Complete and submit this checklist with the application.

APPLICANT: East Rio Hondo Water Supply Corporation
PERMIT NUMBER: WQ0015162001

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>Administrative Report 1.0</td>
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<td>Administrative Report 1.1</td>
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<td>SPIF</td>
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<td>Core Data Form</td>
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<td>Technical Report 1.0</td>
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<td>Original USGS Map</td>
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<td>Affected Landowners Map</td>
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<td>Landowner Disk or Labels</td>
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<td>Buffer Zone Map</td>
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<td>Design Calculations</td>
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<td>Solids Management Plan</td>
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<td>Water Balance</td>
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For TCEQ Use Only

Segment Number  __________________________ County __________________________
Expiration Date __________________________ Region __________________________
Permit Number ____________________________

TCEQ-10053 (06/25/2018) Municipal Wastewater Application Administrative Report
Section 1. Application Fees (Instructions Page 29)

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

<table>
<thead>
<tr>
<th>Flow</th>
<th>New/Major Amendment</th>
<th>Renewal</th>
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<tbody>
<tr>
<td>&lt;0.05 MGD</td>
<td>$350.00 □</td>
<td>$315.00 □</td>
</tr>
<tr>
<td>≥0.05 but &lt;0.10 MGD</td>
<td>$550.00 □</td>
<td>$515.00 □</td>
</tr>
<tr>
<td>≥0.10 but &lt;0.25 MGD</td>
<td>$850.00 □</td>
<td>$815.00 □</td>
</tr>
<tr>
<td>≥0.25 but &lt;0.50 MGD</td>
<td>$1,250.00 □</td>
<td>$1,215.00 □</td>
</tr>
<tr>
<td>≥0.50 but &lt;1.0 MGD</td>
<td>$1,650.00 □</td>
<td>$1,615.00 □</td>
</tr>
<tr>
<td>≥1.0 MGD</td>
<td>$2,050.00 □</td>
<td>$2,015.00 □</td>
</tr>
</tbody>
</table>

Minor Amendment (for any flow) $150.00 □

Payment Information:
- Mailed Check/Money Order Number: [Enter here to enter text]
- Check/Money Order Amount: [Enter here to enter text]
- Name Printed on Check: [Enter here to enter text]
- EPAY Voucher Number: [Enter here to enter text]

Copy of Payment Voucher enclosed? Yes □

Section 2. Type of Application (Instructions Page 29)

- [ □ ] New TPDES
- [ □ ] New TLAP
- [ □ ] Major Amendment with Renewal
- [ □ ] Minor Amendment with Renewal
- [ □ ] Major Amendment without Renewal
- [ □ ] Minor Amendment without Renewal
- [ □ ] Renewal without changes
- [ □ ] Minor Modification of permit

For amendments or modifications, describe the proposed changes: [Enter here to enter text]

For existing permits:
- Permit Number: WQ0015162001
- EPA I.D. (TPDES only): TX0134899
- Expiration Date: July 1, 2020

Section 3. Facility Owner (Applicant) and Co-Applicant Information
A. The owner of the facility must apply for the permit.

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

East Rio Hondo Water Supply Corporation

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

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

CN: 600694988

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

Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Brian Macmanus
Credential (P.E, P.G., Ph.D., etc.): P.E
Title: General Manager

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

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

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

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

http://www15.tceq.texas.gov/crpub/

CN: 

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

Prefix (Mr., Ms., Miss): 
First and Last Name: 
Credential (P.E, P.G., Ph.D., etc.): 
Title: 

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of Administrative Report 1.0.
Section 4. Application Contact Information (Instructions Page 30)

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

A. Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Alfonso Gonzalez
Credential (P.E., P.G., Ph.D., etc.): PE
Title: Project Manager
Organization Name: Perez Consulting Engineers, LLC
Mailing Address: 808 Dallas Ave.
City, State, Zip Code: McAllen, Texas 78501
Phone No.: 956-631-4482 Ext.: 249 Fax No.: 956-682-1545
E-mail Address: aag@perezce.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Eric Haydon
Credential (P.E., P.G., Ph.D., etc.):
Title: Operations Manager
Organization Name: East Rio Hondo Water Supply Corporation
Mailing Address: PO Box 621
City, State, Zip Code: Rio Hondo, Texas 78583
Phone No.: 956-247-7744 Ext.: 249 Fax No.: 956-682-1545
E-mail Address: elhaydon@erhwsc.com
Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

A. Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Eric Haydon
Credential (P.E., P.G., Ph.D., etc.): Operations Manager
Organization Name: East Rio Hondo Water Supply Corporation
Mailing Address: PO Box 621
City, State, Zip Code: Rio Hondo, Texas 78583
Section 6. Billing Information (Instructions Page 30)

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

Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Brian Macmanus
Credential (P.E, P.G., Ph.D., etc.): P.E.
Title: General Manager
Organization Name: East Rio Hondo Water Supply Corporation
Mailing Address: PO Box 621
City, State, Zip Code: Rio Hondo, Texas 78583
Phone No.: 956-748-2605 Ext.: Click here to enter text Fax No.: 956-748-3179
E-mail Address: bemacmanus@erhwsc.com

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

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

Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Eric Haydon
Credential (P.E, P.G., Ph.D., etc.): Click here to enter text
Title: Operations Manager
Organization Name: East Rio Hondo Water Supply Corporation
Mailing Address: PO Box 621
City, State, Zip Code: Rio Hondo, Texas 78583
Phone No.: 956-748-2605 Ext.: Click here to enter text Fax No.: 956-748-3179
E-mail Address: elhaydon@erhwsc.com

