Application for Permit to

Process, Surface Dispose, or Incinerate Sludge

 **ADMINISTRATIVE REPORT** (Instructions, Page 1)

Applicant: Click or tap here to enter text.

Permit Number: Click or tap here to enter text.

Type of application: [ ]  New (Original, Unpermitted)

[ ]  Major amendment with Renewal

[ ]  Major amendment without Renewal (Retain current expiration date. Application requirements are limited to those items that relate to the proposed modification.) Renewal of existing permit

[ ]  Minor amendment to permit (Retain current expiration date. Application requirements are limited to those items that relate to the proposed modification.)

For an application to amend a permit, list the major proposed changes causing the amendment. (i.e., INCREASE PROCESSING VOLUME, REQUEST BUFFER ZONE VARIANCE, REDUCE OR REMOVE A MONITORING REQUIREMENT OR FREQUENCY)

Type of Technical Report(s) attached to Administrative Report for Permit Application: [ ]  Sewage Sludge Processing Technical Report

[ ]  Sewage Sludge Surface Disposal Technical Report

[ ]  Sewage Sludge Incineration Technical Report Sewage [ ]  Sludge Beneficial Use Technical Report

Application fee: New/Amend: [ ]  $150

Renewal: [ ]  $115

The permit application processing and postage fee in the amount of $Click or tap here to enter text., has been submitted to the TCEQ. (See the instructions for the appropriate fee amount.)

*For Commission Use Only:*

Proposed/Current Permit Number Region:

Segment Number: County Expiration Date:

1. **APPLICANT INFORMATION** (Instructions, Page 3)
2. **Facility Operator** (the Operator must apply for the permit.)

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

Click or tap here to enter text.

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

If the applicant is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at: [http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch](http://www12.tceq.state.tx.us/crpub/index.cfm?fuseaction=cust.CustSearch)

**CN**Click or tap here to enter text.

What is the name and title of the person signing the application?

(The person must be an executive official meeting signatory requirements in TAC 305.43(a).)

Prefix: Click or tap here to enter text.

(Mr. Ms, Miss)

First/Last Name:Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title: Click or tap here to enter text.

Credential:Click or tap here to enter text.

What is the applicant’s mailing address as recognized by the **US Postal Service**? You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp> Organization Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code:Click or tap here to enter text.

 Mailing Information if outside USA

 Territory: Click or tap here to enter text.

 Country Code: Click or tap here to enter text.

 Postal Code: Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text.

Fax No.:Click or tap here to enter text.

E-mail Address:Click or tap here to enter text.

Indicate the type of Customer:

[ ]  Individual [ ]  Sole Proprietorship-D.B.A.

[ ]  Limited Partnership [ ]  Corporation

[ ]  Trust [ ]  Estate

[ ]  Federal Government [ ]  State Government

[ ]  County Government [ ]  City Government

[ ]  Other Government [ ]  Other: Click or tap here to enter text.

Independent entity

[ ]  Yes

 [ ]  No *(If governmental entity, subsidiary, or part of a larger corporation)*

Number of Employees:

[ ]  0-20; [ ]  21-100; [ ]  101-250; [ ]  251-500; or [ ]  501 or higher

Customer Business Tax and Filing Numbers

*(Not applicable to individuals, governments, general partnerships or sole proprietors.* ***REQUIRED*** *for corporations and limited partnerships***)**

State Franchise Tax ID Number: Click or tap here to enter text.

TX SOS Charter (filing) Number: Click or tap here to enter text.

Federal Tax ID: Click or tap here to enter text.

DUNS Number (if known): Click or tap here to enter text.

1. **Co-Permittee information** (complete only if the entity must be a co-permittee)

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

Click or tap here to enter text.

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

If the entity is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at: <http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

**CN**Click or tap here to enter text.

What is the name and title of the person signing the application?

(The person must be an executive official meeting signatory requirements in TAC 305.43(a).)

Prefix: Click or tap here to enter text.

(Mr. Ms, Miss)

First/Last Name: Click or tap here to enter text.

Suffix: Click or tap here to enter text.

Title: Click or tap here to enter text. Credential: Click or tap here to enter text.

What is the operator’s mailing address as recognized by the **US Postal Service**? You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp> Organization Name:Click or tap here to enter text.

Mailing Address:Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code: Click or tap here to enter text.

Mailing Information if outside USA

Territory: Click or tap here to enter text.

Country Code: Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension: Click or tap here to enter text.

Fax No.:Click or tap here to enter text. E-mail Address: Click or tap here to enter text.

Indicate the type of Customer:

[ ]  Individual [ ]  Sole Proprietorship-D.B.A.

[ ]  Limited Partnership [ ]  Corporation

[ ]  Trust [ ]  Estate

[ ]  Federal Government [ ]  State Government

[ ]  County Government [ ]  City Government

[ ]  Other Government [ ]  Other: Click or tap here to enter text.

Independent entity [ ]  Yes

[ ]  No *(If gove**rnmental entity, subsidiary, or part of a larger corporation)*

Number of Employees:

[ ]  0-20; [ ]  21-100; [ ]  101-250; [ ]  251-500; or [ ]  501 or higher

Customer Business Tax and Filing Numbers

*(Not applicable to individuals, governments, general partnerships or sole proprietors.* ***REQUIRED*** *for corporations and limited partnerships***)**

State Franchise Tax ID Number: Click or tap here to enter text.

TX SOS Charter (filing) Number: Click or tap here to enter text.

Federal Tax ID:Click or tap here to enter text.

DUNS Number (if known): Click or tap here to enter text.

Provide a brief description of the need for a co-permittee: Click or tap here to enter text.

1. **Individual information** (*complete only if the site operator or co-permittee is an individual*)

What is the Full Legal Name of the individual applying for this permit?

Click or tap here to enter text.

If the individual is currently a customer with TCEQ, what is the Customer Number (CN)? Search at: <http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

**CN**Click or tap here to enter text.

What is the name and title of the person signing the application?

(The person must be the individual. See signatory requirements in TAC 305.43(a).) Prefix: Click or tap here to enter text.

(Mr. Ms, Miss)

First: Click or tap here to enter text. Middle:Click or tap here to enter text. Last: Click or tap here to enter text.

Suffix:Click or tap here to enter text.

State Identification Number:Click or tap here to enter text.

 Date of Birth:Click or tap here to enter text.

 Assumed business or professional name:Click or tap here to enter text.

 Business name:Click or tap here to enter text.

What is the individual’s mailing address as recognized by the **US Postal Service**? You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Mailing Address:Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code:Click or tap here to enter text.

Mailing Information if outside USA

Territory: Click or tap here to enter text. Country Code: Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension: Click or tap here to enter text.

Fax No.: Click or tap here to enter text. E-mail Address: Click or tap here to enter text.

1. **BILLING CONTACT INFORMATION**(Instructions Page 6)

#### Billing Contact and Address Information

*The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits* ***active on September 1 of each year.*** *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.*

Is the billing address the same as the permittee or co-permittee?

[ ] Permittee [ ] Co-permittee [ ] No, fill out this section

Prefix: Click or tap here to enter text.

(Mr. Ms, Miss)

First/Last Name:Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title:Click or tap here to enter text. Credential:Click or tap here to enter text. Organization Name:Click or tap here to enter text.

Billing Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code:Click or tap here to enter text. Mailing Information if outside USA.

Territory:Click or tap here to enter text. Country Code:Click or tap here to enter text. Postal Code:Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text. Fax No.:Click or tap here to enter text. E-mail Address: Click or tap here to enter text.

