TPDES DISCHARGE INFORMATION

**A.** Is the point of discharge and the discharge route in the existing permit correct?

Yes ☐

No ☐

If No, or if this is a new or amendment application, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC §307. To an unnamed tributary of Honey Creek; thence to Honey Creek; thence to East Fork Trinity River; thence to Lake Lavon in Segment No. 0821 of the Trinity River Basin

**B.** City, or nearest city, in which the outfalls are or will be located: Weston

**C.** County where the outfalls are or will be located: Collin

**D.** Outfall latitude 33deg18'57"N Outfall longitude 96deg40'58"W

**E.** Will the treated wastewater be discharged to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

Yes ☐

No ☒

If Yes, what is the status of the authorization?

Authorization granted ☐

Authorization Pending ☐

Attach copies of letters that show proof of contact and the approval letter upon receipt.

- F. For facilities that have an average daily discharge of 5 MGD or more, list all counties located within 100 statute miles downstream of the points of discharge. N/A

## Section 12. TLAP DISPOSAL INFORMATION

- A. Is the location of the effluent disposal site in the existing permit accurate?

Yes ☐

No ☐

If No, or if this is a new or amendment application, provide an accurate description of the location of the disposal site. N/A

- B. City, or nearest city, in which the disposal site is or will be located: [Click here to enter text](#)
- C. County where the disposal site is or will be located: [Click here to enter text](#)
- D. Disposal site latitude: [Click here to enter text](#) Disposal site longitude: [Click here to enter text](#)
- E. Describe the method of routing the effluent from the treatment facility to the effluent disposal site. [Click here to enter text](#)
- F. Identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained. [Click here to enter text](#)

## SECTION 13. ATTACHMENTS

- A. Supplemental Permit Information Form (TPDES only)
- B. Domestic Administrative Report 1.1 (New and Amendment applications only)
- C. 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
- D. Original full size\* USGS Topographic Map with the following information:
- Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (if applicable)
  - New and future construction (if applicable)
  - 1 mile radius and 3 miles downstream information
  - All ponds.





**SIGNATURE PAGE**

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

Permit Number: \_\_\_\_\_

Applicant: East Fork Partners LLC

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

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

Signatory Name: JON W. BAYLESS

Title: President

Signature (use blue ink): *Jon W. Bayless* Date: 12/5/2016

SUBSCRIBED AND SWORN to before me by the said Jon W. Bayless on  
this 5<sup>th</sup> day of December, 20 16

My commission expires on the 2<sup>nd</sup> day of April, 20 17

(Seal)



*Laura M. Gallman*  
Notary Public  
*Dallas*  
County, Texas



**WATER QUALITY PERMIT  
PAYMENT SUBMITTAL FORM**

**Use this form to submit you APPLICATION FEE, if you are mailing your payment.**

- Complete items 1 through 5 below:
- Staple your check in the space provided at the bottom of this document.
- Do not mail this form with your application form.
- Do not mail this form to the same address as your application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

**Mail this form and your check to:**

**BY REGULAR U.S. MAIL**

Texas Commission on Environmental  
Quality  
Financial Administration Division  
Cashier's Office, MC-214  
P.O. Box 13088  
Austin, TX 78711-3088

**BY OVERNIGHT/EXPRESS MAIL**

Texas Commission on Environmental  
Quality  
Financial Administration Division  
Cashier's Office, MC-214  
12100 Park 35 Circle  
Austin, TX 78753

Fee Code: WQP Wastewater Permit No: WQ00

1. Check / Money Order No: 1288
2. Amount of Check/Money Order: \$2,050
3. Date of Check or Money Order: 12-5-2010
4. Name on Check or Money Order: Honey Creek Partners L.P.
5. APPLICATION INFORMATION

If the check is for more than one application, attach a list of each Project/Site (RE) Name and Physical Address exactly as provided on the application.

Project/Site (RE) Name: East Fork Wastewater Treatment Facility

Project/Site (RE) Physical Address: Collin County, Texas

**HONEY CREEK PARTNERS, L.P.**

13455 NOEL RD. STE 1600  
DALLAS, TX 75240

1288

DATE 12/5/2016

32-2/1110 TX  
1371

PAY  
TO THE  
ORDER OF

Texas Commission on Environmental Quality \$ 2,050.00  
Two thousand and fifty and no/100 DOLLARS

**Bank of America**

ACH R/T 111000025

FOR East Fork Partners LLC Wastewater Permit

for W Bay

⑈001288⑈ ⑆111000025⑆ 004771170061⑈





## DOMESTIC ADMINISTRATIVE REPORT 1.1

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This report is required for New and Major Amendment applications.

### SECTION 1. AFFECTED LANDOWNER INFORMATION

**A. Landowner map.** Attach a landowner map or drawing, with scale, that includes the following, as applicable.

- The applicant's property boundaries;
- The facility site boundaries within the applicant's property boundaries;
- The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone;
- The property boundaries of all landowners surrounding the applicant's property;
- The point(s) of discharge and highlighted discharge route 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(s) of discharge;
- The property boundaries of the landowners along the watercourse for a one- half mile radius from the point of discharge if the point of discharge is into a lake, bay estuary, or affected by tides;
- The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site), and showing all evaporation/holding ponds;
- The property boundaries of all landowners surrounding the effluent disposal site;
- The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located; and
- The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located.

**B. Landowner list.** Attach a separate list of the landowners' names and mailing addresses. The list must be cross-referenced to the landowners map.

**C. Landowner list media.** Indicate the format of the landowners list.

Read/Writeable CD ☒

4 sets of labels ☐

**D. Landowner data source.** Provide the source of the landowners' names and mailing addresses.

Collin County Appraisal District

### SECTION 2. BUFFER ZONE MAP

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





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

**B. Buffer zone compliance method. How will the buffer zone requirement be met?**

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

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

Yes ☒ No ☐

### **SECTION 3. ORIGINAL PHOTOGRAPHS**

Provide original ground level photographs and a map of photograph locations as described below.

- 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; and
- A plot plan or map showing the location and direction of each photograph.



TCEQ USE ONLY:

Application type: ☐ Renewal ☐ Major Amendment ☐ Minor Amendment ☐ New  
County: \_\_\_\_\_ Admin Complete Date: \_\_\_\_\_  
Agency Receiving SPIF: ☐ Texas Historical Commission ☐ U.S. Fish and Wildlife  
☐ Texas Parks and Wildlife ☐ Army Corps of Engineers

**SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

This form is required for all TPDES applications

1. Permittee: East Fork Partners LLC
2. Permit Number: Click here to enter text. EPA ID Number: Click here to enter text.
3. Address of the project (location description that includes street/highway, city/vicinity, and county). Located approximately 1.4 miles west and 0.8 miles north of the intersection of County Road 170 and Farm-to-Market Road 543, approximately 2.25 miles south-southeast of the City of Weston in Collin County, Texas
4. Provide the name, address, telephone and fax number of an individual that can be contacted to answer specific questions about the property.  
  
First and Last Name: Scott Norris  
Company Name: Land Advisors, Ltd.  
Mailing Address: 4265 Kellway Cir  
City, State, and Zip Code: Addison, TX 75001  
Phone Number: 972-239-0707 Fax Number: Click here to enter text.
5. County where the facility is located: Collin
6. If the property is publicly owned and the owner is different than the permittee/applicant, please identify the owner. 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 classified segment as defined by 30 TAC Chapter 307. If known, identify the segment number. To an unnamed tributary of Honey Creek; thence to Honey Creek; thence to East Fork Trinity River; thence to Lake Lavon in Segment No. 0821 of the Trinity River Basin
8. Provide a 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(s) of discharge for a distance of one mile downstream. This map is required in addition to the map in the administrative report.
9. Provide photographs of any structures 50 years or older on the property.





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

- ☒ Proposed access roads, utility lines, and 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 of caves, fractures, sinkholes, or 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): Approximately 7 acres potentially impacted by the construction activities. Majority of structures to be above grade.

12. Describe existing disturbances, vegetation & land use (plowing, other ground disturbances):  
Existing trees and underbrush

**The following applies only to applications for New TPDES permits and Major Amendments to TPDES Permits:**

13. List construction dates of any buildings or structures on the property: None

14. Provide a brief history of the property, and name of the architect/builder, if known:  
Undeveloped Property used for grazing of cattle.







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**

**A. Existing/Interim I Phase**

Design Flow (MGD): 0.25

2-Hr Peak Flow (MGD): 1.0

Estimated construction start date: 06/01/18

Estimated waste disposal start date: 03/01/19

**B. Interim II Phase**

Design Flow (MGD): 1.25

2-Hr Peak Flow (MGD): 5.0

Estimated construction start date: 08/01/19

Estimated waste disposal start date: 05/01/20

**C. Final Phase**

Design Flow (MGD): 2.50

2-Hr Peak Flow (MGD): 10.0

Estimated construction start date: 10/01/21

Estimated waste disposal start date: 08/01/22

**D. Other**

Current operating phase: None

Provide the startup date of the current phase: Click here to enter text.