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

**Section 8. Public Notice Information (Instructions Page 31)**

**A. Individual Publishing the Notices**

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

First and Last Name: **Brian Macmanus**

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

Title: **General Manager**

Organization Name: **East Rio Hondo Water Supply Corporation**

Mailing Address: **PO Box 621**

City, State, Zip Code: **Rio Hondo, Texas 78583**

Phone No.: **956-748-2605** Ext.: **-** Fax No.: **-**

E-mail Address: **bemacmanus@erhwsc.com**

---

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

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

- [ ] E-mail Address
- [ ] Fax
- [x] Regular Mail

---

**C. Contact person to be listed in the Notices**

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

First and Last Name: **Brian Macmanus**

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

Title: **General Manager**

Organization Name: **East Rio Hondo Water Supply Corporation**

Phone No.: **956-748-2605** Ext.: **-**

E-mail: **bemacmanus@erhwsc.com**

---

**D. Public Viewing Information**

*If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.*

Public building name: **East Rio Hondo Water Supply Corporation**
Location within the building: Front Desk
Physical Address of Building: 206 Industrial Pkwy.
City: Rio Hondo  County: Cameron
Contact Name: Brian Macmanus
Phone No.: 956-748-2601 Ext.: 

E. Bilingual Notice Requirements:

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

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

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

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?
   - ☑ Yes  ☐ No

   If no, publication of an alternative language notice is not required; skip to Section 9 below.

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?
   - ☑ Yes  ☐ No

3. Do the students at these schools attend a bilingual education program at another location?
   - ☐ Yes  ☑ No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
   - ☐ Yes  ☑ No

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN106879737

   Search the TCEQ’s Central Registry at http://www15.tceq.texas.gov/crpup/ to determine if the site is currently regulated by TCEQ.
B. Name of project or site (the name known by the community where located):
   South Side Wastewater Treatment Plant

C. Owner of treatment facility: East Rio Hondo Water Supply Corporation
   Ownership of Facility: ☑ Public ☐ Private ☐ Both ☐ Federal

D. Owner of land where treatment facility is or will be:
   Prefix (Mr., Ms., Miss): [Redacted]
   First and Last Name: East Rio Hondo Water Supply Corporation
   Mailing Address: PO Box 621
   City, State, Zip Code: Rio Hondo, Texas 78583
   Phone No.: 956-748-2601   E-mail Address: bemacmanus@erhwsc.com
   If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.
   Attachment: [Redacted]

E. Owner of effluent disposal site:
   Prefix (Mr., Ms., Miss): [Redacted]
   First and Last Name: Cameron County Drainage District 1
   Mailing Address: 3510 Old Port Isabel Road
   City, State, Zip Code: Brownsville, Texas 78526
   Phone No.: 956-838-0162   E-mail Address: [Redacted]
   If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.
   Attachment: [Redacted]

F. Owner of sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant):
   Prefix (Mr., Ms., Miss): [Redacted]
   First and Last Name: [Redacted]
   Mailing Address: [Redacted]
   City, State, Zip Code: [Redacted]
   Phone No.: [Redacted]   E-mail Address: [Redacted]
   If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.
   Attachment: [Redacted]

**Section 10. TPDES Discharge Information (Instructions Page 34)**

A. Is the wastewater treatment facility location in the existing permit accurate?
Yes ☐ No

If no, or a new permit application, please give an accurate description:
N/A

B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?
Yes ☒ No ☐

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

City nearest the outfall(s): Brownsville, Texas
County in which the outfalls(s) is/are located: Cameron County
Outfall Latitude: 26.043372 Longitude: -97.325442

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?
Yes ☒ No ☐

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

For new and amendment applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment: [file]

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

Section 11. TLAP Disposal Information (Instructions Page 36)

A. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
☐ Yes ☒ No

If no, or a new or amendment permit application, provide an accurate description of the disposal site location:
N/A
B. City nearest the disposal site:

C. County in which the disposal site is located:

D. Disposal Site Latitude:  
Disposal Site Longitude:  

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

N/A

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

N/A

Section 12. Miscellaneous Information (Instructions Page 37)

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

☐ Yes  ☒ No

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

☐ Yes  ☐ No  ☒ Not Applicable

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

N/A

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

☐ Yes  ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

N/A

D. Do you owe any fees to the TCEQ?

☐ Yes  ☒ No
If yes, provide the following information:

Account number: [ ]
Amount past due: [ ]

E. Do you owe any penalties to the TCEQ?

☐ Yes  ☒ No

If yes, please provide the following information:

Enforcement order number: [ ]
Amount past due: [ ]

Section 13. Attachments (Instructions Page 38)

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

☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☐ Original full-size USGS Topographic Map with the following information:
  - Applicant’s property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: 8.5” x 11” USGS Map
If co-applicants are necessary, each entity must submit an original, separate signature page.

Permit Number: WQ0015162001
Applicant: East Rio Hondo Water Supply Corporation

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

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

Signatory name (typed or printed): Brian Macmanus
Signatory title: General Manager

Signature: [Signature] Date: 1-2-2020
(Use blue ink)

Subscribed and Sworn to before me by the said Brian Macmanus on this 2nd day of January, 2020.
My commission expires on the 11th day of March, 2022.

Notary Public

[SEAL]

Cameron County, Texas
DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 41)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

☐ The applicant’s property boundaries
☐ The facility site boundaries within the applicant’s property boundaries
☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
☐ The property boundaries of all landowners surrounding the applicant’s property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant’s property
☐ The property boundaries of all landowners surrounding the effluent disposal site
☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant’s property boundaries where the sewage sludge land application site is located
☐ The property boundaries of landowners within one-half mile in all directions from the applicant’s property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☐ Indicate by a check mark that a separate list with the landowners’ names and mailing addresses cross-referenced to the landowner’s map has been provided.