1. **APPLICATION CONTACT INFORMATION** (Instructions, Page 6)

If TCEQ needs additional information regarding this application, who should be contacted?

#### Application Contact

Prefix (Mr. Ms, Miss): Click or tap here to enter text.

First/Last Name:Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title:Click or tap here to enter text. Credential:Click or tap here to enter text.

Organization Name:Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code:Click or tap here to enter text.

Mailing Information if outside USA.

Territory: Click or tap here to enter text. Country Code:Click or tap here to enter text. Postal Code:Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text. Fax No.:Click or tap here to enter text. E-mail Address:Click or tap here to enter text.

Check one or both: [ ] Administrative contact [ ] Technical Contact

#### Application Contact

Prefix: Click or tap here to enter text.

(Mr. Ms, Miss)

First/Last Name:Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title:Click or tap here to enter text. Credential:Click or tap here to enter text. Organization Name:Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code: Click or tap here to enter text.

Mailing Information if outside USA.

Territory:Click or tap here to enter text. Country Code:Click or tap here to enter text. Postal Code:Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text.

Fax No. Click or tap here to enter text. E-mail Address:Click or tap here to enter text. Check one or both: [ ] Administrative contact [ ] Technical Contact

1. **PERMIT CONTACT INFORMATION** (Instructions, Page 7) Provide two names of individuals that can be contacted throughout the permit term.
2. Prefix: Click or tap here to enter text.

(Mr. Ms, Miss)

First/Last Name:Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title:Click or tap here to enter text. Credential:Click or tap here to enter text. Organization Name:Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.): Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code:Click or tap here to enter text.

Mailing Information if outside USA.

Territory:Click or tap here to enter text. Country Code:Click or tap here to enter text. Postal Code:Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text. Fax No.:Click or tap here to enter text. E-mail Address: Click or tap here to enter text.

1. Prefix (Mr. Ms, Miss): Click or tap here to enter text.

First/Last Name: Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title:Click or tap here to enter text. Credential:Click or tap here to enter text. Organization Name:Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code: Click or tap here to enter text.

Mailing Information if outside USA.

Territory:Click or tap here to enter text. Country Code:Click or tap here to enter text.

Postal Code:Click or tap here to enter text.

Phone No.:Click or tap here to enter text. Extension:Click or tap here to enter text. Fax No.:Click or tap here to enter text. E-mail Address:Click or tap here to enter text.

1. **NOTICE INFORMATION** (Instructions, Page 7)

#### Individual publishing the notices

First/Last Name:Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title:Click or tap here to enter text. Credential:Click or tap here to enter text. Organization Name:Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State: TX ZIP Code:Click or tap here to enter text.

Mailing Information if outside USA.

Territory:Click or tap here to enter text. Country Code:Click or tap here to enter text. Postal Code:Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text. Fax No.:Click or tap here to enter text. E-mail Address:Click or tap here to enter text.

#### 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:Click or tap here to enter text.

[ ]  Fax No.:Click or tap here to enter text.

[ ]  Overnight/Priority mail: (self addressed, prepaid envelope required) [ ]  Regular Mail:

Mailing Address: Click or tap here to enter text.

Internal Routing (Mail Code, Etc.):Click or tap here to enter text.

City:Click or tap here to enter text. State:TX

ZIP Code:Click or tap here to enter text.

#### Contact to Be Listed In the Notice

Prefix: Click or tap here to enter text.

(Mr. Ms, Miss)

First/Last Name:Click or tap here to enter text.

Suffix:Click or tap here to enter text.

Title: Click or tap here to enter text. Credential:Click or tap here to enter text. Organization Name:Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text.

#### Public Place Information

*If the facility and/or disposal location are located in more than one county, a public viewing place for each county must be provided*.

Public Building name:Click or tap here to enter text.

Location within the building:Click or tap here to enter text.

Physical address of building: Click or tap here to enter text.

City:Click or tap here to enter text. County:Click or tap here to enter text.

Contact Name:Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Extension:Click or tap here to enter text.

#### Bilingual Notice Requirements:

**For new permit applications, major amendment and renewal applications. Not applicable for minor amendment or minor modification applications. (See Appendix A for Instructions)**

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice is required:

* + 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 item 6. SITE INFORMATION.)

* + 1. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

[ ] Yes [ ] No

* + 1. Do the students at these schools attend a bilingual education program at another location?

[ ] Yes [ ] No

* + 1. 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

* + 1. 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?

Click or tap here to enter text.

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

#### f. Public Involvement Plan:

Complete the Public Involvement Plan (PIP) Form (TCEQ-20960) for each application for a **new permit** or **major amendment to a permit** and include as an attachment.

* + 1. **SITE INFORMATION** (Instructions, Page 8)
			1. List any other permits, existing or pending, which pertain to pollution control activities conducted at this facility (site) and any other TCEQ permits or licenses.

NPDES Permit No. TX Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

Hazardous Waste Management Permit No.Click or tap here to enter text.

Non-attainment Permit No. Click or tap here to enter text.

National Emission Standards for Hazardous Pollutants Permit No.Click or tap here to enter text.

Water Right/Use Permit No. Click or tap here to enter text.

Water Right/Secondary Use Permit No: Click or tap here to enter text.

TCEQ Certificate of Adjudication Click or tap here to enter text.

TCEQ Certificate of Convenience and NecessityClick or tap here to enter text.

On-Site Subsurface Facility Permit Click or tap here to enter text.

Industrial Solid Waste Registration No. Click or tap here to enter text.

Dredge and Fill Permit No. Click or tap here to enter text.

UIC program under SWDA Click or tap here to enter text.

Sewage Sludge Registration Click or tap here to enter text.

Sludge/Septage Transporter Registration Click or tap here to enter text.

Municipal Solid Waste Landfill No. Click or tap here to enter text.

Other: Click or tap here to enter text.

* + - 1. Sludge Processing/Disposal Site Information:

If the site of your business is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ’s Central Registry to see if the larger site may already be registered as a regulated site at: <http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>

If the site is found, provide the assigned Regulated Entity Reference Number and provide the information for the site to be authorized through this application below.The site information for this authorization may vary from the larger site information.

TCEQ issued RE Reference Number (RN): **RN**Click or tap here to enter text.

* + - 1. Name of project or site (the name known by the community where located):

Click or tap here to enter text.

* + - 1. Is the location of the facility used in the existing permit correct?

Does the site have a physical address?

[ ] If Yes, complete Section A for a physical address.

[ ] Yes [ ]  No

[ ] If No (the location description is not accurate or this is a new permit application, complete), complete Section B for site location information.

**Section A**: Enter the physical address for the site.

Verify the address with USPS. If the address is not recognized as a delivery address, provide the address as identified for overnight mail delivery, 911 emergencies, or other online map tool to confirm an address.

*Physical Address of Project or Site*:

Street Number:Click or tap here to enter text. Street Name:Click or tap here to enter text. City:Click or tap here to enter text. ZIP Code:Click or tap here to enter text.

**Section B**: Enter the site location information. If no physical address (Street Number & Street Name), provide a written location access description to the site:

Click or tap here to enter text.

(Ex.: located 2 miles west from intersection of Hwy 290 & IH35 accessible on Hwy 290 South)

* + - 1. Are your waste disposal operations within the incorporated limits of a municipality? [ ] Yes [ ] No

Are your waste disposal operations within the extraterritorial jurisdiction of a municipality?

[ ] Yes [ ] No

* + - 1. City where the site is located or, if not in a city, what is the nearest city/community:

Click or tap here to enter text.

