

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
TCEQ DOMESTIC WASTEWATER PERMIT APPLICATION
DOMESTIC ADMINISTRATIVE REPORT

SUBMIT THIS CHECKLIST WITH THE APPLICATION (Do not submit the instructions with the application; indicate if the following are included in the application.)

APPLICANT _____

PERMIT NUMBER _____

WORKSHEET	Y	N	WORKSHEET	Y	N
ADMINISTRATIVE REPORT 1.0			ORIGINAL USGS MAP		
ADMINISTRATIVE REPORT 1.1			AFFECTED LANDOWNER MAP		
SPIF			BUFFER ZONE MAP		
TECHNICAL REPORT 1.0			FLOW DIAGRAM		
TECHNICAL REPORT 1.1			SITE DRAWING		
WORKSHEET 2.0			ORIGINAL PHOTOGRAPHS		
WORKSHEET 2.1			DESIGN CALCULATIONS		
WORKSHEET 3.0			DESIGN FEATURES		
WORKSHEET 3.1			SOLIDS MANAGEMENT PLAN		
WORKSHEET 4.0			WATER BALANCE		
WORKSHEET 5.0			COPY OF APPLICATION FEE CHECK		
WORKSHEET 6.0 (required for all POTWs)			LANDOWNER DISK OR LABELS		
WORKSHEET 7.0			ALL FEES OWED TCEQ ARE PAID		

Please indicate by a check mark the amount submitted for the application fee:

Flow	New/Major Amendment	Renewals
< .05 MGD	_____ \$350.00	_____ \$315.00
≥ .05 but < .10 MGD	_____ \$550.00	_____ \$515.00
≥ .10 but < .25 MGD	_____ \$850.00	_____ \$815.00
≥ .25 but < .50 MGD	_____ \$1,250.00	_____ \$1,215.00
≥ .50 but < 1.0 MGD	_____ \$1,650.00	_____ \$1,615.00
≥ 1.0 MGD	_____ \$2,050.00	_____ \$2,015.00
Minor Amendment (any flow)	_____ \$115.00	

A COPY OF THE APPLICATION FEE CHECK MUST BE SUBMITTED WITH THE APPLICATION

For Commission Use Only:	
Segment Number _____	County _____
Expiration Date _____	Region _____
Proposed/Current Permit Number _____	

Provide a brief description as to the need for a co-permittee.

c. Individual information (complete only if the facility owner or co-permittee is an individual)

Name: _____ Check one: _____ Male _____ Female

State Identification Number: _____

Date of Birth: _____

Assumed business of professional name: _____

Home address:

Street No. _____ Street name: _____ Street type _____

City: _____ State: _____ Zip code: _____

Telephone number: _____

Business name: _____

Check one:

The TCEQ has issued this Customer Reference Number to the owner: CN _____

The owner has not yet received a Customer Reference Number. (A complete Core Data Form (TCEQ-10400) listing the owner as the customer and this facility as the regulated entity must be attached to this application.)

2. Contact Information (Instructions, Page 13)

Name: _____ Telephone number: _____

Company: _____ Fax number: _____

Street No. _____ Street name: _____ Street type: _____

P.O. Box: _____

City: _____ State: _____ Zip code: _____

Check one or both: Administrative contact Technical contact

Name: _____ Telephone number: _____

Company: _____ Fax number: _____

Street No. _____ Street name: _____ Street type: _____

P.O. Box: _____

City: _____ State: _____ Zip code: _____

Check one or both: Administrative contact Technical contact

3. Notice Information (Instructions, Page 13)

a. Individual publishing the notices

Name: _____ Telephone number: _____

Company: _____ Fax number: _____

Street No. _____ Street name: _____ Street type: _____

P.O. Box: _____

City: _____ State: _____ Zip code: _____

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: E-mail address: _____
 Fax: Fax number: _____
 Overnight/Priority mail: (self addressed, prepaid envelope required)
 Regular Mail: Street No. _____ Street name: _____ Street type: _____
P.O. Box: _____
City: _____ State: _____ Zip code: _____

c. Contact in the Notice

Name: _____ Telephone number: _____
Company: _____ Fax number: _____
Street No. _____ Street name: _____ Street type: _____
P.O. Box: _____
City: _____ State: _____ Zip code: _____

d. Public Place Information

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

Location of public building: _____
Public building name: _____
Name: _____ Telephone number: _____
Company: _____ Fax number: _____
Street No. _____ Street name: _____ Street type: _____
City: _____ State: _____ Zip code: _____
County: _____

e. Bilingual Notice Requirements:

FOR NEW PERMIT APPLICATIONS, MAJOR AMENDMENT AND RENEWAL APPLICATIONS

(Not applicable for minor amendment or minor modification applications.)