Provide the startup date of the facility: Click here to enter text.

## Section 2. NAICS and SIC Code

Provide the appropriate SIC Code: 4952

Provide the appropriate NAICS code: 221312

## Section 3. Treatment Process

### A. Treatment process description

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

Treatment unit consists of Bar Screens, four aeration chambers and four clarifying chambers in prepackaged units. Sludge is transferred to the clarifiers and then dewatered. Chlorine disinfection is the final treatment before discharge.

Port or pipe diameter at the discharge point, in inches: 30"

### 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)
REFER ATTACHMENT T 1.0 - 3B		

Treatment Unit Type	Number of Units	Dimensions (L x W x D)

### C. Process flow diagrams

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

Attachment Number: T 1.0 – 3.C FLOW SCHEMATIC

### Section 4. Site Drawing

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 Number: T 1.0 – 4.0 SITE MAP

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

City of Weston / Honey Creek Ranch Area within CCN 20999

### Section 5. Unbuilt Phases

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

Yes ☐

No ☒

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

Yes ☐

No ☐



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

[Click here to enter text.](#)

## Section 6. Closure Plans

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

[Click here to enter text.](#)

## Section 7. Permit Specific Requirements

### A. Summary transmittal

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

Yes ☐

No ☒

**If yes, provide the date(s) of approval for each phase:** [Click here to enter text.](#)

For applicants with an existing permit: Check the *Other Requirements* or *Special Provisions* of the existing permit and provide information, including dates, on any actions taken to meet an *Other Requirement* or *Special Provision* pertaining to the submission of a summary transmittal letter, if applicable. Also, if in possession of an approval letter from the TCEQ,

provide a copy.

[Click here to enter text.](#)

## B. Buffer zones

Have the buffer zone requirements been met?

Yes ☒

No ☐

For applicants with an existing permit: Check the *Other Requirements* or *Special Provisions* of the existing permit and provide information below, including dates, on any actions taken to meet the conditions of an *Other Requirement* or *Special Provision* pertaining to the buffer zone, if applicable. If available, provide any new documentation relevant to maintaining the buffer zones.

[Click here to enter text.](#)

## C. Other actions required by the current permit

For applicants with an existing permit, check the *Other Requirements* or *Special Provisions* of the existing permit. Does the *Other Requirements* or *Special Provisions* section in the current permit require submission of any other information? Or does it specify other required actions? Examples: Notification of Completion, progress reports, soil monitoring data, etc.

Yes ☐

No ☐

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

[Click here to enter text.](#)

## D. Grit and grease treatment

### 1. Transported loads of grit and grease

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

Yes ☐

No ☒

Separate grit or grease waste facility.

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 the grit and grease is separated or processed. Also, provide a flow diagram showing how grit and grease is processed at the facility.

[Click here to enter text.](#)

### 3. Grit disposal

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

Yes ☐

No ☐

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal and that grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

[Click here to enter text.](#)

### 4. Grease and decanted liquid disposal

Note: A registration or permit is required for grease disposal and that grease shall not be combined with treatment plant sludge. For more information,



contact the TCEQ Municipal Solid Waste team at 512-239-0000.

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

Click here to enter text.

## E. Stormwater management

### 1. Applicability

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

Yes ☒ No ☐

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

Yes ☐ No ☒

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

### 2. MSGP coverage

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

Yes ☐ No ☒

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

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

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

Yes ☒ No ☐

### 3. Conditional exclusion

Alternatively, do you intend to apply for a conditional exclusion from permitting based on having no exposure of industrial activity to stormwater?

Yes ☐ No ☒

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

Received:

Click here to enter text.

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

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

Yes ☐ No ☒

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

Click here to enter text.

#### ***5. Zero stormwater discharge***

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

Yes ☐ No ☒

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

Click here to enter text.

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

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

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

Yes ☐

No ☒

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

[Click here to enter text.](#)

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

## **F. Other wastes received including sludge from other WWTPs and septic**

### ***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, 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<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click here to enter text.](#)



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

## **2. Acceptance of septic waste**

Does the facility accept or will accept septic waste at the facility site?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

If yes to any of the above, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click here to enter text.](#)

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

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

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

Yes ☐ No ☒

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

[Click here to enter text.](#)

## Section 8. Pollutant Analysis of Treated Effluent

Is this application for a facility that is not in operation?

Yes ☒

No ☐

If yes, skip to Section 9. Facility Operator.

If no, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3).

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , 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					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, $\mu$ mohs/cm					
Oil & Grease, mg/l					



Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Alkalinity (CaCO <sub>3</sub> ), mg/l					

**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 <sub>3</sub> ), mg/l					

## Section 9. Facility Operator

Facility Operator Name: To be Determined

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

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

## Section 10. Sewage Sludge Management and Disposal

### A. Sludge disposal method

Identify the current and anticipated sludge disposal method or methods from the following list. More than one method can be selected.

- ☒ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☐ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit



- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
- ☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
- ☐ Other, Specify: [Click here to enter text.](#)

## B. Sludge disposal site

Disposal site name: To be Determined

TCEQ permit or registration number: [Click here to enter text.](#)

County where disposal site is located: [Click here to enter text.](#)

## C. Sludge transportation method

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

Name of the hauler: TO BE DETERMINED

Hauler registration number: [Click here to enter text.](#)

Sludge is transported as a:

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

Purpose of land application: reclamation ☐      soil conditioning ☐

# Section 11. Permit Authorization for Sewage Sludge Disposal

## A. Beneficial use authorization

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

Yes ☐      No ☐

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

Yes ☐      No ☐

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

Yes ☐ No ☐

## B. Sludge processing authorization

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

Sludge Composting Yes ☐ No ☐

Marketing and Distribution of sludge Yes ☐ No ☐

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☐

Temporary storage of sludge 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 12. Sewage Sludge Solids Management Plan

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

Does the facility accept sludge from other domestic wastewater treatment facilities?

Yes ☐ No ☒

If **yes** to either question, attach a solids management plan to the application.

Attachment Number: [Click here to enter text.](#)

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

## Section 13. Sewage Sludge Lagoons

### A. Location information

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

- Original General Highway (County) Map:

Attachment Number: [Click here to enter text.](#)

- USDA Natural Resources Conservation Service Soil Map:



Attachment Number: [Click here to enter text.](#)

- Federal Emergency Management Map:

Attachment Number: [Click here to enter text.](#)

- Site map:

Attachment Number: [Click here to enter text.](#)

Identify any of the following that exist within the lagoon area.

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

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

[Click here to enter text.](#)

## B. Temporary storage information

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in Section 8 of Technical Report 1.0.

Nitrate Nitrogen, mg/kg: [Click here to enter text.](#)

Total Nitrogen, mg/kg: [Click here to enter text.](#)

Phosphorus, mg/kg: [Click here to enter text.](#)

Potassium, mg/kg: [Click here to enter text.](#)

pH, standard units: [Click here to enter text.](#)

Ammonia Nitrogen mg/kg: [Click here to enter text.](#)

Arsenic: [Click here to enter text.](#)

Cadmium: [Click here to enter text.](#)

Chromium: [Click here to enter text.](#)



Copper: [Click here to enter text.](#)

Lead: [Click here to enter text.](#)

Mercury: [Click here to enter text.](#)

Molybdenum: [Click here to enter text.](#)

Nickel: [Click here to enter text.](#)

Selenium: [Click here to enter text.](#)

Zinc: [Click here to enter text.](#)

Total PCBs: [Click here to enter text.](#)

Provide the following information:

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

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

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

### C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec?

Yes ☐ No ☐

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

[Click here to enter text.](#)

### D. Site development plan

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

[Click here to enter text.](#)

Attach the following documents to the application.

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

Attachment Number: [Click here to enter text.](#)

- Copy of the closure plan

Attachment Number: [Click here to enter text.](#)

- Copy of deed recordation for the site

Attachment Number: [Click here to enter text.](#)

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

Attachment Number: [Click here to enter text.](#)

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

Attachment Number: [Click here to enter text.](#)

- Procedures to prevent the occurrence of nuisance conditions

Attachment Number: [Click here to enter text.](#)

## E. Groundwater monitoring

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

Yes ☐ No ☐

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

Attachment Number: [Click here to enter text.](#)

## Section 14. Authorizations/Compliance/Enforcement

### A. Additional authorizations

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

Yes ☐ No ☒

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

[Click here to enter text.](#)

## B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes ☐ No ☒

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

Yes ☐ No ☒

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

[Click here to enter text.](#)

## Section 15. RCRA/CERCLA Wastes

### 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., provide detailed information concerning these wastes with the application?

Attachment Number: [Click here to enter text.](#)



## Section 16. Laboratory Accreditation

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: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

### Section 1. Justification for Permit

#### A. Justification of permit need

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

Currently the City of Weston does not have capacity or infrastructure available for requested flow. New facility will serve a portion of the City of Weston (Honey Creek Ranch Area). Once the capacity and the infrastructure is available downstream the facility will convey flow to East Fork WWTP in accordance with the master plans.