* + - 1. ZIP Code where the site is located:Click or tap here to enter text.
			2. County where the site is locatedClick or tap here to enter text.
			3. Latitude:Click or tap here to enter text. Longitude:Click or tap here to enter text.
			4. In your own words, briefly describe the primary business of the Regulated Entity: (*Do not repeat the SIC and NAICS code)*

Click or tap here to enter text.

* + - 1. Is facility located on Indian Land? [ ] Yes [ ] No
			2. Owner of treatment facility (plant): Click or tap here to enter text.
			3. Owner of land where treatment facility is or will be: Click or tap here to enter text.

(If not the same as the facility owner, there must be a long term lease agreement in effect for at least six years. In some cases, a lease may not suffice - see instructions.)

* + - 1. Owner of the land where sludge disposal/land application area is or will be located Click or tap here to enter text.

(Required only if authorization is sought in the permit for sludge disposal on property owned/controlled by the applicant.)

* + - 1. [ ]  Indicate by a checkmark that you have provided a copy of the deed of record and a copy of the meets and bounds giving the legal description of the site.
			2. Provide a written description that traces the flow of process wastewater to final disposition including transportation and temporary storage (e.g., holding ponds). Identify the nearest identifiable watercourse to the disposal site to which rainfall/runoff might flow if not contained.

Click or tap here to enter text.

* + - 1. Site Drawing:

Attach a drawing on an 8 2" by 11" (to scale) sheet showing the following:

* + - * 1. The boundaries of the treatment facility.
				2. Each treatment unit and the distance from each unit to the property line.
				3. The required buffer zone (set back) in accordance with 30 TAC Chapter 30 TAC Chapter 285.
				4. If sludge is disposed on property owned, leased or under direct control of the permittee by land application or surface disposal, show the location of the sludge use or disposal site with a scale sufficient to show the buffer zone (set back) in accordance with 30 TAC Section 312.44, for beneficial land application, or 30 TAC Section 312.63, surface disposal.
				5. The direction of prevailing winds, indicated by wind rose.
				6. For process wastewater surface land disposal or evaporation, show the location of all process wastewater storage/holding/evaporation ponds and disposal area(s). The map of the site should indicate the general slope of the land.
			1. Is this processing facility or waste disposal activity subject to 30 TAC Chapter 213, entitled Edwards Aquifer Rules? [ ] Yes [ ] No

**If YES,** the applicant may be required to submit additional information concerning methods of aquifer protection.

* + - 1. Attachments to the application:

Please index all attachments cross-referenced to the specific item (i.e. Item 8.a on Page 2) in this application.

Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to: Attachment Number: Item cross-referenced to:

* + 1. **USGS MAP** (Instructions, Page 11)

Attach a complete, **FULL-SIZED, ORIGINAL USGS TOPOGRAPHIC MAP(S)**

(7 2 minute scale) which will show an area at least 1 mile in all directions of the site and includes the following:

* + - 1. Identify the location of the facility, showing the applicant's approximate property boundaries.
			2. When requesting process wastewater surface land disposal, identify the location of all storage/holding/evaporation ponds and the area to be irrigated, showing the applicant's approximate property boundaries.
			3. When requesting sludge disposal/land application, identify the location of the disposal/land application area, showing the applicant's approximate property boundaries.
			4. Indicate the proximity of the facility site and/or disposal site(s) to any new or future commercial developments, housing developments, industrial sites, parks, schools and recreational areas.
			5. Identify all springs, public water supply wells, surface water supply intakes, water treatment plants, potable water storage facilities and sewage treatment plants within one mile of the treatment facility.
		1. **MISCELLANEOUS INFORMATION** (Instructions, Pages 12)
			1. List each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:Click or tap here to enter text.
			2. Do you owe fees to the TCEQ? If yes, please provide:

[ ] Yes [ ] No

Account number:Click or tap here to enter text. Amount past due:Click or tap here to enter text.

* + - 1. Do you owe any penalties to the TCEQ? If yes, please provide:

[ ] Yes [ ] No

Enforcement order number: Click or tap here to enter text. Amount past due: Click or tap here to enter text.

* + 1. **CERTIFICATION** (Instructions, Page 12)

APPLICANT/SITE OPERATOR:

I, ,

(Name) (Title)

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 gathered and evaluated 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.

Signature: Date:

*(Use blue ink)*

#### Note: all applications must bear the signature and seal of notary public.

Subscribed and sworn to before me by the said on this day of ,20 .

My commission expires on the day of ,20 .

*[SEAL]*

Notary Public

County, Texas

**THIS PAGE APPLIES TO SLUDGE SURFACE DISPOSAL OR LAND APPLICATION FACILITIES ONLY**

### SITE OPERATOR:

I, ,

(Name) (Title)

understand that I am responsible for operating the site described in the legal description in accordance with the Texas Commission on Environmental Quality requirements in 30 TAC, Chapter 312, the conditions set forth in this application, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this registration.

Signature: Date:

*(Use blue ink)*

**Note: all applications must bear the signature and seal of notary public.** Subscribed and sworn to before me by the said on this day of ,20 .

My commission expires on the day of ,20 .

*[SEAL]*

Notary Public

County, Texas

### COMPLETE ONLY IF LANDOWNER IS NOT THE SITE OPERATOR:

I, ,

(Name) (Title)

owner of the land described in the attached legal description, have all rights and covenants to authorize, the applicant for this Permit, to use this site for the disposal and/or land application Facility. I understand that 30 TAC, Chapter 312 requires me to make a reasonable effort to see that the applicant complies to the required operating conditions stated in the above paragraph. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this registration.

Signature: Date:

*(Use blue ink)*

#### Note: all applications must bear the signature and seal of notary public.

Subscribed and sworn to before me by the said on this day of ,20 .

My commission expires on the day of ,20 .

*[SEAL]*

Notary Public

County, Texas

# ADMINISTRATIVE REPORT 1.1

**The following item is only required for new permit applications and major amendment permit applications.** *(The item is not applicable for renewal or minor amendment permit applications.)* (Instructions, Page 14)

1. **LANDOWNERS MAP AND INFORMATION** (Instructions, Page 14)
	1. Provide a map or drawing, with scale which includes the following information (See application instructions for example):

[ ] The approximate boundaries of the tract of land on which the sludge processing facility is located, contiguous property owned or under the control of the applicant and those landowners immediately adjacent.

[ ] The approximate boundaries of an irrigation or evaporation disposal area, contiguous property owned or under the control of the applicant and those landowners immediately adjacent.

[ ] The approximate boundaries of a **sludge land application site**, contiguous property owned or under the control of the applicant and those landowners immediately adjacent. (Example A - Instructions, Page 15)

[ ] The approximate boundaries of a **sludge disposal or incineration site**, contiguous property owned or under the control of the applicant and the boundaries of each tract of land within a 2 mile of the border of land owned or under the control of the applicant. (Example B - Instructions, Page 16)

[ ] An index of the affected landowners cross-referenced in a numeric order, to the list requested for item 1.b.

* 1. Provide a separate list of names and complete mailing addresses (with zip codes) numerically cross-referenced to the map requested for item 1.a. (See application instructions for example):

[ ] Show on a separate list, properly crossed-referenced in a numeric order, to the map required in item 1.a. above, the names and mailing addresses (include zip codes) of all adjacent landowners required to be identified in item 1.a. above. (Please do not cross-reference by Lot/Tract numbers.)

[ ] The names and mailing addresses of persons identified as potentially affected persons were obtained from:Click or tap here to enter text.