Please call the bilingual/ESL coordinator for 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 4. FACILITY INFORMATION.)

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

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

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

____ Yes ____ No

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

Name of language: _____

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

4. FACILITY INFORMATION (Instructions, Page 14)

a. State/TPDES Permit No. _____ Expiration date: _____
EPA Identification No. _____

Check one:

___ The TCEQ has issued this Regulated Entity Reference Number to the owner: RN _____

___ No Regulated Entity Reference Number has been received for this facility.

(One or more completed Core Data Forms (TCEQ-10400) listing this facility as the regulated entity are attached.)

b. Plant Name: _____

County in which the facility is located: _____

County in which the outfall is located: _____

Name of municipality closest to facility _____

c. Owner of treatment plant: _____

d. Owner of land where treatment plant is/will be: _____

(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.)

Street No. _____ Street name: _____ Street type: _____

City: _____ P.O. Box: _____ State: _____ Zip code: _____

e. Owner of effluent disposal site: _____

(If not the same as the facility owner, there must be a long term lease agreement in effect for at least six years.)

Street No. _____ Street name: _____ Street type: _____

City: _____ P.O. Box: _____ State: _____ Zip code: _____

f. Owner of sewage sludge disposal site: _____
(Required only if authorization is sought in the permit for sludge disposal on property owned/controlled by the applicant.)

Street No. _____ Street name: _____ Street type: _____
City: _____ P.O. Box: _____ State: _____ Zip code: _____

5. LOCATION INFORMATION (Instructions, Page 15)

a. Is the location of the facility used in the existing permit correct? ____ Yes ____ No
Provide an address for the facility, if available (address must be validated through the US Postal Service or your local police (911 service) as a valid address. If the location description is not accurate or this is a new permit application, please provide an accurate description.

b. Is the point of discharge and discharge route in the existing permit correct? ____ Yes ____ No
If no, or a new or amendment permit application, please give an accurate description.

c. If a TLAP, is the location of the effluent disposal in the existing permit accurate? ____ Yes ____ No
If no, or a new or amendment permit application, please give an accurate description.

d. If a TLAP, describe the routing of effluent from the treatment facility to the effluent disposal site.

e. For TLAP applications, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: _____

f. Is the location of the sewage sludge disposal site in the existing permit accurate? ____ Yes ____ No

If no, or a new permit application, please give an accurate description.

g. Provide an **original** USGS Map with all required information. Indicate by a check mark that the information is provided.

- | | |
|---|--|
| <input type="checkbox"/> Applicant's property boundary | <input type="checkbox"/> Treatment plant boundaries |
| <input type="checkbox"/> Point of discharge and highlighted discharge route | <input type="checkbox"/> Sewage sludge disposal site |
| <input type="checkbox"/> Effluent disposal site boundaries | <input type="checkbox"/> New and future construction |
| <input type="checkbox"/> 1 mile radius and 3 miles downstream information | <input type="checkbox"/> All ponds |

h. Provide the latitude and longitude of the outfall(s).

Outfall: Latitude: _____ Degrees _____ Minutes _____ Seconds
 Longitude: _____ Degrees _____ Minutes _____ Seconds

i. Is the facility located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County?

Yes No (If Yes, additional information concerning protection of the Edwards Aquifer may be required.)

j. Ownership of Facility: Public Private Both Federal

k. Is/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 amendments, provide copies of letters that show proof of contact and the approval letter upon receipt.)

l. Is the facility located on or does the treated effluent cross Indian Land? Yes No

6. MISCELLANEOUS INFORMATION (Instructions, Pages 17)

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

Name: _____ Telephone number: _____

Company: _____ Fax number: _____

Street No. _____ Street name: _____ Street type: _____

P.O. Box: _____

City: _____ State: _____ Zip code: _____

Name: _____ Telephone number: _____

Company: _____ Fax number: _____

Street No. _____ Street name: _____ Street type: _____

P.O. Box: _____

City: _____ State: _____ Zip code: _____

b. List each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application. _____

c. For all applications involving an average daily discharge of 5 million gallons per day or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge.

d. Please provide the address for receiving self-reporting/DMR forms.