#### B. Regionalization of facilities

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

##### 1. Municipally incorporated areas

If the applicant is a city, select Not Applicable and proceed to Item 2. Utility CCN areas.

Not Applicable ☐

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

Yes ☒ No ☐

If yes, within the city limits of: Weston

If yes, attach correspondence from the city.

Attachment Number: [Click here to enter text.](#)

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

Attachment Number: [Click here to enter text.](#)



## 2. Utility CCN areas

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

Yes ☐

No ☒

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

Attachment Number: [Click here to enter text.](#)

## 3. Nearby collection systems

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

Yes ☐

No ☒

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

Attachment Number: [Click here to enter text.](#)

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

Attachment Number: [Click here to enter text.](#)

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

Yes ☐

No ☒

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

Attachment Number: [Click here to enter text.](#)

## Section 2. Organic Loading

### A. New permits

Is this application for a facility that is not in operation?



Yes ☒

No ☐

If **yes**, proceed to Item C. Proposed Organic Loading.

If **no**, provide organic loading information in Item B. Current Organic Loading

## B. Current organic loading

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

Average Influent Organic Strength or BOD5 Concentration in mg/l: [Click here to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD5 conc. X 8.34): [Click here to enter text.](#)

Provide the source of the average organic strength or BOD5 concentration.

[Click here to enter text.](#)

## C. Proposed organic loading

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

**Table 1.1(1) - Design Organic Loading**

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality	2.50	250
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources	2.5	
AVERAGE BOD <sub>5</sub> from all sources		250

### Section 3. Effluent Quality and Disinfection

#### A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: [Click here to enter text.](#)

Dissolved Oxygen, mg/l: 5

Other: [Click here to enter text.](#)

## B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: 1

Dissolved Oxygen, mg/l: 5

Other: [Click here to enter text.](#)

## C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 7

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 2

Total Phosphorus, mg/l: .5

Dissolved Oxygen, mg/l: 6

Other: [Click here to enter text.](#)

## D. Disinfection Method

Identify the proposed method of disinfection.

- ☒ Chlorine: 1.0 mg/l after 20 minutes detention time at peak flow  
Dechlorination process: sulfur dioxide
- ☐ Ultraviolet Light: [Click here to enter text.](#) seconds contact time at peak flow
- ☐ Other: [Click here to enter text.](#)

## Section 4. Design Calculations

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

Attachment Number: T 1.1 - 4.0



## Section 5. Facility Site

### A. 100-year floodplain

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

Yes ☒

No ☐

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

[Click here to enter text.](#)

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

FEMA panel 48085C0135J

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

Yes ☐

No ☒

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

Yes ☐

No ☐

If **yes**, provide the permit number: [Click here to enter text.](#)

If **no**, provide the approximate date you anticipate submitting your application to the Corps: [Click here to enter text.](#)

### B. Wind rose

Attach a wind rose. Attachment Number: T 1.1 - 5B

## Section 6. Permit Authorization for Sewage Sludge Disposal

### A. Beneficial use authorization

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

Yes ☐

No ☒

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

Yes ☐

No ☐

## B. Sludge processing authorization

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

- ☐ Sludge Composting
- ☐ Marketing and Distribution of sludge
- ☐ Sludge Surface Disposal or Sludge Monofill

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

Attachment Number: [Click here to enter text.](#)

## Section 7. Sewage Sludge Solids Management Plan

Attach a solids management plan to the application.

Attachment Number: T 1.1 -7.0

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

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

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

# DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

## RECEIVING WATERS

The following is required for all TPDES permit applications

### Section 1. Domestic Drinking Water Supply

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: [Click here to enter text.](#)

Distance and direction to the intake: [Click here to enter text.](#)

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

Attachment Number: [Click here to enter text.](#)

### Section 2. Discharge into Tidally Affected Waters

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click here to enter text.](#)

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

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

[Click here to enter text.](#)

#### C. Sea grasses

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

Yes ☐ No ☐

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



[Click here to enter text.](#)

### Section 3. Classified Segments

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

Yes ☐

No ☒

If **yes**, skip to Worksheet 3.0.

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

### Section 4. Description of Immediate Receiving Waters

Name of the immediate receiving waters: unnamed tributary

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: [Click here to enter text.](#)

Average depth of the entire water body, in feet: [Click here to enter text.](#)

Average depth of water body within a 500-foot radius of discharge point, in feet: [Click here to enter text.](#)

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: [Click here to enter text.](#)

## B. Flow characteristics

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

- ☐ Intermittent – dry for at least one week during most years
- ☒ Intermittent with Perennial Pools – enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial – normally flowing

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

- ☐ USGS flow records
- ☒ Historical observation by adjacent landowners
- ☐ Personal observation
- ☐ Other, specify: [Click here to enter text.](#)

## C. Downstream perennial confluences

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

Honey Creek

## D. Downstream characteristics

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

Yes ☐ No ☒

If yes, discuss how.

[Click here to enter text.](#)

## E. Normal dry weather characteristics

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

No flow

Date and time of observation: July, 2016

Was the water body influenced by stormwater runoff during observations?

Yes ☐

No ☒

## Section 5. General Characteristics of the Waterbody

### A. Upstream influences

Is the receiving water upstream of the discharge or proposed discharge site influenced by any of the following (check as appropriate)?

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify [Click here to enter](#)

[text](#)

### B. Waterbody uses

Uses of the waterbody, observed or evidences of (check as appropriate).

☒ Livestock watering

☐ Contact recreation

☐ Irrigation withdrawal

☐ Non-contact recreation

☐ Fishing

☐ Navigation

☐ Domestic water supply

☐ Industrial water supply

☐ Park activities

☐ Other(s), specify [Click here to enter](#)

[text](#)



### C. Waterbody aesthetics

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

- ☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- ☒ Natural Area: trees and/or native vegetation 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

## DOMESTIC WORKSHEET 2.1

### STREAM PHYSICAL CHARACTERISTICS

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

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

#### Section 1. General Information

Date of study: 25 OCT 16 Time of study: 3:30 pm

Stream name: unnamed tributary

Location: Collin County, TX

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

☐ Perennial

☒ Intermittent with perennial pools

#### Section 2. Data Collection

Number of stream bends that are well defined: 5

Number of stream bends that are moderately defined: 2

Number of stream bends that are poorly defined: 1

Number of riffles: 1

Evidence of flow fluctuations (check one):

☒ Minor

☐ moderate

☐ severe

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

[Click here to enter text.](#)

#### Stream transects

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

**Table 2.1(1) - Stream Transect Records**

<b>Stream type at transect</b> Select riffle, run, glide, or pool. See Instructions, Definitions section.	<b>Transect location</b>	<b>Water surface width (ft)</b>	<b>Stream depths, in feet, at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.</b>
Choose an item.	0+00	0	0
pool	7+60	8	0, 0.2, 0.6, 0.2, 0
pool	17+25	11	0, .2, 0.4, 0.8, 0.6, 0.1, 0
riffle	23+85	4	0, 0.3, 0.4, 0.3, 0
glide	27+75	20	0, 0.2, 0.5, 0.2, 0.1, 0
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			

### **Section 3. Summarize Measurements**

Streambed slope of entire reach, from USGS map in feet/feet: .01

Approximate drainage area above the most downstream transect (from USGS



map or county highway map, in square miles): 29.7

Length of stream evaluated, in feet: 2775

Number of lateral transects made: 5

Average stream width, in feet: 8.6

Average stream depth, in feet: 0.5

Average stream velocity, in feet/second: 0.4

Instantaneous stream flow, in cubic feet/second: 2.0

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

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

Maximum pool depth, in feet: 0.8

## DOMESTIC WORKSHEET 6.0

### INDUSTRIAL WASTE CONTRIBUTION

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

#### Section 1. All POTWs

##### 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. See Definitions for Categorical IUs, Significant IUs - non-categorical, and Other IUs.

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 as defined in the Definitions section of the instructions?

Yes ☐

No ☒

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

[Click here to enter text.](#)

### C. Treatment Plant pass through

In the past three years, has your POTW experienced pass through as defined in the Definitions section of the instructions?

Yes ☐

No ☒

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

Click here to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes ☐

No ☒

If **yes**, complete Section 2. POTWs with Approved Programs or Those Required to Develop a Program, and skip Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU).

Is your POTW required to develop an approved pretreatment program?

Yes ☐

No ☒

If **yes**, complete Section 2.c. and 2.d., 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

### A. Substantial modifications

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**, identify modifications that have not been submitted to the Approval Authority (TCEQ), including the purpose of the modification.



Click here to enter text.

## B. Non-substantial modifications

Have there been any **non-substantial modifications** to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for review and acceptance?

Yes ☐

No ☐

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

Click here to enter text.

## C. Effluent parameters above the MAL

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

**Table 6.0(1) - Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

## D. Industrial user interruptions

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

Yes ☐ No ☐

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

[Click here to enter text.](#)

## Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU)

### A. General information

Company Name: [Click here to enter text.](#)

SIC Code: [Click here to enter text.](#)

Telephone number: [Click here to enter text.](#) Fax number: [Click here to enter text.](#)

Contact name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City, State, and Zip Code: [Click here to enter text.](#)

### B. Process information

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

[Click here to enter text.](#)

### C. Product and service information

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

Click here to enter text.