(Source: City, County, School or Water District Records, Abstract Co., etc.)

1. **BUFFER ZONE MAP** (Instructions, Page 14) Provide a buffer zone map. The buffer zone map shall clearly show the entire property boundaries of the property owned or under the control of the applicant; show each treatment unit; and specify the distance from each treatment unit to the applicant's property line. Identify on the map, the uses of the adjacent property.
2. **GROUND LEVEL PHOTOGRAPHS** (Instructions, Page 14)

New Facilities and physical expansions of facility: Submit a minimum of one original ground level photograph as instructed in items below. Clearly describe the exact location of the photos on a plot plan or map. Indicate the direction (N,E,S or W) that the photographer is facing.

[ ] Show the location of the treatment facility.

[ ] Show the location of the disposal area and the general characteristics of the area of disposal.

1. **PLANT OPERATION** (Instructions, Page 14)

Plant Operation

Will the plant be operated by the applicant? [ ] YES [ ] NO

If **YES**, list all other facilities operated. If necessary provide an attachment.

Click or tap here to enter text.

If **No,** who will be the operator? Click or tap here to enter text.

List all other permitted and non permitted facilities currently operated by the contract source. If necessary provide an attachment.

Click or tap here to enter text.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**SUPPLEMENTAL PERMIT INFORMATION FORM** (SPIF)

**FOR AGENCIES REVIEWING MUNICIPAL TPDES WASTEWATER PERMIT APPLICATIONS**

**TCEQ USE ONLY**:

Application type: Renewal

Major Amendment

Minor Amendment

New

County: Segment Number Admin Complete Date: Agency Receiving SPIF:

Texas Historical Commission U.S. Fish and Wildlife

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

**This form applies to TPDES permit applications only.** 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 and/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:Click or tap here to enter text.
2. Permit No. WQ00Click or tap here to enter text. (EPA ID No.) TXLClick or tap here to enter text.
3. Address of the project (location description that includes street/highway, city/vicinity, & county)

Click or tap here to enter text.

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

Name:Click or tap here to enter text. Company:Click or tap here to enter text.

Phone number:Click or tap here to enter text. Fax number:Click or tap here to enter text.

Street No.:Click or tap here to enter text. Street name:Click or tap here to enter text. Street type:Click or tap here to enter text.

P.O. Box:Click or tap here to enter text. City:Click or tap here to enter text.

State:TX ZIP code: Click or tap here to enter text.

Email:Click or tap here to enter text.

1. List the county in which the facility is located:Click or tap here to enter text.
2. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

Click or tap here to enter text.

1. 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 Segment Number.

Click or tap here to enter text.

1. 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).
2. Provide original photographs of any structures 50 years or older on the property.
3. Does your project involve any of the following? Check all that apply.
	1. [ ]  Proposed access roads, utility lines, construction easements
	2. [ ]  Visual effects that could damage or detract from a historic property’s integrity
	3. [ ]  Vibration effects during construction or as a result of project design
	4. [ ]  Additional phases of development that are planned for the future
	5. [ ]  Sealing caves, fractures, sinkholes, other karst features
	6. [ ]  Disturbance of vegetation or wetlands
4. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features).

Click or tap here to enter text.

1. Describe existing disturbances, vegetation and land use.

Click or tap here to enter text.

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

##  TECHNICAL REPORT 1 SLUDGE PROCESSING FACILITIES

#### If an item does not apply to your facility, write N/A and explain if necessary.

Provide detailed technical information for the following items. Attach separate reports as necessary.

1. SOURCE INFORMATION

Provide a detailed description of the source including TCEQ Permit No., quality, and quantity of all sludge/domestic septage to be processed at this facility. Please provide an analysis of the sludge for the following parameters from each source:

Parameter mg/kg

Arsenic

Cadmium

Chromium

Copper

Lead

Mercury

Molybdenum

Nickel

Selenium

Zinc

Polychlorinated Biphenyls

1. Provide a detailed description of the source and amounts of any admixtures or blending agents with are to be used at this facility.
2. Submit the most recent Toxicity Characteristic Leaching Procedure (TCLP) test results from each source. If the test results are more than 5 years old or if a major new source has been added to the source treatment system since the last test run, a current retest must be submitted.
3. Please provide a detailed engineering report and/or plans and specification for the proposed facility, including:
	1. Describe the type of process facility (i.e., chemical stabilization, heat drying, pasteurization, thermophilic digestion, etc.).
	2. Process flow diagram of the entire process including all major components of the treatment system and flow streams. The flow streams must indicate the quantity of material on a wet weight, dry weight, and volumetric basis. Include calculations that demonstrate that all equipment and storage areas have sufficient capacity for the material that will be processed.
	3. Please provide all design calculations for the specified treatment process (i.e., temperature range and residence time, chemical storage, mixing, drying, screening, bulk sludge storage, final product storage, auxiliary power, alarm systems, standby and duplicate units, holding tanks, storm- water control, dewatering equipment, etc.) and functional arrangements (flexibility of piping and of valves to control material flow through the facility, reliability of power source, etc.) to prevent partial treatment of sludge or overflows of process wastewater which might result from: (A) power failure, (B) equipment malfunction, (C) plant unit maintenance and repair, or (D) any other. (Use separate sheets for this information.)
	4. Method to control surface water runoff, collection of leachate, and/or process wastewater generated from the facility and any bulk material storage areas. For uncovered bulk material storage or processed material provide design calculations for protecting the areas from the 25-year, 24- hour rainfall event and include sources of information and all assumptions.
	5. An odor, dust, and bioaerosol management plan that outlines how the production and migration of each of these emissions will be monitored and minimized, including design and operational practices.
	6. Describe the method(s) used to meet Class A or B Pathogen Requirements (30 TAC ' 312.82). Attach a copy of design calculations which demonstrate the ability of the treatment system to meet the proposed sludge quality with regards to pathogen reduction.
	7. Describe the method used to meet Vector Attraction Method Requirements (30 TAC ' 312.83). Attach a copy of design calculations which demonstrate the ability of the treatment system to meet the proposed sludge quality with regards to vector attraction reduction.
	8. Description of the ultimate use for the finished product. Description of the proposed use or disposal of product that cannot be used in the expected manner due to poor quality or change in market conditions.
4. FACILITY SITE
	1. Are the proposed facilities to be located above the 100-year frequency flood level? [ ] Yes [ ] No

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

Click or tap here to enter text.

* 1. If the proposed facility is not located above the 100-year flood level describe the protective measures to be utilized. Include a site map indicating location of the treatment plant within the 100-year frequency flood level. Provide size of dikes or other protective structures which may be required.

Click or tap here to enter text.

1. LAND DISPOSAL OF PROCESS WASTEWATER

Are you are requesting authorization to use land disposal and/or evaporation as a method of disposal for process wastewater?

[ ] Yes [ ] No If YES, proceed as directed.

* 1. Disposal System:

 [ ] Surface Disposal:

[ ] Evaporation

[ ] Irrigation

[ ] Other (describe): Click or tap here to enter text.

* 1. How much acreage is utilized for land application? Click or tap here to enter text.
	2. What is the corresponding land use? Click or tap here to enter text.
	3. Describe access controls. Click or tap here to enter text.
	4. Is the proposed disposal site within the 100-year frequency flood level? [ ] Yes [ ] No

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

 Click or tap here to enter text.

* 1. Describe tailwater control facilities and operations. How will rainfall runoff be controlled such that extraneous waters do not enter the land application site?

Click or tap here to enter text.