C. Indicate by a check mark in which format the landowners list is submitted:

☐ Readable/Writeable CD      ☐ Four sets of labels

D. Provide the source of the landowners’ names and mailing addresses: [Insert here to enter text]

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

☐ Yes  ☐ No
If yes, provide the location and foreseeable impacts and effects this application has on the land(s):

Section 2. Original Photographs (Instructions Page 44)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- At least one original photograph of the new or expanded treatment unit location
- At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- At least one photograph of the existing/proposed effluent disposal site
- A plot plan or map showing the location and direction of each photograph

Section 3. Buffer Zone Map (Instructions Page 44)

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

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

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

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

- Yes
- No
TCEQ USE ONLY:
Application type: _____ Renewal _____ Major Amendment _____ Minor Amendment _____ New
County: __________________________ Segment Number: __________________
Admin Complete Date: _______________
Agency Receiving SPIF:
_____ Texas Historical Commission  _____ U.S. Fish and Wildlife
_____ Texas Parks and Wildlife Department  _____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

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

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

The following applies to all applications:

1. Permittee: East Rio Hondo Water Supply Corporation

   Permit No. WQ00 15162001  EPA ID No. TX 0134899

   Address of the project (or a location description that includes street/highway, city/vicinity,
   and county):
   Approximately 1.98 miles east of the intersection of U.S. Interstate Highway 83/77 and
   State Highway 100, on the south side of the State Highway 100, in Cameron County, Texas
   78586
Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Bryan Macmanus
Credential (P.E., P.G., Ph.D., etc.): P.E.
Title: General Manager
Mailing Address: PO Box 621
City, State, Zip Code: Rio Hondo, TX 78583
Phone No.: 956-748-2605 Ext.: Fax No.: E-mail Address: bemacmanus@erhwsc.com

2. List the county in which the facility is located: Cameron

3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

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

Unnamed ditches; thence to Cameron County Drainage District No. 1 Ditch No. 2; thence to San Martin Lake; thence to Brownsville Ship Channel to Segment No. 2494 of the Bays and Estuaries

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A
WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

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

Mail this form and the check or money order to:

**BY REGULAR U.S. MAIL**
Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

**BY OVERNIGHT/EXPRESS MAIL**
Texas Commission on Environmental Quality
Financial Administration Division
Cashier’s Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP    Waste Permit No: [link here to enter text]

1. Check or Money Order Number: [link here to enter text]
2. Check or Money Order Amount: [link here to enter text]
3. Date of Check or Money Order: [link here to enter text]
4. Name on Check or Money Order: [link here to enter text]

5. APPLICATION INFORMATION
   Name of Project or Site: [link here to enter text]
   Physical Address of Project or Site: [link here to enter text]

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

Staple Check or Money Order in This Space
## Section 1. Individual Information (Instructions Page 50)
Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

<table>
<thead>
<tr>
<th>Field</th>
<th>Enter Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix (Mr., Ms., Miss):</td>
<td>[Enter Prefix]</td>
</tr>
<tr>
<td>Full legal name (first, middle, last):</td>
<td>[Enter Full Name]</td>
</tr>
<tr>
<td>Driver's License or State Identification Number:</td>
<td>[Enter Number]</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>[Enter Date]</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>[Enter Address]</td>
</tr>
<tr>
<td>City, State, and Zip Code:</td>
<td>[Enter Details]</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>[Enter Phone]</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>[Enter Fax]</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>[Enter E-mail]</td>
</tr>
<tr>
<td>CN:</td>
<td>[Enter CN]</td>
</tr>
</tbody>
</table>

### For Commission Use Only:
- Customer Number:
- Regulated Entity Number:
- Permit Number:
DOMESTIC TECHNICAL REPORT 1.0

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

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

A. Existing/Interim I Phase
Design Flow (MGD): 0.10
2-Hr Peak Flow (MGD): 0.40
Estimated construction start date: 02/2015
Estimated waste disposal start date: 11/2016

B. Interim II Phase
Design Flow (MGD): Click here to enter text
2-Hr Peak Flow (MGD): Click here to enter text
Estimated construction start date: Click here to enter text
Estimated waste disposal start date: Click here to enter text

C. Final Phase
Design Flow (MGD): Click here to enter text
2-Hr Peak Flow (MGD): Click here to enter text
Estimated construction start date: Click here to enter text
Estimated waste disposal start date: Click here to enter text

D. Current operating phase: Existing/Interim I Phase
Provide the startup date of the facility: 07/2016

Section 2. Treatment Process (Instructions Page 51)

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

The southside wastewater treatment plant is a activated sludge process plant in the extended aeration mode. The treatment facility units in the existing/interim I phase include bar screens, two aeration basins, a final clarifier, a sludge digester, two sludge drying beds, and a chlorine contact chamber.

Port or pipe diameter at the discharge point, in inches: 21”

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

<table>
<thead>
<tr>
<th>Treatment Unit Type</th>
<th>Number of Units</th>
<th>Dimensions (L x W x D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerated Sludge Holding</td>
<td>1</td>
<td>15.5’ x 15.5’ x 9.25’</td>
</tr>
<tr>
<td>Aeration 1</td>
<td>1</td>
<td>71.5’ x 15.5’ x 8.75’</td>
</tr>
<tr>
<td>Aeration 2</td>
<td>1</td>
<td>31.5’ x 15.5’ x 8.75’</td>
</tr>
<tr>
<td>Clarifier</td>
<td>1</td>
<td>47.5’ x 15.5’ x 8.75’</td>
</tr>
<tr>
<td>Chlorine Contact Chamber</td>
<td>1</td>
<td>7.5’ x 15.5’ x 7.0’</td>
</tr>
<tr>
<td>Sludge drying beds</td>
<td>2</td>
<td>78’ x 25’ x 1.0’</td>
</tr>
</tbody>
</table>

C. Process flow diagrams

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

Attachment: C
Section 3. Site Drawing (Instructions Page 52)

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

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

Attachment: B

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

The existing Southside Wastewater treatment plant serves the school of South Texas Academy for Medical Professions in Olmito, TX.