## D. Flow rate information

See Definitions section of the Instructions for process and non-process wastewater.

### Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

### Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

## E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the Definitions section of the Instructions?

Yes ☐ No ☐

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

Yes ☐ No ☐

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

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

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

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

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

Category: Click here to enter text.



Subcategories: [Click here to enter text.](#)

## F. Industrial unit interruptions

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

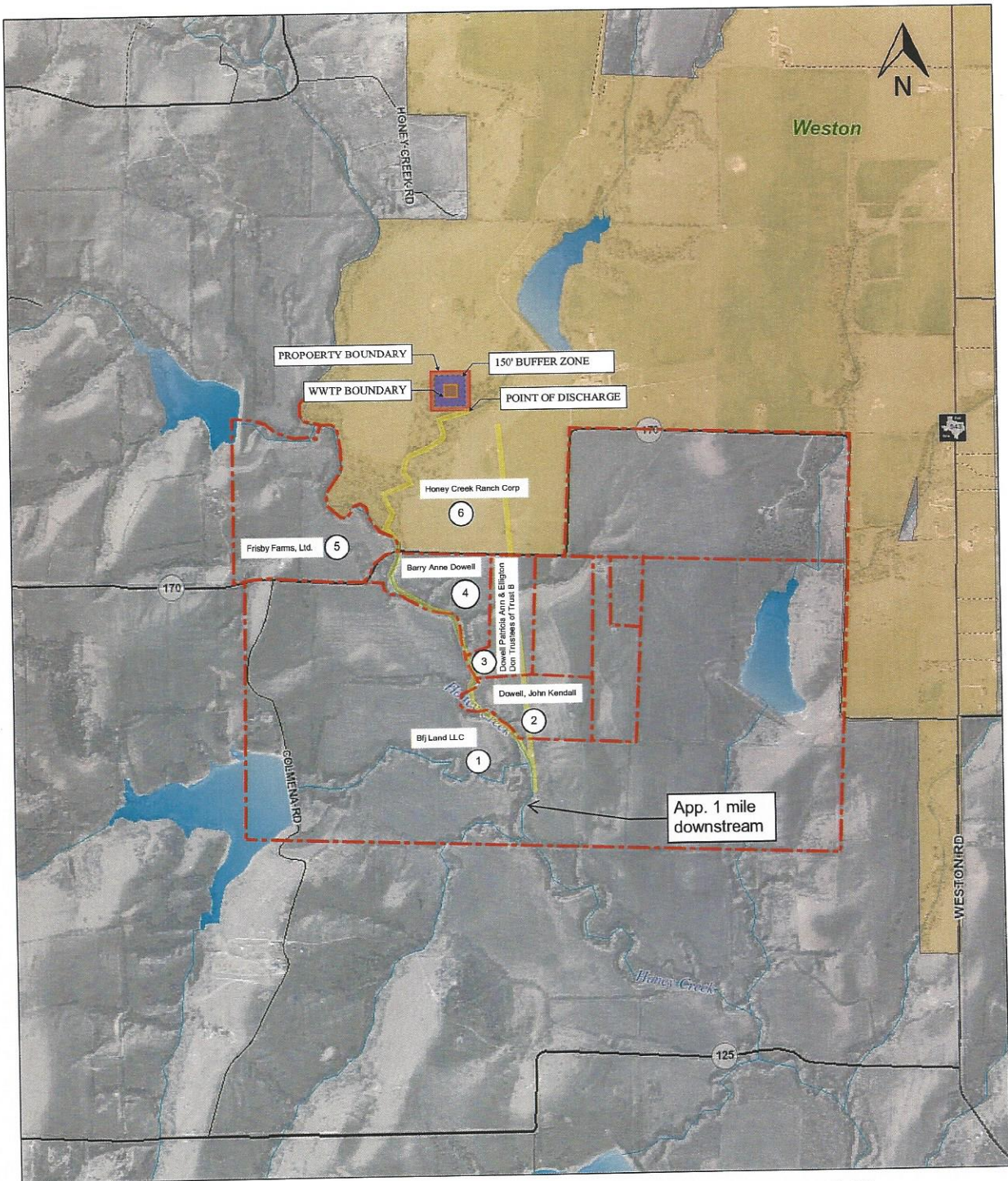
Yes ☐

No ☐

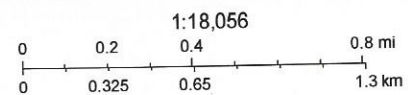
**If yes**, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

[Click here to enter text.](#)

# ADMIN 1.1 - 1A LANDOWNER MAP



February 27, 2017



## LANDWONERS LIST

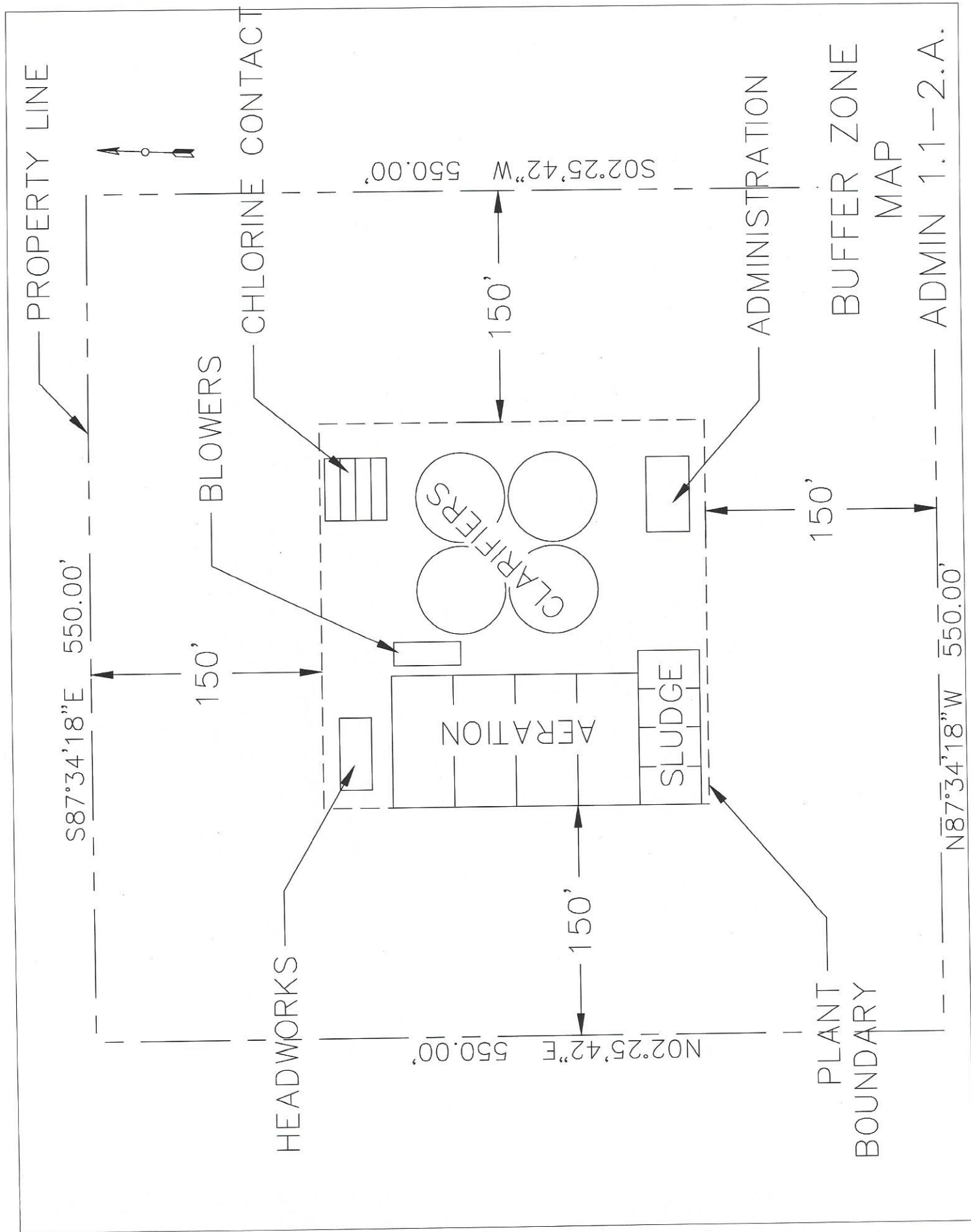
- |                                                                                                               |                                                                                           |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1 Bfj Land LLC<br>Attn Bert Fileds, Jr<br>11835 Preston Rd<br>Dallas, TX 75230-2708                           | 4 Barry Anne Dowell<br>John K Dowell<br>5901 County Road 170<br>Celina, TX 75009-4903     |
| 2 Dowell, John Kendall<br>313 N Bengie St<br>McKinney, TX 75069-3815                                          | 5 Frisby Farms, Ltd.<br>2813 FM 1827<br>McKinney, TX 75071-0513                           |
| 3 Dowell Patricia Ann & Elligton<br>Don Trustees of Trust B<br>3 E Janice Ave Apt 202<br>Yukon, OH 73099-5611 | 6 Honey Creek Ranch Corp<br>Attn. Jon W Bayless<br>PO Box 803426<br>Dallas, TX 75830-3426 |