* 1. Submit an annual cropping plan which includes but not limited to the following:
		1. A soils map depicting the location of the crops currently grown. These locations should be identified by field and crop.
		2. List the crops and acreage of each crop.
		3. Growing seasons of each crop.
		4. Nutrient requirements of each crop.
		5. Supplemental watering requirements.
		6. Salt tolerances of each crop.
		7. Harvesting methods.
		8. Number of harvests per year per crop.
	2. Describe the application method and equipment. (e.g., row irrigation, spray irrigation using a center pivot sprinkler system, etc.) Estimate the irrigation efficiency.

Click or tap here to enter text.

* 1. Disposal Requirements (complete applicable section and include design calculations; all assumptions, i.e., runoff, evaporation, evapotranspiration, etc. must be included):
		1. Irrigation

Area under irrigation: acres Design application frequency: hours/day

 days/week

Land grade: average: percent (%)

maximum: percent (%)

Design application rate: acre-feet/acre/year

Design BOD5 loading rate: lbs BOD5/acre/day Design Total Nitrogen loading rate: lbs N/acre/day

Provide a separate engineering report of water balance and storage volume calculations in accordance with 30 TAC Section 309.20, Subchapter C, Land Disposal of Sewage Effluent. Describe the method of application and provide a nitrogen balance for the crop system.

* + 1. Evaporation Ponds Daily average flow

into pond(s): gallons/day

Surface area of pond(s): acres

Storage volume of pond(s): million gallons

Provide a separate engineering report of water balance and storage volume calculations.

* 1. Indicate the exact boundaries of the disposal operation on the original USGS topographic map (7.5-minute scale) of the area.
	2. Provide a scale drawing or indicate on the original USGS topographic map, all land which is to be a part of the disposal operation in addition to the following: on-site buildings, waste disposal or treatment facilities, process wastewater storage and tail water control facilities, buffer zones and water wells within half-mile radius of disposal site boundaries.
	3. Identify the water uses from each water well within a half-mile radius of the disposal site boundaries. In addition, aspects of construction such as well logs, casing, yield, static elevation, water quality, and age shall be furnished and evaluated in the technical report. Submit copies of State Water Well Reports (driller's logs, completion data) and data on depths to groundwater for water supply wells including a description of how the depths to groundwater were obtained. Local groundwater resources below the wastewater disposal site shall be monitored to establish preoperational baseline groundwater quality when monitoring wells are available. Monitoring shall provide the following analytical determination: total dissolved solids, nitrate nitrogen, chlorides, sulfates, pH, and coliform bacteria.
	4. On a U.S. Department of Agriculture (USDA) Natural Resources Conservation Service (NRCS) Soil Survey Map, accurately locate the area to be used for land application. Include engineering properties (No. 200 Sieve, Liquid Limit, Plasticity), soil name and mapping symbol, USDA textures and associated depths for each texture class, soil permeability for each texture class, and seasonal high water table.
	5. Provide analyses of the soil in the land application area for pH, conductivity, sodium adsorption ratio, total nitrogen, nitrate-nitrogen, potassium, phosphorous, calcium, magnesium, sulphur, and sodium. The nutrient parameters should be analyzed on a plant available or extractable basis. All results shall be reported in mg/kg (dry weight basis). Include all information pertaining to fertilizer recommendations. Composite sampling techniques should be used when sampling the irrigation tract. Individual soil types, as defined by the USDA NRCS soil survey, should be sampled individually at zones of 0-6, 6-18, and 18-30 inches. Each composite sample shall represent no more than 40 acres with no less that 15 subsamples representing each composite sample. Subsamples shall be composited by zone and according to type of crop and soil for analysis and reporting.
	6. Provide the dimensions (water surface area, water depth and freeboard) of any storage/holding ponds.
	7. Describe the process wastewater storage/holding pond liner (e.g., compacted clay, synthetic liner, other).
	8. For waste disposal activities subject to 30 TAC Chapter 213, Edwards Aquifer, provide a report that describes the surface geologic units present in the proposed land application site and that identifies the location and extent of any significant recharge areas in the land application site.

### CERTIFICATION STATEMENT FOR ANALYTICAL DATA

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

1. The laboratory is an in-house laboratory and is:
	1. periodically inspected by the TCEQ; or
	2. located in another state and is accredited or inspected by that state; or
	3. performing work for another company with a unit located in the same site;

or

* 1. performing pro bono work for a governmental agency or charitable organization.
1. The laboratory is accredited under federal law.
2. The data are needed for emergency-response activities, and a laboratory accredited under

the Texas Laboratory Accreditation Program is not available.

1. 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.

I, ,

(Name) (Title)

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

Signature: Date:

*(Use blue ink)*

**TECHNICAL REPORT 2**

### SLUDGE SURFACE DISPOSAL

This section must be completed for all applications requesting authorization to dispose of sludge in a surface disposal unit.

Provide detailed technical information for the following items. Attach separate reports as necessary.

**1. REQUIRED MAPS**

Maps of the proposed application site are required with the application. (**Note**: A copy of each map showing the information as required, is to be attached to each required copy of the application)

1. Submit one **ORIGINAL General Highway (County) Map** showing all areas within 1000 feet of the site. (Copies may be submitted on 8.5 x 11 inch sheets). For County Highway Maps you may call the Texas Department of Transportation Map Sales in Austin at (512) 465-7397.
2. Submit a legible copy of a **USDA Natural Resources Conservation Service (NRCS) Soil Map** with soil legend and necessary interpretative information. Contact the nearest NRCS office for map information. If county is not mapped, have a soil scientist identify the soils. The phone number for the State NRCS Headquarters in Temple is (817) 774-1261.
3. Submit a copy of the **Federal Emergency Management Agency (FEMA) Map** showing the 100 year flood plain. Several options are available. These maps can be obtained by requesting a Flood Insurance Study (no charge) from the FEMA Flood Map Distribution Center at (800) 358-9616. The flood insurance study will contain a booklet and the FEMA maps. For further assistance in Texas, you may contact the TCEQ Floodplain Coordination Team at (512) 239-4773.

**2. PREVIOUS DISPOSAL**

Has sludge been previously disposed at this surface disposal site?

[ ] YES [ ] NO

If Yes, provide a use history of the disposal area such as tons of sludge disposed so far, remaining capacity of active sludge unit, anticipated closure date for the surface disposal unit and a copy of the closure plan that has been developed for this active sludge unit.

**3. DISPOSAL INFORMATION**

1. Does the proposed/existing surface disposal unit area (check all that apply):

[ ] Overlap a designated 100-year flood plain area as shown on an attached FEMA map?

[ ] Contain soils with flooding classification (see the soil legend, NRCS

Soil Maps.)

[ ] Contain wetlands

[ ] Overlap an unstable area

[ ] Located less than 60 meters from a fault

[ ] None of the above

1. Volume and frequency of sludge disposal(s):

Click or tap here to enter text.

1. Disposal Rates

Total dry tons of sludge placed on the

active sludge unit per 365-day period: Click or tap here to enter text.

Total dry tons of sludge placed on the

active sludge unit over the life of the unit: Click or tap here to enter text.

1. Does the active sludge unit have a liner with a maximum hydraulic conductivity of 1x10-7 cm/sec?

[ ] YES [ ] NO

If Yes, describe the liner (or attach a description): Click or tap here to enter text.

1. Does the active sludge unit have a leachate collection system? [ ] YES [ ] NO

If Yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate treatment and disposal. If leachate is transported to another treatment facility please provide the TCEQ permit number(s).

Click or tap here to enter text.