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes ☐ ☒ No ☐ ☐

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

Yes ☐ No ☐ ☐

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

N/A
Section 5. Closure Plans (Instructions Page 53)

Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?
   Yes ☐         No ☒

If yes, was a closure plan submitted to the TCEQ?
   Yes ☐         No ☒

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 53)

For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.

A. Summary transmittal

Have plans and specifications been approved for the existing facilities and each proposed phase?
   Yes ☒         No ☐

If yes, provide the date(s) of approval for each phase: 08/14/2014

Provide information, including dates, on any actions taken to meet a requirement or provision pertaining to the submission of a summary transmittal letter. Provide a copy of an approval letter from the TCEQ, if applicable.

N/A

B. Buffer zones

Have the buffer zone requirements been met?
   Yes ☒         No ☐

Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.
C. Other actions required by the current permit

Does the Other Requirements or Special Provisions section in the existing permit require submission of any other information or other required actions? Examples include Notification of Completion, progress reports, soil monitoring data, etc.

Yes ☐  No ☒

If yes, provide information below on the status of any actions taken to meet the conditions of an Other Requirement or Special Provision.

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes ☐  No ☒

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

2. Grit and grease processing

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

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

Yes ☐  No ☒

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

Describe the method of grit disposal.

N/A

4. **Grease and decanted liquid disposal**

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-0000.

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

N/A

E. **Stormwater management**

1. **Applicability**

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

Yes ☐  No ☒

Does the facility have an approved pretreatment program, under 40 CFR Part 403?
Yes ☐  No ☒

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

### 2. MSGP coverage

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

Yes ☐  No ☒

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

TXR05 [click here to enter text] or TXRNE [click here to enter text]

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

Yes ☐  No ☒

### 3. Conditional exclusion

Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?

Yes ☐  No ☒

**If yes**, please explain below then proceed to Subsection F, Other Wastes Received:

N/A

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

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

- Yes [ ]
- No [ ]

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

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

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

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

- Yes [ ]
- No [ ]

If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.
Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?
Yes ☐  No ☒

If yes, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

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

1. Acceptance of sludge from other WWTPs

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

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

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD$_5$ concentration of the sludge, and the design BOD$_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

Is the facility accepting or will it accept septic waste?

   Yes ☐   No ☒

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

   Yes ☐   No ☒

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

   Yes ☐   No ☒

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

   N/A

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

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

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

   Yes ☐   No ☒

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

   N/A

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

Is the facility in operation?

   Yes ☒   No ☐
If **no**, this section is not applicable. Proceed to Section 8.

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

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

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

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Average Conc.</th>
<th>Max Conc.</th>
<th>No. of Samples</th>
<th>Sample Type</th>
<th>Sample Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBOD₅, mg/l</td>
<td>&lt;2</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>7/18/19 11:00</td>
</tr>
<tr>
<td>Total Suspended Solids, mg/l</td>
<td>5.94</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>7/18/19 11:00</td>
</tr>
<tr>
<td>Ammonia Nitrogen, mg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitrate Nitrogen, mg/l</td>
<td>18.5</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>12/17/19 10:30</td>
</tr>
<tr>
<td>Total Kjeldahl Nitrogen, mg/l</td>
<td>0.96</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>12/17/19 10:30</td>
</tr>
<tr>
<td>Sulfate, mg/l</td>
<td>289</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>12/17/19 10:30</td>
</tr>
<tr>
<td>Chloride, mg/l</td>
<td>281</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>12/17/19 10:30</td>
</tr>
<tr>
<td>Total Phosphorus, mg/l</td>
<td>3.40</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>12/17/19 10:30</td>
</tr>
<tr>
<td>pH, standard units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissolved Oxygen*, mg/l</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Chlorine Residual, mg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>E.coli (CFU/100ml) freshwater</em></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><em>Enterococci (CFU/100ml)</em> saltwater</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Dissolved Solids, mg/l</td>
<td>1090</td>
<td></td>
<td>1</td>
<td>Grab</td>
<td>12/17/19</td>
</tr>
<tr>
<td>Pollutant</td>
<td>Average Conc.</td>
<td>Max Conc.</td>
<td>No. of Samples</td>
<td>Sample Type</td>
<td>Sample Date/Time</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------------</td>
<td>-------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Electrical Conductivity, µmohs/cm, †</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Oil &amp; Grease, mg/l</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Alkalinity (CaCO₃)*, mg/l</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*TPDES permits only
†TLAP permits only

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

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Average Conc.</th>
<th>Max Conc.</th>
<th>No. of Samples</th>
<th>Sample Type</th>
<th>Sample Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Suspended Solids, mg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Dissolved Solids, mg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH, standard units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride, mg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aluminum, mg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alkalinity (CaCO₃), mg/l</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 8. Facility Operator (Instructions Page 60)**
Facility Operator Name: Joel V. Garcia
Facility Operator's License Classification and Level: A
Facility Operator's License Number: WW0048854

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

**A. Sludge disposal method**
Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.
☐ Permitted landfill
☒ Permitted or Registered land application site for beneficial use
☐ Land application for beneficial use authorized in the wastewater permit
☐ Permitted sludge processing facility
☐ Marketing and distribution as authorized in the wastewater permit
☐ Composting as authorized in the wastewater permit
☐ Permitted surface disposal site (sludge monofill)
☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
☐ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
☐ Other: Reavis Farms/Reavis South/Reavis McCook North/Reavis McCook South