Sources: Esri, HERE, DeLorme, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community



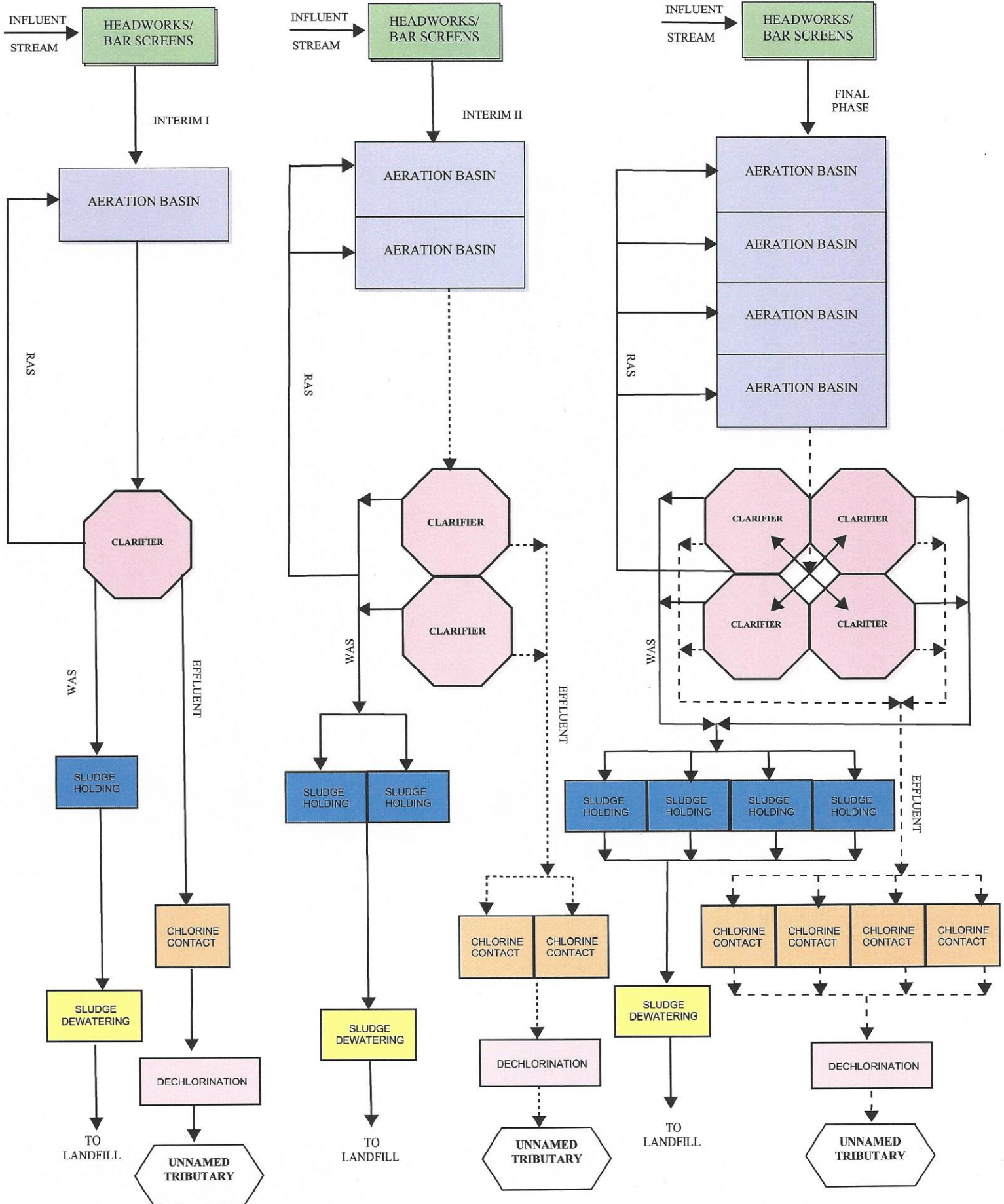








T1.0 - 3.C  
FLOW SCHEMATIC  
EAST FORK WWTP

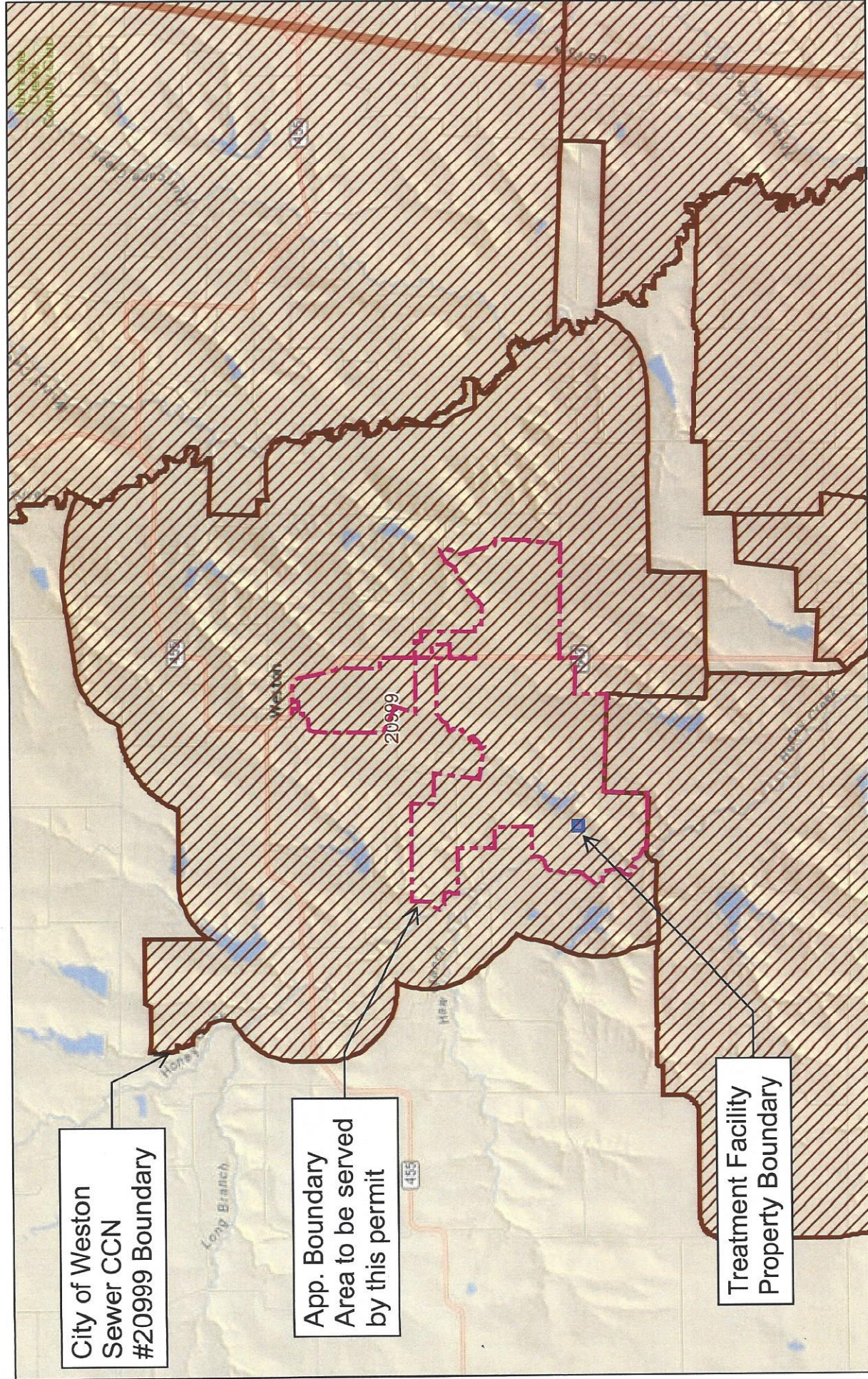








# East Fork WWTP - CCN Boundary



City of Weston  
Sewer CCN  
#20999 Boundary

App. Boundary  
Area to be served  
by this permit

Treatment Facility  
Property Boundary

March 3, 2017

SITE DRAWING  
TECH 1.0-4

1:72,224  
0 0.5 1 2 mi  
0 0.5 1 2 km

Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand),







# ADMIN 1.1 - 3.0 - PHOTO LOCATION MAP

PROPERTY BOUNDARY

WWTP BOUNDARY

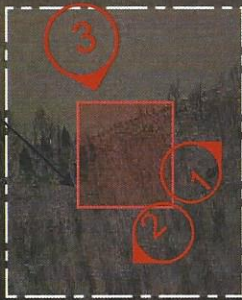








PHOTO 1  
UPSTREAM

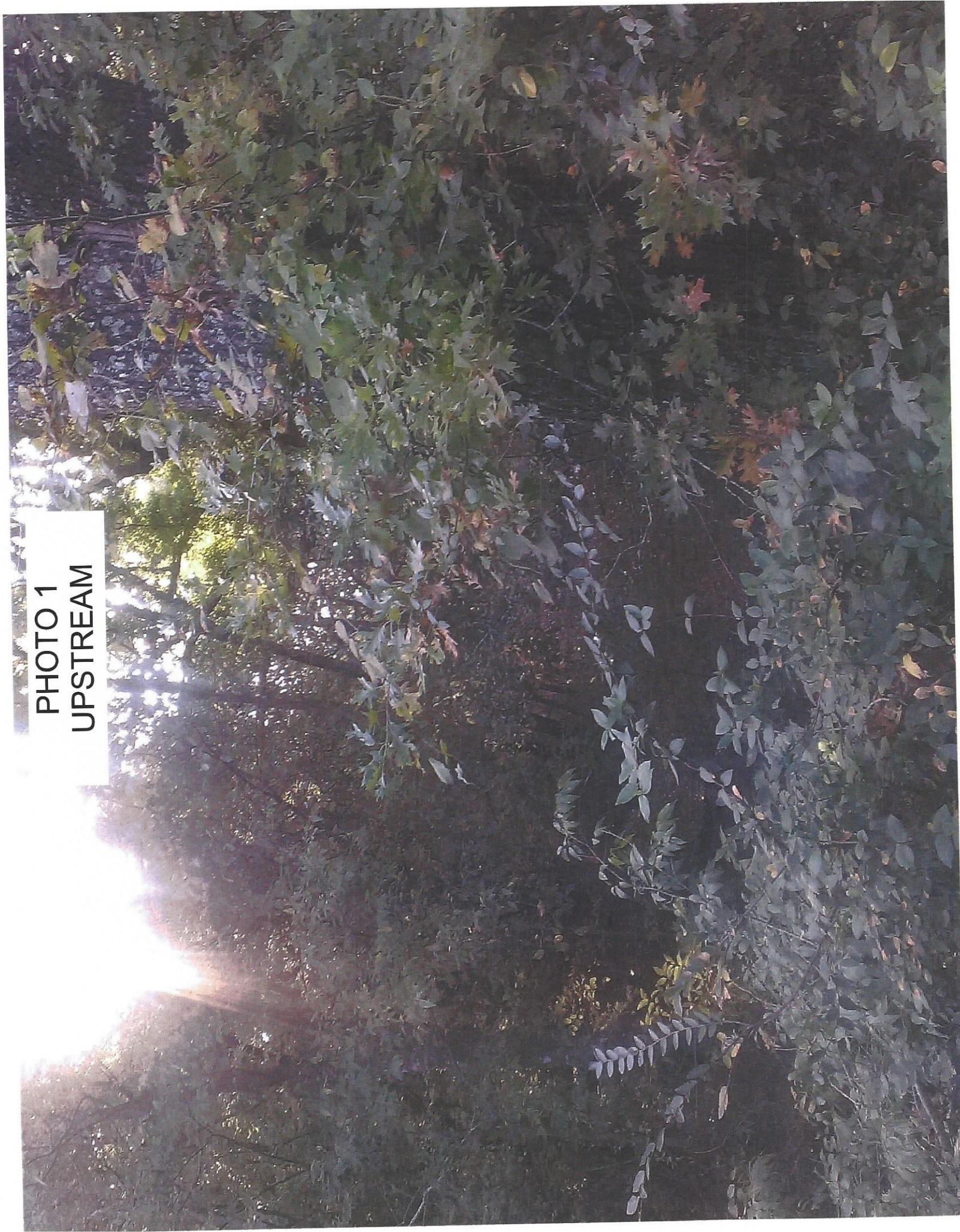








PHOTO 2  
DOWNSTREAM









PHOTO 3  
SITE







## **TREATMENT UNIT DIMENSIONS**

### **ATTACHMENT T 1.0 – 2B**

#### **INTERIM I:**

<b>Treatment Unit Type</b>	<b>Number of Units</b>	<b>Dimensions (L x W x D)</b>
Aeration Basin	1	25' x 55' x 11' SWD
Secondary Clarifier	1	34' Dia x 10' SWD
Chlorine Contact Basin	1	10' x 24' x 8' SWD
Sludge Holding	1	25' x 40' x 11' SWD

#### **INTERIM II:**

<b>Treatment Unit Type</b>	<b>Number of Units</b>	<b>Dimensions (L x W x D)</b>
Aeration Basin	2	40' x 72' x 13' SWD
Secondary Clarifier	2	57.5' Dia x 10' SWD
Chlorine Contact Basin	2	10' x 16' x 12' SWD
Sludge Holding	2	25' X 60' x 15' SWD

#### **FINAL PHASE:**

<b>Treatment Unit Type</b>	<b>Number of Units</b>	<b>Dimensions (L x W x D)</b>
Aeration Basin	4	40' x 72' x 13' SWD
Secondary Clarifier	4	57.5' Dia x 10' SWD
Chlorine Contact Basin	4	10' x 16' x 12' SWD