1. If you answered No to either 3.d or 3.e, answer the following question:

Is the boundary of the active sludge unit less than 150 meters from the property line of the surface disposal site in any direction?

[ ] YES [ ] NO

If Yes, provide the actual closest distance in meters:Click or tap here to enter text.

**4. FACILITY SITE**

1. Are the proposed facilities to be located above the 100-year frequency flood level?

[ ] YES [ ] NO

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

 Click or tap here to enter text.

1. If the proposed facility is not located above the 100-year flood level describe the protective measures to be utilized. Include a site map indicating location of the treatment plant within the 100-year frequency flood level. Provide size of dikes or other protective structures which may be required.

Click or tap here to enter text.

**5. SITE DEVELOPMENT PLAN**

Describe the methods used to deposit sludge in the active sludge unit. This description should include site layout plan, site entrance roads from public access roads, rate of sludge deposition, average lift size, maximum lift, average trench or cell size, maximum cell or trench size, active sludge unit cover, seismic impact design, protection from floods, and other information necessary to depict how the surface disposal unit will be developed. Also provide the following:

1. Please provide a plan view and cross-section of the surface disposal unit.
2. Provide the source and physical properties of the soil or other media for sludge bulking if applicable.
3. Indicate locations of stockpiles of media and the area for sludge unloading and mixing.
4. Operational procedures detailing how the sludge is to be mixed, the ratio of the mixture, and the handling and placement of the mixture, and daily cover.
5. Provide, with this application, a copy of any closure plan that has been developed for this active sludge unit in accordance with 30 TAC '312.62 (c). The plan should describe what steps will be taken to ensure that the area shall be properly capped, vegetated and maintained for proper drainage after the fill is complete.
6. Provide a copy of deed recordation for the site.
7. Sludge to be disposed on acres. Locate sludge disposal site on a site map (scale: 1"=100').
8. Describe method of controlling infiltration of ground and surface water from entering site:

**6. FINANCIAL ASSURANCE**

Provide financial assurance to properly operate this surface disposal unit and to

provide final closure of this surface disposal unit and storage (if applicable) (30 TAC 312.62(g)).

**COMPLETE ITEMS 7 THROUGH 12 FOR SEWAGE SLUDGE ONLY:**

1. Which vector attraction reduction option in 30 TAC '312.83, is achieved before sludge leaves the wastewater treatment facility?

Click or tap here to enter text.

1. Which vector attraction reduction option in 30 TAC '312.83, is met when sludge is placed on the active sludge unit?

Click or tap here to enter text.

1. Which pathogen reduction option in 30 TAC '312.82, is achieved before sludge leaves the wastewater treatment facility?

Click or tap here to enter text.

1. Which pathogen reduction option in 30 TAC '312.82, is met when sludge is placed on the active sludge unit?

Click or tap here to enter text.

1. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sludge placed on the active sludge unit?

[ ] YES [ ] NO

If Yes, submit information to support the request for site-specific pollutant limits with this application. Click or tap here to enter text.

1. Provide a brief description of how methane gas is monitored, if cover is placed on unit and how public access to the site is restricted.

Click or tap here to enter text.

1. Ground-Water Monitoring
	1. Is ground-water monitoring currently conducted at this active sludge unit, or are ground-water monitoring data otherwise available for this active sludge unit?

[ ] YES [ ] NO

If Yes, provide a copy of available ground-water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground-water monitoring procedures used to obtain these data.

 Click or tap here to enter text.

* 1. Has a ground-water monitoring program been prepared for this active sludge unit?

[ ] YES [ ] NO

If Yes, submit a copy of the ground-water monitoring program with this permit application.

* 1. Provide a certification from a qualified ground-water scientist that the aquifer below the active sludge unit will not be contaminated in accordance with 30 TAC '312.64(n)?
1. Provide design calculations of how the 25-year, 24-hour rainfall is prevented from leaving the surface disposal unit. Provide sources of all information and assumptions used. Provide design calculations on how the runoff from the storm will be stored and disposed of. Provide a scaled drawing of any detention pond along with the volume calculations; the type of liner proposed for any detention pond; and calculations for stormwater disposal and location along with any proposed acreage for irrigation in relation to stormwater run-on and run-off disposal.
2. Provide a profile of soil types encountered down to the groundwater table.
3. Provide depth to shallowest groundwater
4. If no leachate collection system is in place, please provide the following soil and soil sample information:
	1. Use USDA Natural Resources Conservation Service (NRCS) soil descriptions. Refer to Physical and Chemical Properties Table and Engineering Tables in the appropriate county soil survey. Provide map symbols, soil type, permeability, and depth to bedrock.
	2. Attach a map of all fields sampled per site. It must match the scale of the soil survey map submitted with the application. The soil analysis data submitted must clearly be cross referenced to location of the sample.
	3. Obtain one composite sample for each soil depth per 80 acres and per uniform (soils with the same characteristics and texture) soil type within the 80 acres, or per approved soil sampling plan. Composite samples shall be comprised of 10-15 random sample cores taken from each of the following soil depth zones: 0-6 inches; 6-18 inches and 18-36 inches. The soil shall be sampled for Nitrate Nitrogen (NO3-N), Total Nitrogen (TKN), Soil Water pH (S.U.), Total Arsenic (mg/kg), Total Cadmium (mg/kg), Total Chromium (mg/kg), Total Copper (mg/kg), Total Lead (mg/kg), Total Mercury (mg/kg), Total Molybdenum (mg/kg), Total Nickel (mg/kg), Total Selenium (mg/kg) and Total Zinc (mg/kg). The soil samples should be analyzed using EPA SW846, Method 3050.
5. Describe the method of sludge dewatering (drying beds, etc.) and average percent solids of surface disposed sludge: Click or tap here to enter text.
6. If the surface disposal facility is a dedicated land application site, please provide a list of any crops to be grown on the site.

Click or tap here to enter text.

### CERTIFICATION STATEMENT FOR ANALYTICAL DATA

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

1. The laboratory is an in-house laboratory and is:
	1. periodically inspected by the TCEQ; or
	2. located in another state and is accredited or inspected by that state; or
	3. performing work for another company with a unit located in the same site; or
	4. performing pro bono work for a governmental agency or charitable organization.
2. The laboratory is accredited under federal law.
3. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
4. 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.

I, ,

(Name) (Title)

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

Signature: Date:

*(Use blue ink)*

## WELL DATA FOR SLUDGE SURFACE DISPOSAL SITES

Provide the following information for all types of wells located on and within 500 feet of the application area including off-site wells of other landowners. By definition (30 TAC Chapter 338) a "well" is any artificial excavation constructed for the purpose of exploring, monitoring or producing substances, elements, chemicals or fluids beneath the surface of the ground. (Potable water wells, irrigation wells, gas wells, oil wells, etc.)

#### Show well locations and numbers on the USGS map and cross reference to the numbers on the list below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Well****Number** | **Type of****Well** | **Producing?****Y/N** | **Plugged?****Y/N** | **Cased?****Y/N** | **Capped?****Y/N** | **Action** |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |

* Proper casing is a minimum of 10 feet of casing and cement. (Casing, plugging and capping rules - 30 TAC Section 338.48)

\*\* Action that the site operator and landowner assure will be taken on each well before sludge disposal begins on the site.

**Condition of Well Action to be Taken**

If producing and cased no action necessary.

If producing and not cased case or describe other means of protection.

If nonproducing and cased must plug or cap before sludge disposal.

If nonproducing and not cased - must plug before sludge disposal.