B. Sludge disposal site
Disposal site name: Reavis Farms/Reavis South/Reavis McCook North/Reavis McCook South
TCEQ permit or registration number:
WQ0004463000/WQ0004861000/WQ0004923000/WQ0004924000
County where disposal site is located: Hidalgo

C. Sludge transportation method
Method of transportation (truck, train, pipe, other): Truck
Name of the hauler: Denali Water Solutions
Hauler registration number: 24979
Sludge is transported as a:

  Liquid ☐    semi-liquid ☐    semi-solid ☐    solid ☒
Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

A. Beneficial use authorization

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

Yes ☐  No ☒

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

Yes ☐  No ☐

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

Yes ☐  No ☐

B. Sludge processing authorization

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

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

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

Yes ☐  No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐  No ☒

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

A. Location information

The following maps are required to be submitted as part of the application. For each map, provide the Attachment Number.
• Original General Highway (County) Map:
  Attachment: [Click here to enter text]
• USDA Natural Resources Conservation Service Soil Map:
  Attachment: [Click here to enter text]
• Federal Emergency Management Map:
  Attachment: [Click here to enter text]
• Site map:
  Attachment: [Click here to enter text]

Discuss in a description if any of the following exist within the lagoon area. Check all that apply.

☐ Overlap a designated 100-year frequency flood plain
☐ Soils with flooding classification
☐ Overlap an unstable area
☐ Wetlands
☐ Located less than 60 meters from a fault
☐ None of the above
  Attachment: [Click here to enter text]

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

N/A

B. Temporary storage information

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in Section 7 of Technical Report 1.0.

Nitrate Nitrogen, mg/kg: [Click here to enter text]
Total Kjeldahl Nitrogen, mg/kg: [Click here to enter text]
Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: [Click here to enter text]
Phosphorus, mg/kg: [Click here to enter text]
Potassium, mg/kg: [Click here to enter text]
pH, standard units: [enter text]
Ammonia Nitrogen mg/kg: [enter text]
Arsenic: [enter text]
Cadmium: [enter text]
Chromium: [enter text]
Copper: [enter text]
Lead: [enter text]
Mercury: [enter text]
Molybdenum: [enter text]
Nickel: [enter text]
Selenium: [enter text]
Zinc: [enter text]
Total PCBs: [enter text]

Provide the following information:
Volume and frequency of sludge to the lagoon(s): [enter text]
Total dry tons stored in the lagoons(s) per 365-day period: [enter text]
Total dry tons stored in the lagoons(s) over the life of the unit: [enter text]

C. Liner information
Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of 1x10^{-7} cm/sec?
Yes ☐  No ☐

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

D. Site development plan
Provide a detailed description of the methods used to deposit sludge in the lagoon(s):
N/A
Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)
  
  **Attachment:** [Click here to enter text]

- Copy of the closure plan
  
  **Attachment:** [Click here to enter text]

- Copy of deed recordation for the site
  
  **Attachment:** [Click here to enter text]

- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
  
  **Attachment:** [Click here to enter text]

- Description of the method of controlling infiltration of groundwater and surface water from entering the site
  
  **Attachment:** [Click here to enter text]

- Procedures to prevent the occurrence of nuisance conditions
  
  **Attachment:** [Click here to enter text]

### E. Groundwater monitoring

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

Yes ☐  No ☒

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

**Attachment:** [Click here to enter text]

---

**Section 12. Authorizations/Compliance/Enforcement**

**(Instructions Page 63)**

### A. Additional authorizations

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

Yes ☐  No ☒

If yes, provide the TCEQ authorization number and description of the authorization:
B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?
   Yes ☐   No ☒

Is the permittee required to meet an implementation schedule for compliance or enforcement?
   Yes ☐   No ☒

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

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

A. RCRA hazardous wastes

Has the facility received in the past three years, does it currently receive, or will it receive RCRA hazardous waste?
   Yes ☐   No ☒

B. Remediation activity wastewater

Has the facility received in the past three years, does it currently receive, or will it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?
   Yes ☐   No ☒

C. Details about wastes received

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

Attachment: [Click here to enter text]
Section 14. Laboratory Accreditation (Instructions Page 64)

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

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

- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

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

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

CERTIFICATION:

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

Printed Name: Brian Macmanus
Title: General Manager

Signature: [Signature]
Date: 1-2-2020
DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

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

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

Yes ☐  No ☒

If yes, provide the following:

Owner of the drinking water supply: 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: Click here to enter text.

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

Does the facility discharge into tidally affected waters?

Yes ☐  No ☒

If yes, complete the remainder of this section. If no, proceed to Section 3.

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click here to enter text.

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐  No ☐

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

N/A
C. Sea grasses
Are there any sea grasses within the vicinity of the point of discharge?

Yes ☐ No ☐

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

N/A

Section 3. Classified Segments (Instructions Page 73)
Is the discharge directly into (or within 300 feet of) a classified segment?

Yes ☒ No ☐

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

Section 4. Description of Immediate Receiving Waters
(Instructions Page 75)

Name of the immediate receiving waters: [Click here to enter text]

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:  

B. Flow characteristics
If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area upstream of the discharge. For new discharges, characterize the area downstream of the discharge (check one).
☐ Intermittent - dry for at least one week during most years
☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
☐ Perennial - normally flowing

Check the method used to characterize the area upstream (or downstream for new dischargers).
☐ USGS flow records
☐ Historical observation by adjacent landowners
☐ Personal observation
☐ Other, specify:  

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

N/A

D. Downstream characteristics
Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?
Yes ☐  No ☐

If yes, discuss how.
E. Normal dry weather characteristics
Provide general observations of the water body during normal dry weather conditions.