Sludge Holding	4	25' x 60' 15' SWD





**DESIGN CALCULATIONS**  
**Attachment T1.1-4**

**East Fork WWTF**  
**Collin County, Texas**

**DESIGN DATA- INTERIM I PHASE**

Average Flow = 0.25 MGD  
Peak Flow = 1.0 MGD (695 gpm)

Influent BOD<sub>5</sub> = 250 mg/l = 522 lb/day  
Influent TSS (Total Suspended Solids) = 200 mg/l = 417 lb/day  
Influent NH<sub>3</sub>N (Ammonia Nitrogen) = 35 mg/l = 73 lb/day

Effluent Requirements:

Effluent BOD<sub>5</sub> = 10 mg/l  
Effluent TSS = 15 mg/l  
Effluent NH<sub>3</sub>-N = 3 mg/l  
Effluent Dissolved Oxygen = 5.0 mg/l

**DESIGN DATA- INTERIM II PHASE**

Average Flow = 1.25 MGD  
Peak Flow = 5.0 MGD (3,472 gpm)

Influent BOD<sub>5</sub> = 250 mg/l = 2,606 lb/day  
Influent TSS (Total Suspended Solids) = 200 mg/l = 2,085 lb/day  
Influent NH<sub>3</sub>N (Ammonia Nitrogen) = 35 mg/l = 365 lb/day

Effluent Requirements:

Effluent BOD<sub>5</sub> = 10 mg/l  
Effluent TSS = 15 mg/l  
Effluent NH<sub>3</sub>-N = 2 mg/l  
Effluent TP = 1 mg/l  
Effluent Dissolved Oxygen = 5.0 mg/l

**DESIGN DATA- FINAL PHASE**

Average Flow = 2.50 MGD  
Peak Flow = 10.0 MGD (6944 gpm)

Influent BOD<sub>5</sub> = 250 mg/l = 5,213 lb/day





Influent TSS (Total Suspended Solids) = 200 mg/l = 4,170 lb/day  
Influent NH<sub>3</sub>N (Ammonia Nitrogen) = 35 mg/l = 730 lb/day

Proposed Effluent Requirements:

Effluent BOD<sub>5</sub> = 7 mg/l

Effluent TSS = 15 mg/l

Effluent NH<sub>3</sub>-N = 2 mg/l

Effluent TP = 0.5 mg/l

Effluent Dissolved Oxygen = 6.0 mg/l



## UNIT FLOW CALCULATIONS (0.25 MGD Plant)- INTERIM I

Consists of single activated sludge treatment train.