Company: _____ Department: _____
Name: _____
Street No. _____ Street Name: _____ Street Type: _____
P.O. Box: _____
City: _____ State: _____ Zip code: _____

Please provide the address for receiving Annual Billing Invoices .

Company: _____ Department: _____
Name: _____
Street No. _____ Street Name: _____ Street Type: _____
P.O. Box: _____
City: _____ State: _____ Zip code: _____

e. Do you owe fees to the TCEQ?

____ Yes ____ No

If yes, please provide the amount past due, the type of fee, and an identifying number.

Do you owe any penalties to the TCEQ?

____ Yes ____ No

If yes, please provide the amount past due, the type of penalty, and an identifying number.

7. SIGNATURE PAGE (Instructions, Page 17)

Permit Number _____

Applicant _____

I, _____
Typed or printed 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 known violations.

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

Signature: _____

Subscribed and Sworn to before me by the said _____
on this _____ day of _____, 20_____
My commission expires on the _____ day of _____, 20_____

Notary Public *[SEAL]*

County, Texas

IF CO-PERMITTEES ARE NECESSARY, BOTH ENTITIES MUST SUBMIT SEPARATE SIGNATURE PAGES.

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)
FOR AGENCIES REVIEWING
DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:

Application type: ____ Renewal ____ Major Amendment ____ Minor Amendment ____ New

County: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF) (Instructions, Page 18)

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: _____

2. Permit No. _____ (EPA ID No.) _____

3. Address of the project (location description that includes street/highway, city/vicinity, county):

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

Name: _____ Telephone number: _____

Company: _____ Fax number: _____

Street No. _____ Street name: _____ Street type: _____

City: _____ State: _____ Zip code: _____

5. List the county in which the facility is located. _____

6. If the property is publicly owned and the owner is different that the permittee/applicant, please the owner of the property.

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

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

9. Please provide original photographs of any structures 50 years or older on the property.

10. Does your project involve any of the following? If Yes, circle the appropriate letter.

- a. Proposed access roads, utility lines, construction easements
- b. Visual effects that could damage or detract from a historic property's integrity
- c. Vibration effects during construction, or as a result of project design
- d. Additional phases of development that are planned for the future
- e. Sealing caves, fractures, sinkholes, other karst features
- f. Disturbance of vegetation or wetlands

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

12. Describe existing disturbances, vegetation & land use.

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

13. List construction dates of any buildings or structures on the property.

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

DOMESTIC ADMINISTRATIVE REPORT 1.1

THE FOLLOWING IS REQUIRED FOR NEW AND AMENDMENT APPLICATIONS

1. AFFECTED LANDOWNER INFORMATION (Instructions, Page 19)

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

- The applicant's property boundaries
- The plant site boundaries within the applicant's property boundaries
- The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- The property boundaries of all landowners surrounding the applicant's property
- The point(s) of discharge and highlighted discharge route clearly shown for one mile downstream
- The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point 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 effected by tides
- The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site), all evaporation/holding ponds within the applicant's property
- The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located
- The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners 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 which format the landowners list is submitted:

- Disk 4 sets of labels

c. Indicate by a check mark that the list of landowners is cross-referenced to the landowners map. _____
Provide the source of the landowner's names and mailing addresses.

d. 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).

2. BUFFER ZONE MAP (Instructions, Page 20)

a. Provide a buffer zone map on 8.5 by 11-inch paper. Indicate by a check mark that all the following information is included on the map.

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

b. How will the buffer zone requirement be met?

- Ownership Restrictive easement Nuisance odor control Variance

c. Does the facility comply with unsuitable site characteristics found in 30 TAC 309.13(a) through (d)?

- Yes No

3. ORIGINAL PHOTOGRAPHS (Instructions, Page 22)

Provide original ground level photographs. Indicate by checking that the following information is provided.

- At least one original photograph of the new and/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 on film. 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 on film.
- At least one photograph of the existing/proposed effluent disposal site
- A plot plan or map showing the location and direction of each photograph