Date and time of observation: [Click here to enter text]

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☐

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

A. Upstream influences
Is the immediate receiving water upstream of the discharge or proposed discharge site influenced by any of the following? Check all that apply.

☐ Oil field activities ☐ Urban runoff
☐ Upstream discharges ☐ Agricultural runoff
☐ Septic tanks ☐ Other(s), specify [Click here to enter text]

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

☐ Livestock watering ☐ Contact recreation
☐ Irrigation withdrawal ☐ Non-contact recreation
☐ Fishing ☐ Navigation
☐ Domestic water supply ☐ Industrial water supply
☐ Park activities ☐ Other(s), specify

C. Waterbody aesthetics

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

☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional

☐ Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored

☐ Common Setting: not offensive; developed but uncluttered; water may be colored or turbid

☐ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored
ERHWSC Southside WW Treatment Plant
USGS Topographic Map

Legend

Legend

Property Boundary
Discharge Point
Discharge Route

Scale = 1:24,000
Attachment C

ERHWS Southside Wastewater Treatment Plant

Flow Diagram

Legend:

A.S.H. = AERATED SLUDGE HOLDING
AER = AERATION
CLAR. = CLARIFIER
C.C.C. = CHLORINE CONTACT CHAMBER
EFF. = EFFLUENT
X = CONTROL VALVE
TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)
   ☐ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)
   ☑ Renewal (Core Data Form should be submitted with the renewal form) ☐ Other

2. Customer Reference Number (if issued)  ☐ Follow this link to search for CN or RN numbers in Central Registry
   CN 600694988

3. Regulated Entity Reference Number (if issued)
   RN 106879737

SECTION II: Customer Information

4. General Customer Information
   ☐ New Customer ☑ Update to Customer Information ☐ Change in Regulated Entity Ownership
   ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

5. Effective Date for Customer Information Updates (mm/dd/yyyy) 01/15/2020

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

   East Rio Hondo Water Supply Corporation

7. TX SOS/CPA Filing Number
   30670501

8. TX State Tax ID (11 digits)
   17420075529

9. Federal Tax ID (9 digits)
   74-2007552

10. DUNS Number (if applicable)

11. Type of Customer: ☑ Corporation ☐ Individual ☐ Partnership: ☑ General ☐ Limited

   Government:
   ☐ City ☐ County ☐ Federal ☐ State ☐ Other
   ☐ Sole Proprietorship ☐ Other:

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

13. Independently Owned and Operated?
   ☑ Yes ☐ No

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

   ☐ Owner ☐ Operator ☑ Owner & Operator
   ☐ Occupational Licensee ☐ Responsible Party ☑ Voluntary Cleanup Applicant ☐ Other:

15. Mailing Address:
   PO Box 621
   City: Rio Hondo
   State: TX
   ZIP: 78583
   ZIP + 4

16. Country Mailing Information (if outside USA)

17. E-Mail Address (if applicable)
   bemacmanus@erhwsc.com

18. Telephone Number
   (956) 748-3633

19. Extension or Code

20. Fax Number (if applicable)
   (956) 748-3179

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If ‘New Regulated Entity’ is selected below this form should be accompanied by a permit application)
   ☐ New Regulated Entity ☐ Update to Regulated Entity Name ☑ Update to Regulated Entity Information

   The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)
   Southside Wastewater Treatment Plant
23. Street Address of the Regulated Entity: 29530 State Highway 100

<table>
<thead>
<tr>
<th>City</th>
<th>San Benito</th>
<th>State</th>
<th>TX</th>
<th>ZIP</th>
<th>78586</th>
<th>ZIP + 4</th>
</tr>
</thead>
</table>

24. County

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location: Approximately 1.98 Miles East of the intersection of US Interstate 83/77 and State Highway 100, on the south side of State Highway 100.

26. Nearest City

Brownsville

<table>
<thead>
<tr>
<th>State</th>
<th>Nearest ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX</td>
<td>78586</td>
</tr>
</tbody>
</table>

27. Latitude (N) In Decimal: 26.0760472

28. Longitude (W) In Decimal: 97.5485138

<table>
<thead>
<tr>
<th>Degrees</th>
<th>Minutes</th>
<th>Seconds</th>
<th>Degrees</th>
<th>Minutes</th>
<th>Seconds</th>
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</thead>
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<td>33.77</td>
<td>97</td>
<td>32</td>
<td>54.65</td>
</tr>
</tbody>
</table>

29. Primary SIC Code (4 digits) 30. Secondary SIC Code (4 digits)

4952  221320

31. Primary NAICS Code (5 or 6 digits) 32. Secondary NAICS Code (5 or 6 digits)

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

Waste Water Treatment

34. Mailing Address: PO Box 621

<table>
<thead>
<tr>
<th>City</th>
<th>Rio Hondo</th>
<th>State</th>
<th>TX</th>
<th>ZIP</th>
<th>78583</th>
<th>ZIP + 4</th>
</tr>
</thead>
</table>

35. E-Mail Address: bmacmanus@erhwsc.com

36. Telephone Number (956) 748-3633

37. Extension or Code

38. Fax Number (if applicable) (956) 748-3179

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

☐ Com Safety  ☐ Districts  ☐ Edwards Aquifer  ☐ Emissions Inventory Air  ☐ Industrial Hazardous Waste

☐ Municipal Solid Waste  ☐ New Source Review Air  ☐ OSSF  ☐ Petroleum Storage Tank  ☐ PWS