### 1. AERATION BASIN

For activated sludge with Single Stage Nitrification, Organic Loading Rate = 35 lb BOD<sub>5</sub>/day/1000ft<sup>3</sup>

$$(522 \text{ lb BOD}_5/\text{day})/(35 \text{ lb BOD}_5/\text{day}/1000\text{ft}^3)=14,900 \text{ ft}^3$$

For SWD = 11 ft, Surface Area = 1,355 ft<sup>2</sup>

**Use 25'x55' basin**

$$\text{Actual Loading} = (522 \text{ lb BOD}_5/\text{day})/(15,125 \text{ ft}^3) = 34.5 \text{ lb BOD}_5/\text{day}/1000\text{ft}^3$$

### 2. SECONDARY CLARIFIER

Requirements for Conventional Treatment (Secondary with Nitrification)

Maximum Surface Loading – 1,200 gal/day/ft<sup>2</sup> at 2-hour peak flow

Minimum Detention Time – 1.8 hrs at 2-hour peak flow

$$(1.0 \text{ MGD})/(1,200 \text{ gal}/\text{day}/\text{ft}^2) = 833 \text{ ft}^2$$

For a 4' diameter feed well, area = 12.5 ft<sup>2</sup>

$$\text{Radius} = \sqrt{845.5 \text{ ft}^2/\pi} = 16.4 \text{ ft} \quad \text{Use 34' diameter clarifier}$$

$$\text{Peak Surface Loading} = (1.0 \text{ MGD})/((908-12.5) \text{ ft}^2) = 1116 \text{ gal}/\text{day}/\text{ft}^2 < 1,200$$

$$\text{Detention Time} = ((908-12.5) \text{ ft}^2 \times 10 \text{ ft})/(1.0 \text{ MGD})(\text{day}/24 \text{ hours})=2.1 \text{ hours} > 1.8$$

### 3. CHLORINE CONTACT BASIN

Requirements for chlorine disinfection

20 minutes detention time at peak flow.

$$(20 \text{ minutes}) \times (1.0 \text{ MGD}) = 1,860\text{ft}^3$$

For 8' SWD, Area = 233 ft<sup>2</sup>

For 4' wide baffle channels, total length = 58 ft

**Use 10'x24' basin w/ serpentine baffles**

### 4. SLUDGE HOLDING (AEROBIC)

Assume solids concentration = 2 % in the tank

$$\text{Assume 35\% solids reduction} = (522 \text{ lb}/\text{day})(65\%) = 340 \text{ lb}/\text{day loading}$$

For Detention Time = 40 days

$$(40 \text{ days})(340 \text{ lb}/\text{day})/(7.48 \text{ gal}/\text{ft}^3)(8.34 \text{ lb}/\text{gal})(0.02) = 10,900 \text{ ft}^3$$

For 11' SWD, **Use 25'x40' basin**





## UNIT FLOW CALCULATIONS (0.625 units)- INTERIM II & FINAL

Interim II consists of two (2) 0.625 MGD activated sludge treatment trains.  
Final consists of four (4) 0.625 MGD activated sludge treatment trains.

### 1. AERATION BASIN

For activated sludge with Single Stage Nitrification, Organic Loading Rate = 35 lb BOD<sub>5</sub>/day/1000ft<sup>3</sup>

$$(1,303 \text{ lb BOD}_5/\text{day})/(35 \text{ lb BOD}_5/\text{day}/1000\text{ft}^3)=37,229 \text{ ft}^3$$

For SWD = 13 ft, Surface Area = 2,864 ft<sup>2</sup>

**Use 40'x72' basins**

$$\text{Actual Loading} = (1,303 \text{ lb BOD}_5/\text{day})/(37,440 \text{ ft}^3) = 34.8 \text{ lb BOD}_5/\text{day}/1000\text{ft}^3$$

### 2. SECONDARY CLARIFIER

Requirements for Conventional Treatment (Secondary with Nitrification)

Maximum Surface Loading – 1,200 gal/day/ft<sup>2</sup> at 2-hour peak flow

Minimum Detention Time – 1.8 hrs at 2-hour peak flow

For each clarifier

Surface Loading

$$(2.5 \text{ MGD})/(1,200 \text{ gal/day/ft}^2) = 2,083 \text{ ft}^2$$

For a 8' diameter feed well, area = 51 ft<sup>2</sup>

$$\text{Radius} = \sqrt{2134 \text{ ft}^2/\pi} = 26 \text{ ft}^2 \text{ Use } 54' \text{ diameter clarifier}$$

Detention Time

$$\text{For } 1.8 \text{ hrs, } (1.8 \text{ hrs})(\text{day}/24 \text{ hrs})(2.5 \text{ MGD})/(7.48 \text{ gal/ft}^3) = 25,067 \text{ ft}^3$$

For 10' SWD and 8' diameter feed well. **Use 57.5 ft diameter clarifier**

57.5 ft > 54 ft, so detention time controls

$$\text{Peak Surface Loading} = (2.5 \text{ MGD})/((2597-51) \text{ ft}^2) = 982 \text{ gal/day/ft}^2$$

$$\text{Detention Time} = ((2597-51) \text{ ft}^2 \times 10 \text{ ft})/(2.5 \text{ MGD})(\text{day}/24 \text{ hours})=1.82 \text{ hours}$$

### 3. CHLORINE CONTACT BASIN

Requirements for chlorine disinfection

20 minutes detention time at peak flow.

$$(20 \text{ minutes}) \times (2.5 \text{ MGD}) = 4,642 \text{ ft}^3$$

For 12' SWD, Area = 390 ft<sup>2</sup>

For 4' wide baffle channels, total length = 98 ft

**Use 10'x16' basin w/ serpentine baffles**





#### 4. SLUDGE HOLDING (AEROBIC)

Assume solids concentration = 2 % in the tank

Assume 35% solids reduction =  $(1,042.5 \text{ lb/day})(65\%) = 678 \text{ lb/day loading}$

For Detention Time = 40 days

$(40 \text{ days})(678 \text{ lb/day}) / (7.48 \text{ gal/ ft}^3)(8.34 \text{ lb/gal})(0.02) = 21,737 \text{ ft}^3$

For 15' SWD, Area =  $1,450 \text{ ft}^2$

**Use 25'x60' basin**



## **AERATION REQUIREMENTS (INTERIM I PHASE)**

### **INTERIM I (1 unit @ 0.25 MGD)**

Average Flow = 0.25 MGD

Process Aeration Oxygen Required = 2.2 lb O<sub>2</sub>/lb BOD<sub>5</sub> (Nitrification)

Minimum Air Required = 3,200 SCF/lb BOD<sub>5</sub>

Oxygen Requirement

$O_2R = 1.2(250) + 4.3(35)/(250) = 1.8 \text{ lb O}_2/\text{lb BOD}_5 < 2.2 \text{ lb O}_2/\text{lb BOD}_5$  USE 2.2

For Aeration:

$RAF = (522 \text{ lb BOD}_5/\text{day})(2.2 \text{ lb O}_2/\text{lb BOD}_5)/(0.10)(0.65)(0.23)(0.075)(1440)$

RAF = 711 SCFM

For mixing:

$(20 \text{ SCFM})(25' \times 55' \times 11')/1000 = 303 \text{ SCFM}$

Therefore, Aeration Requirement control

**Total Process Air Required = 711 SCFM**

Sludge Holding Air Requirements:

Use 30 SCFM/th.ft<sup>3</sup>

$(30 \text{ SCFM/th.ft}^3)(25 \times 40 \times 11/1000 \text{ th.ft}^3) = 330 \text{ SCFM}$

**Total Sludge Stabilization Air Required = 330 SCFM**

Airlift Pumps – Assume 60 SCFM

**Total Airlift Air Required = 60 SCFM**

### **TOTAL AIR REQUIRED**

PROCESS AERATION	=	711 SCFM
SLUDGE STABILIZATION	=	330 SCFM
AIRLIFT PUMPS	=	<u>60 SCFM</u>

**TOTAL AIR REQUIRED = 1,100 SCFM**

### **INTERIM II & FINAL (2-4 UNITS @ 0.625 MGD )**

Average Flow = 0.625 MGD

Process Aeration Oxygen Required = 2.2 lb O<sub>2</sub>/lb BOD<sub>5</sub> (Nitrification)





Minimum Air Required = 3,200 SCF/lb BOD<sub>5</sub>

For Aeration Unit:

Oxygen Requirement

$$O_2R = 1.2(250) + 4.3(35)/(250) = 1.8 \text{ lb } O_2/\text{lb BOD}_5 < 2.2 \text{ lb } O_2/\text{lb BOD}_5 \quad \text{USE 2.2}$$

For Aeration:

$$RAF = (522 \text{ lb BOD}_5/\text{day})(2.2 \text{ lb } O_2/\text{lb BOD}_5)/(0.10)(0.65)(0.23)(0.075)(1440)$$

$$RAF = 711 \text{ SCFM}$$

For mixing:

$$(20 \text{ SCFM})(25' \times 55' \times 11')/1000 = 303 \text{ SCFM}$$

Therefore, Aeration Requirement control

Check Minimum Air Required

$$(3200 \text{ SCF/day/lb BOD}_5)/(522 \text{ lb BOD}_5/\text{day}) = 6.1 \text{ SCF} < 711 \text{ SCFM}$$

**Total Process Air Required = 711 SCFM**

Sludge Holding Air Requirements:

Use 30 SCFM/th.ft<sup>3</sup>

$$(30 \text{ SCFM/th.ft}^3)(25 \times 40 \times 11/1000 \text{ th.ft}^3) = 330 \text{ SCFM}$$

**Total Sludge Stabilization Air Required = 330 SCFM**

**Total Process Air Required = 6,371 SCFM per UNIT**

Sludge Stabilization Air Requirements:

Use 30 SCFM/th.ft<sup>3</sup>

$$(30 \text{ SCFM/th.ft}^3)(15.0 \text{ th.ft}^3) = 450 \text{ SCFM}$$

**Total Sludge Stabilization Air Required = 450 SCFM per UNIT**

Airlift Pumps - 80 SCFM

**Total Airlift Air Required = 80 SCFM per UNIT**

**TOTAL AIR REQUIRED**

**PROCESS AERATION = 6,371 SCFM**

**SLUDGE STABILIZATION = 450 SCFM**





**AIRLIFT PUMPS = 80 SCFM**

***TOTAL AIR REQUIRED = 6,901 SCFM***

Multiple blowers to be used with 1 standby.



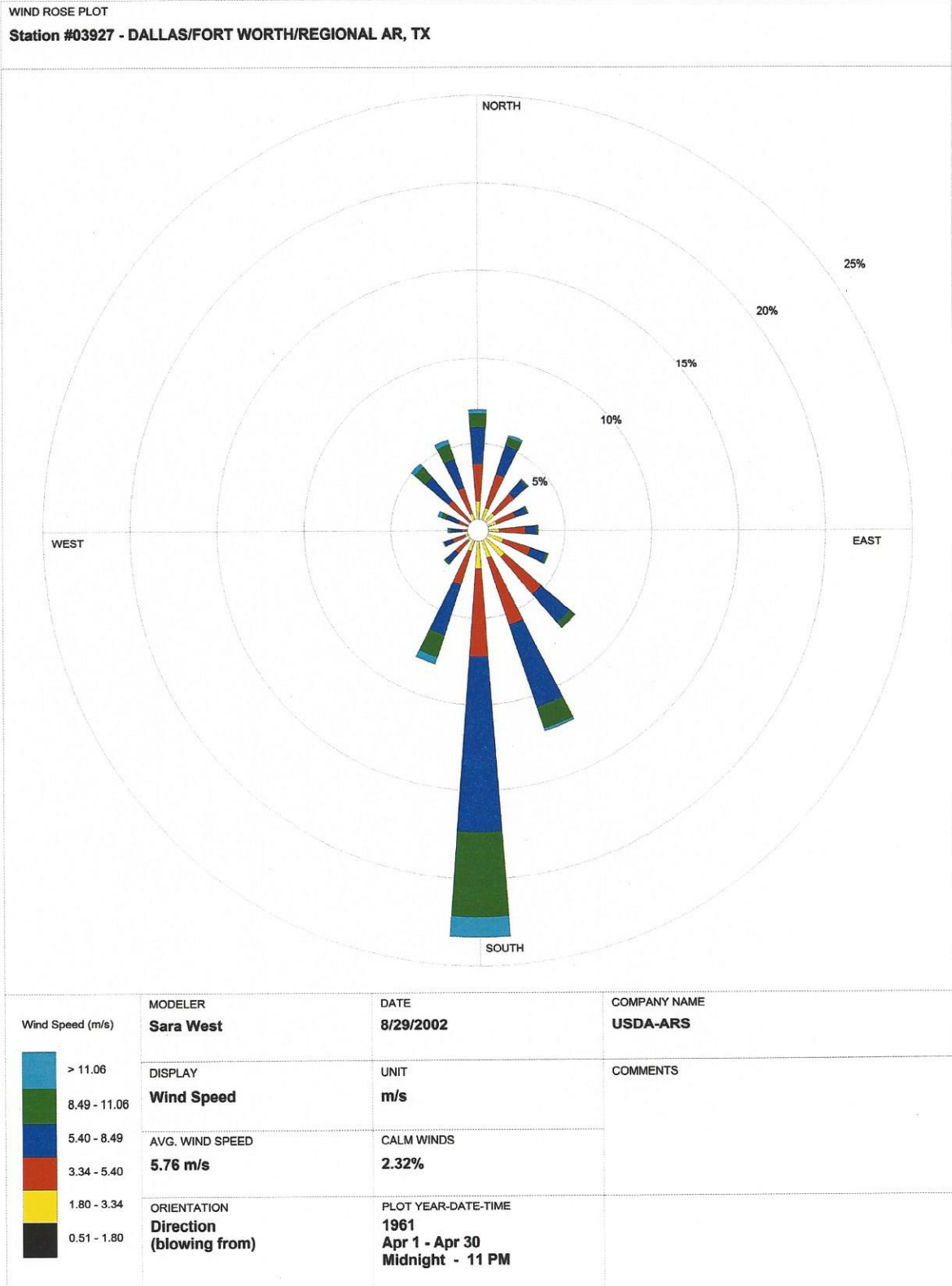
## **DESIGN FEATURES**

- A. Emergency Power Requirements - A diesel generator with automatic transfer switch operates the entire plant equipment during a power outage.
- B. Alarm Features – Initially, the operators are notified about alarms through an autodialer system. These alarms include high water in lift station, power failure, and equipment malfunction. The dialer system is to be replaced with a SCADA system in the future that will provide alarm notification as well as equipment status.
- C. Design Features for Reliability and Operating Flexibility
  - a. Plant Lift Station – Includes a standby pump and high water alarms. The wetwell will have sufficient storage capacity at peak flow to allow for switchover to the emergency generator.
  - b. Standby Blowers are included to allow for continuous operation during maintenance or blower failure.
  - c. The Interim II and Final stages consist of multiple basins operating in parallel. This will allow for removal of a single basin for repair and/or maintenance while still allowing flow through the plant. Piping will utilize gates and/or valves to allow for total isolation of each basin.
- D. Overflow Prevention – Standby pumps, emergency power and alarm notification prevent overflows at the plant. The facility is designed with a hydraulic capacity of 4 times average flow.





# T 1.1 - 5B WIND ROSE







# Solids Management Plan

## Attachment T1.1-7.0

### INTERIM I

Influent Design Flow = 0.25 mgd

Influent BOD Concentration = 250 mg/L

Sludge Holding Volume: 82,280 gallons

Aeration Basin MLSS: 2,000 to 3,000 mg/L

### *Interim I Sludge Production*

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Pounds Influent BOD <sub>5</sub>	522	392	261	131
Pounds of digested dry sludge produced*	183	137	91	46
Pounds of wet sludge produced	9,150	6,850	4,550	2,300
Gallons of wet sludge produced	1,097	821	545	276

**\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperatures and 2.0% solids concentration in the digester.**

Sludge will be wasted from the clarifier to the aerobic sludge holding tank. Sludge solids will be stabilized in the sludge holding tank; supernatant will be decanted and returned to the facility headworks for treatment.

### *Interim I Sludge Removal Schedule*

<b>Removal Schedule (days)</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Days between Sludge Removal	7	10	15	30

Sludge will be removed from the sludge holding tank and dewatered for transportation to a landfill. The calculated mean cell residence time (MCRT) for the sludge holding storage volume of 82,280 gal will be approximately 40 days at 100% capacity and annual average digested sludge production of 183 ppd. Dewatered sludge will be hauled to a permitted landfill.



## INTERIM II

Influent Design Flow = 1.25 mgd

Influent BOD Concentration = 250 mg/L

Sludge Holding Volume: 2 @ 168,300 gallons

Aeration Basin MLSS: 2,000 to 3,000 mg/L

### *Interim II Sludge Production*

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Pounds Influent BOD <sub>5</sub>	2,610	1,955	1,300	650
Pounds of digested dry sludge produced*	910	680	455	225
Pounds of wet sludge produced	45,600	34,000	22,800	11,400
Gallons of wet sludge produced	5,470	4,080	2,730	1,360

**\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperatures and 2.0% solids concentration in the digester.**

Sludge will be wasted from the clarifier to the aerobic sludge holding tank. Sludge solids will be stabilized in the sludge holding tank; supernatant will be decanted and returned to the facility headworks for treatment.

### *Interim II Sludge Removal Schedule*

<b>Removal Schedule (days)</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Days between Sludge Removal	6	8	12	25

Sludge will be removed from the sludge holding tank and dewatered for transportation to a landfill. The calculated mean cell residence time (MCRT) for the sludge holding storage volume of 336,600 gal will be approximately 40 days at 100% capacity and annual average digested sludge production of 910 ppd. Dewatered sludge will be hauled to a permitted landfill.





## FINAL

Influent Design Flow = 2.50 mgd

Influent BOD Concentration = 250 mg/L

Sludge Holding Volume: 4 @ 168,300 gallons

Aeration Basin MLSS: 2,000 to 3,000 mg/L

### ***Final Sludge Production***

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Pounds Influent BOD <sub>5</sub>	5,220	3,910	2,600	1,300
Pounds of digested dry sludge produced*	1,820	1,360	910	450
Pounds of wet sludge produced	91,200	68,000	45,600	22,800
Gallons of wet sludge produced	10,940	8,160	5,460	2,720

**\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperatures and 2.0% solids concentration in the digester.**

Sludge will be wasted from the clarifier to the aerobic sludge holding tank. Sludge solids will be stabilized in the sludge holding tank; supernatant will be decanted and returned to the facility headworks for treatment.

### ***Final Sludge Removal Schedule***

<b>Removal Schedule (days)</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Days between Sludge Removal	6	8	12	25

Sludge will be removed from the sludge holding tank and dewatered for transportation to a landfill. The calculated mean cell residence time (MCRT) for the sludge holding storage volume of 673,200 gal will be approximately 40 days at 100% capacity and annual average digested sludge production of 910 ppd. Dewatered sludge will be hauled to a permitted landfill.