For the site water well history, contact the Texas Water Development Board (512) 936- 0837.

For a thorough investigation of other well records, contact the Railroad Commission: Mapping Office (512) 463-6851 or Records Retention Office (512) 463-6882.

##  TECHNICAL REPORT 3

### SLUDGE INCINERATION

This section must be completed for all applications requesting authorization to dispose of sludge by incineration. Complete this section once for each incinerator in which you fire sludge.

Provide detailed technical information for the following items. Attach separate reports as necessary.

1. Maps of the proposed application site are required with the application. (**Note**: A copy of each map showing the information as required, is to be attached to each required copy of the application)
	1. Submit one **ORIGINAL General Highway (County) Map** showing all areas within 1000 feet of the site. (Copies may be submitted on 8.5 x 11 inch sheets). For County Highway Maps you may call the Texas Department of Transportation Map Sales in Austin at (512) 465-7397.
	2. Submit a legible copy of a **USDA Natural Resources Conservation Service (NRCS) Soil Map** with soil legend and necessary interpretative information. Contact the nearest NRCS office for map information. If county is not mapped, have a soil scientist identify the soils. The phone number for the State NRCS Headquarters in Temple is (817) 774-1261.
2. Has sludge been previously incinerated at this incineration facility? [ ] Yes [ ] No

If Yes, please provide a use history of the incinerator unit such as tons of sludge incinerated so far, beryllium NESHAP and mercury NESHAP compliance, chromium concentration, THC or CO concentration, moisture content in stack gas, oxygen content in stack gas, etc.

1. Operating Parameters
	1. Incinerator type: Click or tap here to enter text.
	2. Combustion temperature: Click or tap here to enter text.

Submit, with this application, supporting documentation such as testing date(s) a description of temperature measurement and data recording and handling systems, and a description of how such combustion temperature data have been averaged.

* 1. Sludge feed rate, in dry metric tons/day: Click or tap here to enter text.

Indicate whether value submitted is:

[ ] Average use [ ] Maximum design

Submit with this application, supporting documentation describing how the feed rate was calculated.

* 1. Amount of sludge fired in the sludge incinerator in dry metric tons per 365 day period:

Click or tap here to enter text.

* 1. Incinerator stack height, in meters: Click or tap here to enter text.
	2. Indicate whether value submitted is:

[ ] Actual stack height [ ] Creditable stack height

1. Site Operating Plan

Submit a site operating plan. This document is to provide guidance from the design engineer to site management and operating personnel in sufficient detail to enable them to conduct day to day operations in a manner consistent with the engineer's design. At a minimum, the site operating plan shall include specific guidance or instructions on all of the following:

* 1. Process description. The process description shall be composed of a descriptive narrative along with a process diagram. The process description shall include: anticipated volume of sludge to be incinerated. This section shall also contain an estimate of the daily quantity of material to be incinerated at the facility;
		1. Tipping process. Indicate what happens to the feedstock material from the point it enters the gate. Indicate how the material is handled in the tipping area, how long it remains in the tipping area, what equipment is used, how the material is evacuated from the tipping area, at what interval the tipping area is cleaned, the process used to clean the tipping area;
		2. Process. Indicate what happens to the material as it leaves the tip- ping area. Indicate how the material is incorporated into the process and what process or processes are used. The narrative shall include: composting rates, equipment and their specifications, energy and mass balance calculations, and process monitoring method;
		3. Ash storage and disposal. Provide a complete narrative on the collection of ash, storage of ash, and disposal of ash;
		4. Process diagram. Present a process diagram that displays graphically, the narrative generated in response to clauses (I)-(v) of this paragraph.
	2. The minimum number of personnel and their functions to be provided by the site operator in order to have adequate capability to conduct the operation in conformance with the design and operational standards;
	3. The minimum number and operational capacity of each type of equipment to be provided by the site operator in order to have adequate capability to conduct the operation in conformance with the design and operational standards;
	4. Site access control;
	5. Record keeping plan;
	6. A fire prevention and suppression plan that shall comply with provisions of the local fire code, which shall also be sent to the local fire protection entity responsible for responding to a fire at the facility; and
	7. Equipment failures including alternative plans in the event of an equipment failure.
1. Dispersion Factor
	1. Dispersion factor, in micrograms/cubic meter per gram/second: Click or tap here to enter text.
	2. Name and type of dispersion model:

Click or tap here to enter text.

1. Control Efficiency
	1. Control efficiency, in hundredths, for the following pollutants: Arsenic

Cadmium Chromium Lead

Nickel

* 1. Submit a copy of the results of performance testing and supporting documentation (including testing dates) with this application.
1. Beryllium NESHAP
	1. Does the sludge fired in this incinerator contain beryllium? [ ] Yes [ ] No

Submit with the application, information, test data, and description of measures taken that demonstrate whether the sludge incinerated contains beryllium and will continue to remain as such.

* 1. If yes, submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.
1. Mercury NESHAP
	1. How is compliance with the mercury NESHAP being demonstrated?

[ ] Stack testing [ ] Sludge sampling

(if checked, complete 8.b) (if checked, complete 8.c)

* 1. If stack testing is conducted, submit the following information with this application:

A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

* 1. If sludge sampling is used to demonstrate compliance, submit a complete report of sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.
1. Risk Specific Concentration for Chromium
	1. Risk Specific concentration (RSC) used for chromium, in micrograms per cubic meter:Click or tap here to enter text.
	2. Which basis was used to determine the RSC? [ ] Table 2 in 40 CFR 503.43

[ ] Equation 6 in 40 CFR 503.43

* 1. If table 2 was used, identify the type of incinerator used as the basis: [ ] Fluidized bed with wet scrubber

[ ] Fluidized bed with wet scrubber and wet electrostatic precipitator [ ] Other types with wet scrubber

[ ] Other types with wet scrubber and wet electrostatic precipitator

* 1. If Equation 6 was used provide the following:

Decimal fraction ratio of hexavalent chromium concentration to total chromium concentration in stack exit gas:Click or tap here to enter text.

Submit results of incinerator stack test for hexavalent and total chromium concentrations, including date(s) of test, with this application.

1. Operational Standards for Total Hydrocarbons (THC) or Carbon Monoxide (CO).
	1. If you monitor THC, complete the following:
		1. Raw value for THC concentration in stack emissions, in ppm:
		2. Moisture content in stack gas, in percent:
		3. Oxygen concentration in stack gas, in percent:
		4. Corrected value for THC concentration in stack emissions (ppm):
		5. Submit, with this application, documentation used to derive raw THC concentration, moisture content, oxygen concentration, and corrected THC concentration.
	2. If you monitor CO, complete the following:
		1. Raw value for CO concentration in stack emissions (ppm):Click or tap here to enter text.
		2. Moisture content in stack gas, in percent:Click or tap here to enter text.
		3. Oxygen concentration in stack gas, in percent:Click or tap here to enter text.
		4. Corrected value for CO concentration in stack emissions (ppm):Click or tap here to enter text.
		5. Submit, with this application, documentation used to derive raw CO concentration, moisture content, oxygen concentration, and corrected CO concentration.
2. Monitoring Equipment: List the equipment in place to monitor the following parameters:
	1. THC or CO:Click or tap here to enter text.
	2. Percent oxygen:Click or tap here to enter text.
	3. Moisture content:Click or tap here to enter text.
	4. Combustion temperature:Click or tap here to enter text.
	5. Other:Click or tap here to enter text.

### CERTIFICATION STATEMENT FOR ANALYTICAL DATA

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

1. The laboratory is an in-house laboratory and is:
	1. periodically inspected by the TCEQ; or
	2. located in another state and is accredited or inspected by that state; or
	3. performing work for another company with a unit located in the same site; or
	4. performing pro bono work for a governmental agency or charitable organization.
2. The laboratory is accredited under federal law.
3. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
4. 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.

I, ,

(Name) (Title)

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

Signature: Date:

*(Use blue ink)*

1. Provide the following information for all types of wells located on and within 1000 feet of the application area including off-site wells of other landowners. By definition (30 TAC Chapter 338) a "well" is any artificial excavation constructed for the purpose of exploring, monitoring or producing substances, elements, chemicals or fluids beneath the surface of the ground. (Potable water wells, irrigation wells, gas wells, oil wells, etc.)

#### Show well locations and numbers on the USGS map and cross reference to the numbers on the list below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Well****Number** | **Type of****Well** | **Producing?****Y/N** | **Plugged?****Y/N** | **Cased?****Y/N** | **Capped?****Y/N** | **Action** |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |
|  |  | No | No | No | No |  |

* Proper casing is a minimum of 10 feet of casing and cement. (Casing, plugging and capping rules - 30 TAC Section 338.48)

\*\* Action that the site operator assures will be taken on each well before sludge/septage application begins on the site.

**Condition of Well Action to be Taken**

If producing and cased no action necessary.

If producing and not cased case or describe other means of protection.

If nonproducing and cased must plug or cap before sludge/septage application.

If nonproducing and not cased - must plug before sludge/septage application.

For the site water well history, contact the Texas Water Development Board (512) 936-0837.

For a thorough investigation of other well records, contact the Texas Railroad Commission: Mapping Office (512) 463-6851 or Records Retention Office (512) 463-6882.

## Appendix A

## Plain Language Summary Template and Instructions to Process, Surface Dispose, or Incinerate Sewage Sludge or Biosolids Permit Applications

This template is intended as a guide to assist applicant’s in developing a plain language summary as required by [30 Texas Administrative Code Chapter 39](https://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=4&ti=30&pt=1&ch=39). Applicant’s may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed processing or disposal unit; (2) the expected processing or disposal acreage; (3) the expected pollutants that may be processed or disposed; and (4) how the applicant will control those pollutants, so that the proposed processing or disposal unit will not have an adverse impact on human health or the environment.

Fill in the blanks below to describe your processing or disposal unit and application. Instructions or examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

If you are subject to the alternative language notice requirements in [30 Texas Administrative Code §39.426](https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=66532&p_tloc=&p_ploc=1&pg=17&p_tac=&ti=30&pt=1&ch=39&rl=351), **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package**. For your convenience, a Spanish template has been provided below.

**ENGLISH TEMPLATE FOR PROCESSING OR DISPOSAL NEW/RENEWAL/AMENDMENT APPLICATIONS**

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

1. Enter applicant’s name here. (2. Enter Customer Number here (i.e., CN6########). ) 3. Choose an item. 4. Enter name of facility here. 5. Enter Regulated Entity Number here (i.e., RN1########). 6. Choose an item. 7. Enter Facility Description here.. The facility is located 8. Enter location here. , in 9. Enter City name here., 10. Enter County name here. County, Texas 11. Enter Zip Code here..

12. Enter summary of application request here. This permit will not authorize a discharge of pollutants into water in the state.

The 13. Choose an item. sludge unit is expected to contain 14. List all pollutants here. Examples of best management practices implemented by 15. Enter applicant’s name here include but are not limited to: 15. Enter applicant’s name here.

**SPANISH TEMPLATE FOR PROCESSING OR DISPOSAL NEW/RENEWAL/AMENDMENT APPLICATIONS**

*El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Texas Commission on Environmental Quality según lo dispuesto en el capítulo 39 del Código Administrativo de Texas. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no son representaciones federales ejecutables de la solicitud de permiso.*

1. Enter applicant’s name here. (2. Enter Customer Number here (i.e., CN6########). ) 3. Choose an item. 4. Enter name of facility here. 5. Enter Regulated Entity Number here (i.e., RN1########). 6. Choose an item. 7. Enter Facility Description here.. Las instalaciones están situadas 8. Enter location here. , en 9. Enter City name here., 10. Enter County name here. Condado, Texas 11. Enter Zip Code here..

12. Enter summary of application request here. Este permiso no autoriza el vertido de contaminantes en las aguas del Estado.

The 13. Choose an item. sludge unit is expected to contain 14. List all pollutants here. Ejemplos de mejores prácticas de gestión aplicadas por 15. Enter applicant’s name here incluyen, pero no se limitan a: 15. Enter applicant’s name here.

**INSTRUCTIONS**

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Select “operates” in this section for existing processing or disposal unit applications or select “proposes to operate” for new processing or disposal unit applications.
4. Enter the name of the facility in this section. The processing or disposal unit name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the processing or disposal unit in this section.
	1. For example, a processing unit application might specify: via compost, lime stabilization, etc.
	2. For example, a disposal unit application might specify: disposal of wastewater treatment plant sludge, water treatment plant residuals (or include both), etc.
8. Enter the location of the processing or disposal unit in this section.
9. Enter the City nearest the processing or disposal unit in this section.
10. Enter the County nearest the processing or disposal unit in this section.
11. Enter the zip code for the processing or disposal unit address in this section.
12. Enter a summary of the application request in this section. For example: renewal to dispose of wastewater treatment plant sludge on a 5,000 acre monofill, or new application to process wastewater treatment plant sludge via compositing on 100 acres.
13. Choose the appropriate unit type, either processing or disposal
14. List all pollutants expected in the processing or disposal from this facility in this section. For example, the pollutants expected in the disposal of sewage sludge or biosolids are Arsenic, Chromium and Nickel (mg/kg).
15. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
16. Enter a description of the best management practices used at your unit to manage pollutants. Include a description of best management practices used for the entire process.

**Examples**

**Example 1: Sewage Sludge Processing Permit Application**

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

City of Texas (CN000000001), Texas Water Utility, P.O. Box 1088, Austin, Texas 78767, operates the Hornsby Bend sewage sludge processing unit. The processing unit is located at 2210 South Farm-to-Market Road 973, on the north bank of the Colorado River, approximately 0.9 mile northwest of the intersection of Farm-to-Market Road 973 and State Highway 71 in Travis County, Texas 78725 (RN100816685).

City of Texas processes wastewater treatment plant sludge via a 1,200 acre composting pad. This processing unit will not authorize a discharge of pollutants into water in the state. This sludge processing unit is expected to contain: Arsenic, Chromium and Nickel. Examples of best management practices implemented by City of Texas include but are not limited to: monitoring of metal pollutants, pathogen reduction and vector attraction reduction.

**Example 2: Sewage Sludge and Water Treatment Residuals Disposal Individual Permit Application**

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

ABC Industries, LLC (CN000000001), operates the Cerro Alto Sewage Sludge and Water Treatment Residuals Disposal Monofill on 219.74 acres of land. The disposal unit is located at 1 McKelligon Canyon Road, El Paso, Texas 79930 (RN103155024).

ABC Industries, LLC disposes of wastewater treatment plant sewage sludge and water treatment plant sludge products on 219.74 acres. The disposal will not authorize a discharge of pollutants into water in the state. This sludge disposal unit is expected to contain: Arsenic, Chromium and Nickel Examples of best management practices implemented by ABC Industries, LLC include but are not limited to: monitoring of metal pollutants, pathogen reduction and vector attraction reduction.