☐ Sludge  ☐ Storm Water  ☐ Title V Air  ☐ Tiros  ☐ Used Oil

☐ Voluntary Cleanup  ☒ Waste Water  ☐ Wastewater Agriculture  ☐ Water Rights  ☐ Other:

WQ0015162001

SECTION IV: Preparer Information

40. Name: Alfonso Gonzalez

41. Title: Project Manager

42. Telephone Number (956) 631-4482

43. Ext./Code

44. Fax Number

45. E-Mail Address aag@perezcz.com

SECTION V: Authorized Signature

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

Company: East Rio Hondo Water Supply Corporation

Name (In Print): Brian E. Macmanus

Signature: [Signature]

Job Title: General Manager

Phone: (956) 748-3633

Date: 1-15-2020

TCEQ-10400 (04/15)
February 27, 2020

Adriene C. McClarron
Applications Review and Processing Team (MC 148)
Water Quality Division
Texas Commission of Environmental Quality

Re: Application to Renew Permit No. WQ0015162001 (EPA I.D. No.0134899)
Issued to East Rio Hondo Water Supply Corporation
CN600694988, RN106879737

Thank you for reviewing the above referenced permit. We offer the following response to the deficiency letter dated January 31, 2020.

1. Item 26 on page 2 of the Core Data Form was filled incorrectly and has been updated to reflect the City of San Benito as the nearest city to the site. Please replace Core Data Form page 2 with the one enclosed.

2. Our bank records indicate that check 7554 in the amount of $815.00 to cover for the permit renewal application fee this past January 2nd, 2020; please refer to the enclosed bank record copy.

3. We revised Section 8.D on page 6 of the Administrative report and added Rio Hondo Public Library as the location where the permit renewal application will be available for public viewing and copying. Please replace page 6 and 7 of Form TCEQ 10053 Municipal Wastewater Application Administrative Report with the one enclosed.

4. Section 9.D.C on page 8 of the Administrative report was filled incorrectly and has been updated to reflect the correct ownership. Please replace page 8 Form TCEQ 10053 Municipal Wastewater Application Administrative Report with the one enclosed.

5. Section 9.E on page 8 of the Administrative report was filled incorrectly. For clarification the effluent is discharged to a waterbody. Section 9.E. is not applicable. Please replace page 8 Form TCEQ 10053 Municipal Wastewater Application Administrative Report with the one enclosed.

6. We updated the 8 ½ by 11 USGS map to reflect the discharge stream route. The treatment facility boundary and property boundary are the same and have been updated on the map. Please replace the map on file with the one enclosed.


8. Please replace Pages 27 to 31 of 79 of the Domestic Technical Report Worksheet 2.0 TCEQ Form 10054 with the ones enclosed.
9. We find the content in the Notice of Receipt of Application and Intent correct. Please add Rio Hondo Public Library as the public location to view and copy the permit application.

Please feel free to contact me at 956-631-4482 or via email at aag@perezce.com with any questions.

Respectfully submitted,
Perez Consulting Engineers, LLC

[Signature]

Alfonso A. Gonzalez, P.E. Project Manager

CC: Mr. Brian E. Macmanus, P.E., General Manager, East Rio Hondo Water Supply Corp. P.O. Box 621, Rio Hondo, TX. 78583.
23. Street Address of the Regulated Entity:
(No PO boxes)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>ZIP + 4</th>
</tr>
</thead>
</table>

24. County

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:
Approximately 1.98 Miles East of the intersection of US Interstate 83/77 and State Highway 100, on the south side of State Highway 100.

26. Nearest City
San Benito

<table>
<thead>
<tr>
<th>Latitude (N) in Decimal:</th>
<th>27.0760472</th>
</tr>
</thead>
<tbody>
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<td>Degrees</td>
<td>Minutes</td>
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<tr>
<td>26</td>
<td>4</td>
</tr>
<tr>
<td>Longitude (W) in Decimal:</td>
<td>97.5485138</td>
</tr>
<tr>
<td>Degrees</td>
<td>Minutes</td>
</tr>
<tr>
<td>97</td>
<td>32</td>
</tr>
</tbody>
</table>

28. Primary SIC Code (4 digits) | 4952
30. Secondary SIC Code (4 digits)
31. Primary NAICS Code (5 or 6 digits)
32. Secondary NAICS Code (5 or 6 digits)

29. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)
Waste Water Treatment

34. Mailing Address:
PO Box 621

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>ZIP + 4</th>
</tr>
</thead>
</table>

35. E-Mail Address:
bemacmanus@erhwc.com

36. Telephone Number
(956) 748-2505
37. Extension or Code
38. Fax Number (if applicable)
(956) 748-3179

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

- Dam Safety
- Districts
- Edwards Aquifer
- Emissions Inventory Air
- Industrial Hazardous Waste
- Municipal Solid Waste
- New Source Review Air
- OSSF
- Petroleum Storage Tank
- PWS
- Sludge
- Storm Water
- Title V Air
- Tires
- Used Oil
- Voluntary Cleanup
- Waste Water
- Wastewater Agriculture
- Water Rights
- Other:

WQ0015162001

SECTION IV: Preparer Information

40. Name: Alfonso Gonzalez
41. Title: Project Manager

42. Telephone Number
(956) 631-4482
43. Ext./Code
44. Fax Number
(956) 748-2605
45. E-Mail Address
aag@perezce.com

SECTION V: Authorized Signature

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

Company: East Rio Hondo Water Supply Corporation
Job Title: General Manager
Name (In Print): Brian E. Macmanus
Phone: (956) 748-2605
Signature: [Signature]
Date: 2-27-2020
<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Reference</th>
<th>Original Amt.</th>
<th>Balance Due</th>
<th>Discount</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/2020</td>
<td>Bill</td>
<td></td>
<td>815.00</td>
<td>815.00</td>
<td></td>
<td>815.00</td>
</tr>
</tbody>
</table>

Lone Star National Ba  Permit No.: WQ0015162001

815.00
E-mail Address: elhaydon@erhwsc.com

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

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices
   Prefix (Mr., Ms., Miss): Mr.
   First and Last Name: Brian Macmanus
  Credential (P.E., P.G., Ph.D., etc.): P.E.
   Title: General Manager
   Organization Name: East Rio Hondo Water Supply Corporation
   Mailing Address: PO Box 621
   City, State, Zip Code: Rio Hondo, Texas 78583
   Phone No.: 956-748-2605 Ext.: Fax No.: E-mail Address: bamacmanus@erhwsc.com

B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package
   Indicate by a check mark the preferred method for receiving the first notice and instructions:

   □ E-mail Address
   □ Fax
   ◐ Regular Mail

C. Contact person to be listed in the Notices
   Prefix (Mr., Ms., Miss): Mr.
   First and Last Name: Brian Macmanus
   Credential (P.E., P.G., Ph.D., etc.): P.E.
   Title: General Manager
   Organization Name: East Rio Hondo Water Supply Corporation
   Phone No.: 956-748-2605 Ext.: Fax No.: E-mail: bamacmanus@erhwsc.com

D. Public Viewing Information
   If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.
   Public building name: Rio Hondo Public Library
Location within the building: Front Desk
Physical Address of Building: 121 N Arroyo Blvd
City: Rio Hondo               County: Cameron
Contact Name: Carolyn Dawson
Phone No.: 956-748-3322 Ext:  

E. Bilingual Notice Requirements:

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

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

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

1. Is a bilingual education program required by the Texas Education Code at the
   elementary or middle school nearest to the facility or proposed facility?
   ☒ Yes       ☐ No

   If no, publication of an alternative language notice is not required; **skip to Section 9**
   below.

2. Are the students who attend either the elementary school or the middle school enrolled in
   a bilingual education program at that school?
   ☒ Yes       ☐ No

3. Do the students at these schools attend a bilingual education program at another
   location?
   ☐ Yes       ☒ No

4. Would the school be required to provide a bilingual education program but the school
   has waived out of this requirement under 19 TAC §89.1205(g)?
   ☐ Yes       ☒ No

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued
to this site. **RN106879737**

Search the TCEQ’s Central Registry at [http://www15.tceq.texas.gov/crpub/](http://www15.tceq.texas.gov/crpub/) to determine if
the site is currently regulated by TCEQ.
B. Name of project or site (the name known by the community where located):

South Side Wastewater Treatment Plant

C. Owner of treatment facility: East Rio Hondo Water Supply Corporation

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

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

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

First and Last Name: East Rio Hondo Water Supply Corporation

Mailing Address: PO Box 621

City, State, Zip Code: Rio Hondo, Texas 78583

Phone No.: 956-748-2601 E-mail Address: bemacmanus@erhwsc.com

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

Attachment:

E. Owner of effluent disposal site: N/A

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

First and Last Name: [Redacted]

Mailing Address: [Redacted]

City, State, Zip Code: [Redacted]

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

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

Attachment:

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

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

First and Last Name: [Redacted]

Mailing Address: [Redacted]

City, State, Zip Code: [Redacted]

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

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

Attachment:

Section 10. TPDES Discharge Information (Instructions Page 34)

A. Is the wastewater treatment facility location in the existing permit accurate?
DOMESTIC TECHNICAL REPORT WORKSHEET 2.0
RECEIVING WATERS
The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)
Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?
Yes □  No ☒

If yes, provide the following:
Owner of the drinking water supply: [Insert information]
Distance and direction to the intake: [Insert information]
Attach a USGS map that identifies the location of the intake.
Attachment: [Insert attachment]

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)
Does the facility discharge into tidally affected waters?

Yes □  No ☒

If yes, complete the remainder of this section. If no, proceed to Section 3.

A. Receiving water outfall
Width of the receiving water at the outfall, in feet: [Insert information]

B. Oyster waters
Are there oyster waters in the vicinity of the discharge?
Yes □  No □

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

N/A
C. Sea grasses
Are there any sea grasses within the vicinity of the point of discharge?

Yes ☐  No ☐

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

N/A

Section 3. Classified Segments (Instructions Page 73)
Is the discharge directly into (or within 300 feet of) a classified segment?

Yes ☐  No ☒

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

Section 4. Description of Immediate Receiving Waters
(Instructions Page 75)

Name of the immediate receiving waters: Unnamed Drain Ditch

A. Receiving water type
Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

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

☒ Man-made Channel or Ditch
Open Bay
Tidal Stream, Bayou, or Marsh
Other, specify: [Space for 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: [Space for 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.

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

Yes □  No ☒

If yes, discuss how.
E. Normal dry weather characteristics

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

Very low to little ground water flow during normal dry periods.

Date and time of observation: 09/26/2019

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☒

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

A. Upstream influences

Is the immediate receiving water upstream of the discharge or proposed discharge site influenced by any of the following? Check all that apply.

☐ Oil field activities  ☒ Urban runoff
☐ Upstream discharges  ☒ Agricultural runoff
☐ Septic tanks

B. Waterbody uses  N/A

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

☐ Livestock watering  ☐ Contact recreation
☐ Irrigation withdrawal  ☐ Non-contact recreation
☐ Fishing  ☐ Navigation
C. Waterbody aesthetics

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

☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional

☒ Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored

☐ Common Setting: not offensive; developed but uncluttered; water may be colored or turbid

☐ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored