

**TCEQ DOMESTIC WASTEWATER PERMIT APPLICATION  
DOMESTIC TECHNICAL REPORT 1.0**

**THE FOLLOWING IS REQUIRED FOR ALL APPLICATIONS;  
RENEWAL, NEW, AND AMENDMENT**

**1. PERMITTED AND/OR PROPOSED FLOWS** (Instructions, Page 39)

<b>PERMITTED AND/ OR PROPOSED FLOW :</b>	Existing/Interim I Phase	Interim II Phase	Final Phase
Design Flow (MGD)			
2-Hr Peak Flow (MGD)			
Date construction estimated to commence			
Date waste disposal estimated to commence			

Phase currently in operation: \_\_\_\_\_

**2. NAICS and SIC CODE** (Instructions, Page 39)

Provide the appropriate SIC Code: \_\_\_\_\_ and NAICS code: \_\_\_\_\_

**3. TREATMENT UNITS** (Instructions, Page 40)

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

Port or pipe diameter at the discharge point: \_\_\_\_\_ inches

- b.** Provide the startup date of the current treatment facility: \_\_\_\_\_

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

Yes  No

(If yes, provide the date(s) of approval for each phase) \_\_\_\_\_

- c. For applicants with an existing permit: Check the Other Requirements page(s) of the existing permit and provide information (including dates) on any actions taken to meet an Other Requirement pertaining to the submission of a summary submittal letter if applicable.

- d. Have the buffer zone requirements been met?       Yes     No

- e. For applicants with an existing permit: Check the Other Requirements page(s) of the existing permit and provide information (including dates) on any actions taken to meet the conditions of an Other Requirement pertaining to the buffer zone if applicable.

- f. Provide flow diagrams for the existing facilities and/or each proposed phase of construction. Indicate by a check mark that the required information is included.

- g. Provide the type and dimensions (length, width, height) of each **treatment unit and for all phases.**

TREATMENT UNITS	# OF UNITS	DIMENSIONS (L x W x D)

**4. POLLUTANT ANALYSIS OF TREATED EFFLUENT (Instructions, Page 40)**

Provide an analysis of the treated effluent for the following pollutants (data must be taken within 1 year of the date of application submission: (Not required for new permit applications unless the facility is in operation)

For discharges from **water treatment plants** provide the following pollutant analysis: Total Suspended Solids, Total Dissolved Solids, pH, aluminum, and fluoride instead of the table below.

POLLUTANT	CONCENTRATION		NUMBER OF SAMPLES	TYPE OF SAMPLE	SAMPLE DATE/TIME
	AVG.	MAX.			
(1) CBOD <sub>5</sub> mg/l					
(2) Total Suspended Solids, mg/l					
(3) Ammonia-Nitrogen, mg/l					
(4) Nitrate-Nitrogen, mg/l					
(5) Total Kjeldahl Nitrogen, mg/l					
(6) Sulfate, mg/l					
(7) Chloride, mg/l					
(8) Total Phosphorus, mg/l					
(9) pH, standard units					
(10) Dissolved Oxygen, mg/l					
(11) Chlorine Residual, mg/l					
(12) <i>E. coli</i> (colonies/100ml) freshwater discharge					
(13) Enterococci (colonies/100ml) saltwater discharge					
(14) Total Dissolved Solids, mg/l					
(15) Elec. Conductivity, umhos/cm					
(16) Oil and Grease, mg/l					

**5. FACILITY OPERATOR** (Instructions, Page 41)

Provide the name and operator certification number for the facility operator:

\_\_\_\_\_

**6. SEWAGE SLUDGE MANAGEMENT AND DISPOSAL** (Instruction, Page 41)

- a. Please check the current sludge disposal method or methods. More than one method can be checked.

Permitted landfill

Permitted or Registered land application site for beneficial use

Land application for beneficial use authorized in the wastewater permit

Marketing and distribution as authorized in the wastewater permit

Composting as authorized in the wastewater permit

Permitted surface disposal site (sludge monofill)

Surface disposal site (sludge monofill) authorized in the wastewater permit

Transported to another permitted wastewater treatment plant or permitted sludge processing facility (a current statement or agreement is required, see the item below)

Written statement/contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge is attached

Other method (provide description):

- b. Provide the following information for the sludge site:

Disposal site name: \_\_\_\_\_

TCEQ Permit or Registration Number: \_\_\_\_\_

County where the site is located: \_\_\_\_\_

- c. Provide the following:

Method of transportation (truck, train, pipe, other): \_\_\_\_\_

Name of the hauler: \_\_\_\_\_

Hauler Registration Number: \_\_\_\_\_

Transported in:  liquid     semi-liquid     semi-solid     solid state

Land application for:  Reclamation     Soil Conditioning

**7. PERMIT AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL** (Instructions, Page 41)

- a. Does the existing permit include authorization for land application of sewage sludge for beneficial use?  Yes     No

If yes, are you requesting to continue this authorization to land apply sewage sludge for beneficial use:  Yes     No

If yes, is the completed **APPLICATION FOR PERMIT FOR BENEFICIAL LAND USE OF SEWAGE SLUDGE (TCEQ Form No. 10451)** attached to this permit renewal application (see the instructions for details):  Yes     No

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Sludge Composting                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marketing and Distribution of sludge          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sludge Surface Disposal or Sludge Monofill    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temporary storage of sludge in sludge lagoons | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056)** attached to this permit renewal application.  Yes  No

**8. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 42)**

- Does the facility discharge in the Lake Houston watershed?  Yes  No
- Does the facility accept sludge from other domestic wastewater treatment facilities?  
 Yes  No
- If yes to either question, is the required solids management plan attached?  Yes  No

**9. SEWAGE SLUDGE LAGOONS (Instructions, Page 43)**

**a. Location information**

Indicate by a check mark that the following required maps are submitted as part of the application and that they contain the required information?

- Original General Highway (County) Map
- USDA Natural Resources Conservation Service Soil Map
- Federal Emergency Management Map
- Site map

Indicate by a check mark if any of the following existing within the area used/proposed for the lagoons:

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

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

**b. Temporary storage information**

Provide the results of the following in addition to the pollutants listed in the Technical Report 1.0

Pollutant	mg/ kg
Nitrate Nitrogen	
Total Nitrogen	
Phosphorus	
Potassium	
pH (Standard Units)	
Ammonia Nitrogen	

Provide the following information:

Volume and frequency of sludge to lagoon(s): \_\_\_\_\_  
Total dry tons stored in the sludge lagoon(s) per 365-day period: \_\_\_\_\_  
Total dry tons stored in the sludge lagoon(s) over the life of the unit: \_\_\_\_\_

**c. Facility information**

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec?  Yes  No

**If yes**, describe the liner: Please note that lining is required.

**d. Site Development Plan**

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

In addition to the detailed description, please indicate by a check mark that the following information is provided:

- Plan view and cross-section of the sludge lagoon(s)
- Copy of the closure plan
- Copy of deed recordation for the site
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
- Description of the method of controlling infiltration of groundwater and surface water from entering the site
- Procedures to prevent the occurrence of nuisance conditions

**e. Groundwater Monitoring**

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

Yes     No    If groundwater monitoring data are available, provide a copy.

Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.

**10. AUTHORIZATIONS/REQUIREMENTS/COMPLIANCE/ENFORCEMENT**  
(Instructions, Page 44)

**a.** Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?     Yes     No

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

**b.** Is the permittee currently under enforcement?     Yes     No

Is the permittee required to meet any implementation schedule for compliance or enforcement?     Yes     No

If yes to either question for item 10, provide a brief summary of the enforcement and/or implementation schedule, and a status update:

**11. UNBUILT PHASES** (Instructions, Pages 44)

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

Yes     No

If yes, does the existing permit contain a phase that has not been constructed within five years of being authorized by the TCEQ?     Yes     No

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

**12. SITE DRAWING (Instructions, Page 45)**

Provide a site drawing for the facility. Indicate by a check mark that it contains the following.

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

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

**13. RCRA/CERCLA/OTHER WASTES (Instructions, Page 45)**

- a.** Does the facility receive, will it receive, or has it received RCRA hazardous waste in the past three years?     Yes     No
  
- b.** Does the facility receive, will it receive, or has it received in the past three years, CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?     Yes     No
  
- c.** If yes to either **a.** or **b.**, is a detailed attachment with information concerning these wastes provided?     Yes     No



**14. LABORATORY ACCREDITATION:**

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:

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

The applicant should review 30 TAC Chapter 25 for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, TCEQ Form 10053-inst, Page 30, for a list of designated representatives who may sign the certification.

<b>CERTIFICATION:</b>	
I, _____	_____
<i>Typed or Printed Name</i>	<i>Title</i>
certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.	
_____	_____
<i>Signature</i>	<i>Date</i>

## DOMESTIC TECHNICAL REPORT 1.1

### THE FOLLOWING IS REQUIRED FOR NEW AND AMENDMENT APPLICATIONS

#### 1. PERMITTED AND/OR PROPOSED FLOWS (Instructions, Page 46)

a. Complete the following chart.

PERMITTED AND / OR PROPOSED FLOW:	Initial/existing Phase	Intermediate Phase	Final Phase
Design Flow (MGD)			
2-Hr Peak Flow (MGD)			
Construction estimated to start			
Date waste disposal to start			

Phase currently in operation: \_\_\_\_\_

b. Provide a detailed discussion regarding the need for the proposed permit or proposed phase(s). Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

c. Provide the following information concerning regionalization of domestic wastewater treatment facilities:

1. If the applicant is a city, check N/A and proceed to item 2:     N/A

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

Yes     No

If yes, within the city limits of: \_\_\_\_\_

If yes, is correspondence from the city is attached:     Yes     No

If consent to provide service is available from the city, is justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached?     Yes  No

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

Yes     No

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

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

Yes     No

If yes, is a list of these facilities that includes the permittee's name and permit number, and an area map showing the location of these facilities attached?  Yes  No

a. If yes, are copies of your certified letters to these facilities and their response letters concerning connection with their system attached?  Yes  No

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

Yes  No

If yes, is an analysis of expenditures required to connect to a permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion attached?  Yes  No

**2. PROPOSED ORGANIC LOADING** (Instructions, Page 47)

a. Is this a new permit application?  Yes  No

b. If no, and the application is to amend an existing permit, provide the following information.

Facility Design Flow (flow being requested in application) \_\_\_\_\_

Average Organic Strength or BOD<sub>5</sub> Concentration in mg/l \_\_\_\_\_

Average Loading (lbs/day=total average flow x average BOD<sub>5</sub> conc. X 8.345) \_\_\_\_\_

Provide the source of the average organic strength or BOD<sub>5</sub> concentration \_\_\_\_\_

If the increased flow will impact the existing organic strength, the following table must be completed.

c. If yes to question 2.a, this table must be completed.

SOURCE	TOTAL AVERAGE FLOW, (MGD)	ORGANIC STRENGTH BOD <sub>5</sub> CONCENTRATION, (mg/l)
Municipality		
Subdivision		
Trailer Park-Transient		
Mobile Home Park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational Park, overnight use		
Recreational Park, day use		
Office Building of Factory		
Motel		
Restaurant		
Hospital		
Nursing Home		
Other		
	Total Flow:	Average BOD <sub>5</sub> :

**3. PROPOSED EFFLUENT QUALITY / PROPOSED DISINFECTION** (Instructions, Page 48)

Phase:	Initial/existing	Intermediate	Final
BOD <sub>5</sub> , mg/l	_____	_____	_____
TSS, mg/l	_____	_____	_____
NH <sub>3</sub> -N, mg/l	_____	_____	_____
Total P, mg/l	_____	_____	_____
DO, mg/l	_____	_____	_____
Other: _____	_____	_____	_____

Check the proposed method of disinfection.

- Chlorine: \_\_\_\_\_ mg/l after \_\_\_\_\_ minutes detention time at peak flow
- Ultraviolet: \_\_\_\_\_ seconds contact time at peak flow
- Other: \_\_\_\_\_
- Dechlorination process: \_\_\_\_\_

**4. DESIGN CALCULATIONS** (Instructions, Page 48)

- Indicate by a check mark that design calculations and plant features for each proposed phase are provided.

Example 4 and Example 5 of the instructions includes example design calculations and plant features.

**5. FACILITY SITE** (Instructions, Page 48)

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

- Yes     No

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

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

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

- Yes     No

If yes, has the applicant applied for a U.S. Corps of Engineers 404 Dredge and Fill permit?

- Yes     No

If yes, provide the permit number: \_\_\_\_\_

- b.  Indicate by a check mark that a wind rose has been submitted.

**6. AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL (Instructions, Page 48)**

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

Yes     No

If yes, is the completed **APPLICATION FOR PERMIT FOR BENEFICIAL LAND USE OF SEWAGE SLUDGE (TCEQ Form No. 10451)** attached to this permit application (see the instructions for details):

Yes     No

- b. Are you requesting to include authorization for any of the following sludge processing, storage or disposal options at the wastewater treatment facility?

Sludge Composting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marketing and Distribution of sludge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sludge Surface Disposal or Sludge Monofill	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056)** attached to this permit application:     Yes     No

**7. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 49)**

Provide a sewage sludge solids management plan. Indicate by a check mark that it contains the following:

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

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

**DOMESTIC TECHNICAL REPORT WORKSHEET 2.0  
RECEIVING WATERS**

**THE FOLLOWING IS REQUIRED FOR ALL TPDES PERMIT APPLICATIONS**

**1. DOMESTIC DRINKING WATER SUPPLY** (Instructions, Page 52)

Is there a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge?  Yes  No

**If yes**, identify:

Owner of the drinking water supply: \_\_\_\_\_

Distance and direction to the intake: \_\_\_\_\_

Check if the location of the intake on the USGS topographic map has been identified and labeled.

**2. DISCHARGE INTO TIDALLY AFFECTED WATERS** (Instructions, Page 52)

a. Width of the receiving water at the outfall? \_\_\_\_\_ feet

b. Are there oyster reefs in the vicinity of the discharge?  Yes  No

**If yes**, provide the distance and direction from outfall(s):  
\_\_\_\_\_

c. Are there any Sea Grasses within the vicinity of the point of discharge?  Yes  No

**If yes**, provide the distance and direction from the outfall(s):  
\_\_\_\_\_

**3. CLASSIFIED SEGMENT** (Instructions, Page 52)

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

Yes  No

**If yes, stop here.** Worksheets 2.0 and 2.1 are complete. **If no**, complete items 4 and 5.

**4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS** (Instructions, Page 53)

Name of the immediate receiving waters: \_\_\_\_\_

a. Check the appropriate description of the receiving waters

Stream

Open Bay

Freshwater Swamp or Marsh

Tidal Stream, Bayou, or Marsh

Lake or Pond

Surface area: \_\_\_\_\_ acres

Average depth of the entire water body: \_\_\_\_\_ feet

Average depth of water body within a 500-foot radius of the discharge point: \_\_\_\_\_ feet

Man-made Channel or Ditch

Other: \_\_\_\_\_

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

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

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

- USGS flow records
- historical observation by adjacent landowner(s)
- personal observation
- other, specify: \_\_\_\_\_

c. List the name(s) of all perennial streams that join the receiving water within three miles downstream of the discharge point.

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

If yes, discuss how.

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

Date and time of observation: \_\_\_\_\_  
Was water body influenced by stormwater runoff during observations?  Yes  No

**5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 53)**

a. Is the receiving water upstream of the discharges or proposed discharge site influenced by (check as appropriate)?

- oil field activities
- urban runoff
- upstream discharges
- agricultural runoff
- septic tanks
- others, specify below

**b. Uses of water body observed or evidences of (check as appropriate).**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> livestock watering     | <input type="checkbox"/> contact recreation      | <input type="checkbox"/> irrigation withdrawal |
| <input type="checkbox"/> non contact recreation | <input type="checkbox"/> fishing                 | <input type="checkbox"/> navigation            |
| <input type="checkbox"/> domestic water supply  | <input type="checkbox"/> industrial water supply |  |
| <input type="checkbox"/> picnic park activities | <input type="checkbox"/> others, specify below   |  |

**c. Check one of the following to best describe the aesthetics of the receiving water and the surrounding area.**

- Wilderness: outstanding natural beauty; usually wooded or unpastured area: water clarity exceptional
- Natural Area: trees and/or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
- Common Setting: not offensive, developed but uncluttered; water may be colored or turbid
- Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored



**DOMESTIC WORKSHEET 2.1  
STREAM PHYSICAL CHARACTERISTICS AND WORKSHEET**

**REQUIRED FOR NEW APPLICATIONS, MAJOR FACILITIES, AND  
APPLICATIONS ADDING AN OUTFALL**

Date of study: \_\_\_\_\_ Time of study: \_\_\_\_\_

Stream name: \_\_\_\_\_

Location: 

--

Type of stream upstream of existing discharge or downstream of proposed discharges, (check one).     **perennial**         **intermittent with perennial pools**

**COMPLETE THE TRANSECTS DOWNSTREAM OF THE EXISTING OR PROPOSED DISCHARGES:**

**1. DATA COLLECTION** (Instructions, Page 54)

**No. of stream bends:** \_\_\_\_\_ well defined \_\_\_\_\_ moderately defined \_\_\_\_\_ poorly defined

**No. of riffles:** \_\_\_\_\_

Evidence of Flow fluctuations (check one):     minor     moderate     severe

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

Stream Type at Transect Location:     riffle     run     glide     pool    (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)												

Stream Type at Transect Location:     riffle     run     glide     pool    (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)												

Stream Type at Transect Location:     riffle     run     glide     pool    (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)												

Stream Type at Transect Location: riffle run glide pool (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)									

Stream Type at Transect Location: riffle run glide pool (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)									

Stream Type at Transect Location: riffle run glide pool (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)									

Stream Type at Transect Location: riffle run glide pool (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)									

Stream Type at Transect Location: riffle run glide pool (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)									

Stream Type at Transect Location: riffle run glide pool (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)									

Stream Type at Transect Location: riffle run glide pool (check one)

Location of Transect	Water Surface Width (ft)	Stream Depths (ft) at Points Across Transect (channel bed to water surface)									

**2. SUMMARIZE MEASUREMENTS (Instructions, Page 54)**

Streambed slope of entire reach (from USGS map in ft./ft.): \_\_\_\_\_

Approximate drainage area above the most downstream transect (from USGS map or county highway map in ml<sup>2</sup>): \_\_\_\_\_

Length of stream evaluated (in feet): \_\_\_\_\_

Number of lateral transects made: \_\_\_\_\_

Average stream width (in feet): \_\_\_\_\_

Average stream depth (in feet): \_\_\_\_\_

Average stream velocity (in ft/second): \_\_\_\_\_

Instantaneous stream flow (in ft<sup>3</sup>/sec): \_\_\_\_\_

Indicate flow measurement method: \_\_\_\_\_

**(VERY IMPORTANT -type of meter, floating chip timed over a fixed distance, etc.)**

Flow fluctuations (minor, moderate, severe): \_\_\_\_\_

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

Maximum pool depth (in feet): \_\_\_\_\_

Total number of stream bends: \_\_\_\_\_

    Number well defined: \_\_\_\_\_

    Number moderately defined: \_\_\_\_\_

    Number poorly defined: \_\_\_\_\_

    Total number of riffles: \_\_\_\_\_

**DOMESTIC WORKSHEET 3.0  
LAND DISPOSAL OF EFFLUENT**

**THE FOLLOWING IS FOR ALL PERMIT APPLICATIONS, RENEWAL, NEW AND AMENDMENTS**

**1. TYPE OF DISPOSAL SYSTEM (Instructions, Page 55)**

- |   |  |
|---|--|
| <input type="checkbox"/> Surface Application              | <input type="checkbox"/> Subsurface Application                |
| <input type="checkbox"/> Evaporation                      | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Irrigation                       | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Other (describe below in detail) | <input type="checkbox"/> Subsurface area drip dispersal system |

**NOTE: All applicant's authorized or proposing subsurface disposal MUST complete and submit Worksheet 7.0.**

**2. LAND APPLICATION AREA (Instructions, Page 55)**

Effluent Application in GPD	Irrigation Acreage in Acres	Describe land use & indicate type of crop (alfalfa or wheat, Bermuda grass, park, golf course, pastureland, etc.)	Public Access Y/N

**3. STORAGE AND EVAPORATION PONDS (Instructions, Page 55)**

Pond Number	Surface Area (acres)	Storage volume (acre-feet)	Dimensions	Liner Type

Check if the liner certification completed by a Texas licensed professional engineer is attached.

**4. FLOOD AND RUNOFF PROTECTION (Instructions, Page 55)**

Is the existing/proposed application site within the 100-year frequency flood level?

- Yes     No

Source: \_\_\_\_\_

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

Provide a description of tailwater controls and rainfall run-on controls used for the irrigation site.

**5. ANNUAL CROPPING PLAN** (Instructions, Page 57)

Provide the required cropping plan. Indicate by a check mark that each of the following is provided.

- |   |   |
|---|---|
| <input type="checkbox"/> Soils map with crops               | <input type="checkbox"/> Additional fertilizer requirements                                 |
| <input type="checkbox"/> Cool and warm season plant species | <input type="checkbox"/> Supplemental watering requirements                                 |
| <input type="checkbox"/> Crop growing season                | <input type="checkbox"/> Crop salt tolerances   |
| <input type="checkbox"/> Crop nutrient requirements         | <input type="checkbox"/> Harvesting method/number of harvests                               |
| <input type="checkbox"/> Minimum/maximum harvest height     | <input type="checkbox"/> Justification for not removing existing vegetation to be irrigated |

**6. WELL AND MAP INFORMATION** (Instructions, Page 57)

Indicate by a check mark that the following information is shown and labeled on the USGS map:

- The boundaries of the land application site(s)
- Waste disposal or treatment facilities
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1 mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property
- All surface waters in the state onsite and within 500 feet of the property

List and cross reference all water wells shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Well ID	Well Use	Producing?	Open, cased, capped, or plugged?	Proposed Best Management Practice

Do you plan to install ground water monitoring wells or lysimeters around the land application site?  Yes  No

If yes, then provide the proposed location of the monitoring wells or lysimeters on a site map

**7. SOIL MAP AND SOIL ANALYSES** (Instructions, Page 58)

**a.** Indicate by a check mark that the USDA Soil Survey map has been provided and the map shows the area to be used for effluent disposal.

**b.** Indicate by a check mark that results from soil analyses have been submitted as part of the application.

List all USDA designated soil series on the proposed land application area. Attach additional pages as necessary.

Soil Series	Depth from Surface	Permeability	Available Water Capacity

## 8. EFFLUENT MONITORING DATA (Instructions, Page 58)

Date (mo/yr)	Flow (30-day avg. in GPD)	BOD in mg/l	TSS in mg/l	TKN in mg/l	Conductivity ds/m *	Phosphorus mg/l	Total acres irrigated

\*ds/m is equivalent to mmhos/cm

Provide a discussion of all persistent excursions to permitted parameters and corrective actions taken.

**DOMESTIC WORKSHEET 3.1**  
**SURFACE LAND DISPOSAL OF EFFLUENT**

**THE FOLLOWING IS REQUIRED FOR NEW AND AMENDMENT APPLICATIONS\***  
**\*Renewal applications may be asked for the worksheet on a case by case basis.**

**1. LAND APPLICATION REQUIREMENTS** (Instructions, Page 59)

Complete the item that is applicable for the method of disposal being utilized.

**a. Irrigation**

Area under irrigation: \_\_\_\_\_ acres  
Design application frequency: \_\_\_\_\_ hours/day **and** \_\_\_\_\_ days/week  
Land grade: average: \_\_\_\_\_ percent (%)  
                  maximum: \_\_\_\_\_ percent (%)  
Design application rate: \_\_\_\_\_ acre-feet/acre/year  
Design Total Nitrogen loading rate: \_\_\_\_\_ lbs N/acre/day

Check if a separate engineering report with water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance is attached.

**b. Evaporation Ponds**

Daily average effluent flow into ponds: \_\_\_\_\_ gallons per day

Check if a separate engineering report with water balance and storage volume calculations is attached.

**c. Evapotranspiration Beds**

Number of beds: \_\_\_\_\_  
Area of bed(s): \_\_\_\_\_ acres  
Depth of bed(s): \_\_\_\_\_ feet  
Void ratio of soil in the beds: \_\_\_\_\_  
Storage volume within the beds: \_\_\_\_\_

Check if a separate engineering report with water balance and storage volume calculations, and description of the lining is attached.

**d. Overland Flow**

Area used for application: \_\_\_\_\_ acres  
Slopes for application area: \_\_\_\_\_ percent (%)  
Design application rate: \_\_\_\_\_ gpm/foot of slope width  
Slope length: \_\_\_\_\_ feet  
Design BOD<sub>5</sub> loading rate: \_\_\_\_\_ lbs BOD<sub>5</sub>/acre/day  
Design application frequency: \_\_\_\_\_ hours/day **and** \_\_\_\_\_ days/week

Check if a separate engineering report with the method of application and design requirements according to 30 TAC Section 217 is attached.

**2. EDWARDS AQUIFER RECHARGE AREA** (Instructions, Page 60)

Is the facility subject to 30 TAC Chapter 213, Edwards Aquifer Rules?  Yes  No

Check if a report concerning the recharge area is attached.



**DOMESTIC WORKSHEET 3.2**  
**SUBSURFACE LAND DISPOSAL OF EFFLUENT**

**THE FOLLOWING IS REQUIRED FOR NEW AND AMENDMENT APPLICATIONS\***  
**\*Renewal applications may be asked for the worksheet on a case by case basis.**

NOTE: All applicants authorized or proposing subsurface disposal MUST complete and submit Worksheet 7.0.

**1. SUBSURFACE APPLICATION (Instructions, Page 61)**

Complete the item that is applicable for the method of disposal being utilized.

Check the type of system:

- Conventional Drainfield, Beds, or Trenches
- Pressure Dosing
- Mound System
- Other: \_\_\_\_\_

Application area: \_\_\_\_\_ acres  
Area of drainfield: \_\_\_\_\_ square feet  
Application rate: \_\_\_\_\_ gal/square foot/day  
Area of trench: \_\_\_\_\_ square feet  
Depth to groundwater: \_\_\_\_\_ feet  
Number of beds: \_\_\_\_\_  
Dosing duration per area: \_\_\_\_\_ hours  
Infiltration Rate: \_\_\_\_\_ inches/hour  
Dosing amount per area: \_\_\_\_\_ inches/day  
Area of bed(s): \_\_\_\_\_ square feet  
Storage volume: \_\_\_\_\_ gallons  
Soil Classification: \_\_\_\_\_

- Check if a separate engineering report with all information required in 30 TAC Section 309.20 and a description of the schedule of dosing basin rotation are attached

**2. EDWARDS AQUIFER RECHARGE AREA (Instructions, Page 61)**

Is the subsurface system and/or wastewater treatment plant located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?       Yes       No

If yes, than the subsurface system may be prohibited by 30 TAC Section 213.8. Please call the Municipal Permits Team to schedule a pre-application meeting.

Is the subsurface system and/or wastewater treatment plant located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?       Yes       No

If yes, than the subsurface system may be prohibited by 30 TAC Section 213.8. Please call the Municipal Permits Team to schedule a pre-application meeting.

**DOMESTIC WORKSHEET 3.3**

**SUBSURFACE AREA DRIP DISPERSAL SYSTEM LAND DISPOSAL OF EFFLUENT**

**THE FOLLOWING IS REQUIRED FOR NEW AND AMENDMENT SUBSURFACE AREA DRIP DISPERSAL SYSTEM APPLICATIONS\***

**\*Renewal applications may be asked for the worksheet on a case by case basis.**

NOTE: All applicants authorized or proposing subsurface disposal MUST complete and submit Worksheet 7.0.

**1. SUBSURFACE AREA DRIP DISPERSAL SYSTEM (Instructions, Page 62)**

Complete the item that is applicable for the method of disposal being utilized.

**a.** Check the type of system:

Subsurface Drip Irrigation

Surface Drip Irrigation

Other: \_\_\_\_\_

**b.** Application area: \_\_\_\_\_ acres

Infiltration Rate: \_\_\_\_\_ inches/hour

Average slope of the application area: \_\_\_\_\_

Maximum slope of the application area: \_\_\_\_\_

Storage volume: \_\_\_\_\_ gallons

Major soil series: \_\_\_\_\_

Depth to groundwater: \_\_\_\_\_ feet

**c.** Indicate whether the facility is located west of the boundary shown in 30 TAC Section 222.83 and the facility is using a vegetative cover of non-native grasses over seeded with cool season grasses.

Yes     No    If yes, than the facility may propose a hydraulic application rate not to exceed 0.1 lbs/acre/year.

Indicated whether the facility is located east of the boundary shown in 30 TAC Section 222.83 OR the facility is proposing any crop other than non-native grasses.

Yes     No    If yes, than the facility must use the formula in 30 TAC Section 222.83 to calculate the maximum hydraulic application rate.

Check if you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director.

Hydraulic application rate: \_\_\_\_\_ gallons/square foot/day

Nitrogen application rate: \_\_\_\_\_ lbs/acre/year

**d.** Number of doses per day: \_\_\_\_\_

Dosing duration per area: \_\_\_\_\_ hours

Rest period between doses: \_\_\_\_\_

Dosing amount per area: \_\_\_\_\_ inches/day

Number of zones: \_\_\_\_\_

If the proposed system is a surface drip irrigation system proposing to use existing native vegetation as a crop, then provide a vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species. Indicate by a check mark the information is provided.

**2. REQUIRED PLANS (Instructions, Page 62)**

- a.  Check if the Recharge Feature Plan with all information required in 30 TAC Section 222.79 is attached.
- b.  Check if the Soil Evaluation with all information required in 30 TAC Section 222.73 is attached.
- c.  Check if the Site Preparation Plan with all information required in 30 TAC Section 222.75 is attached.
- d.  Check if the soil sampling and testing has been submitted with all information required in 30 TAC Section 222.157 is attached.

**3. FLOODWAY DESIGNATION (Instructions, Page 63)**

- a. Is the existing/proposed application site within a designated floodway?      Yes      No
- b.  Check if either the FEMA flood map or alternate information used to determine the floodway is included with the application.

**4. SURFACE WATERS IN THE STATE (Instructions, Page 63)**

- a.  Check if a map is attached showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.
- b. Do you plan to request a buffer variance from water wells or waters in the state?  
 Yes      No     If yes, then provide the additional information required in 30 TAC Section 222.81(c).

**5. EDWARDS AQUIFER RECHARGE AREA (Instructions, Page 63)**

Is the SADDs and/or WWTP located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?

- Yes      No     If yes, than the SADDs is prohibited by 30 TAC Section 213.8. Please call the Municipal Permits Team to schedule a pre-application meeting.

Is the SADDs and/or WWTP located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

- Yes      No     If yes, than the SADDs is prohibited by 30 TAC Section 213.8. Please call the Municipal Permits Team to schedule a pre-application meeting.

**DOMESTIC WORKSHEET 4.0  
POLLUTANT ANALYSES REQUIREMENTS**

**THE FOLLOWING IS REQUIRED FOR FACILITIES WITH A PERMITTED OR  
PROPOSED FLOW OF 1.0 MGD OR GREATER, OR FACILITIES WITH AN  
APPROVED PRETREATMENT PROGRAM.  
(SEE INSTRUCTIONS FOR FUTURE DETAILS)**

**1. TABLE 1** (Instructions, Page 65)

Pollutants	Average	Effluent Concentration (µg/l)		MAL (µg/l)
		Maximum	No. of Samples	
Aldrin				0.05
alpha-hexachlorocyclohexane				0.05
Aluminum				30
Arsenic				10
Barium				10
Benzene				10
Benzidine				50
beta-hexachlorocyclohexane				0.05
Benzo(a)anthracene				10
Benzo(a)pyrene				10
Cadmium				1
Carbon Tetrachloride				10
Carbaryl				5
Chlordane				0.15
Chlorobenzene				10
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				10
Chromium (Tri)				(*1)
Chromium (Hex)				10
Copper				10
Chrysene				10
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10
Cyanide (see instructions for explanation)				20
4,4'- DDD				0.1
4,4'- DDE				0.1

Pollutants	Average	Effluent Concentration (µg/l)		MAL (µg/l)
		Maximum	No. of Samples	
4,4'- DDT				0.1
2,4-D				10
Demeton (O and S)				0.20
Diazinon				0.5
Dibromochloromethane				10
1,2-Dibromoethane				2
Dieldrin				0.1
1,4-Dichlorobenzene (p-Dichlorobenzene)				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dicofol				20
Diuron				0.09
Endosulfan I (alpha)				0.1
Endosulfan II (beta)				0.1
Endosulfan Sulfate				0.1
Endrin				0.1
Fluoride				500
Guthion				0.1
Heptachlor				0.05
Heptachlor Epoxide				1
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorobenzene				10
Hexachlorobutadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				5
Malathion				0.1
Mercury				0.2
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.2
Nickel				10
Nitrate-Nitrogen				1000
Nitrobenzene				10

		Effluent Concentration (µg/l)		
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
n-Nitrosodiethylamine				20
n-Nitroso-di-n-Butylamine				20
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				50
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (see instructions for explanation)				1
Pyridine				20
Selenium				10
Silver				2
1,2,4,5-Tetrachlorobenzene				20
Tetrachloroethylene				10
Toxaphene				5
2,4,5-TP (Silvex)				2
Tributyltin (see instructions for explanation)				0.010
Trichloroethylene				10
1,1,1-Trichloroethane				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

Table 1 sample information: Indicate type of sample:  Grab  Composite  
Date and time sample(s) collected: \_\_\_\_\_

**2. TABLE 2 (Instructions, Page 65)**

Pollutants	Average	Effluent Concentration (µg/l)		MAL (µg/l)
		Maximum	No. of Samples	
<b>METALS, CYNIDE, PHENOLS</b>				
Antimony				60
Arsenic				10
Beryllium				5
Cadmium				1
Chromium (Total)				10
Chromium (Hex)				10
Chromium (Tri)				(*1)
Copper				10
Lead				5
Mercury				0.2
Nickel				10
Selenium				10
Silver				2
Thallium				10
Zinc				5
Cyanide (see page 39 of the instructions)				20
Phenols, Total				10
<b>VOLATILE COMPOUNDS</b>				
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				10
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10

		Effluent Concentration (µg/l)		
Pollutants	Average	Maximum	No. of Samples	MAL (µg/l)
<b>VOLATILE COMPOUNDS (cont)</b>				
1,2-Dichloropropane				10
1,3-Dichloropropylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Toluene				10
1,2-Trans-Dichloroethylene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10
<b>ACID COMPOUNDS</b>				
2-Chlorophenol				10
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentalchlorophenol				50
Phenol				10
2,4,6-Trichlorophenol				10
<b>BASE/NEUTRAL COMPOUNDS</b>				
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				10
Benzo(a)Pyrene				10
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				10
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10



Pollutants	Average	Effluent Concentration (µg/l)		MAL (µg/l)
		Maximum	No. of Samples	
<b>BASE/NEUTRAL COMPOUNDS (cont.)</b>				
4-Bromophenyl Phenyl Ether				10
Butylbenzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				10
Dibenzo(a,h)Anthracene				20
1,2-Dichlorobenzene				10
1,3-Dichlorobenzene				10
1,4-Dichlorobenzene				10
3,3-Dichlorobenzidine				50
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitroluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenyl Hydrazine (as Azobenzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene				10
Hexachlorobutadiene				10
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				20
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10
<b>PESTICIDES</b>				
Aldrin				0.05
alpha-BHC				0.05
beta-BHC				0.05
gamma-BHC				0.05
delta-BHC				0.05
Chlordane				0.15
4,4-DDT				0.1

Pollutants	Average	Effluent Concentration (µg/l)		MAL (µg/l)
		Maximum	No. of Samples	
<b>PESTICIDES (cont.)</b>				
4,4-DDE				0.1
4,4,-DDD				0.1
Dieldrin				0.1
alpha-Endosulfan				0.1
beta-Endosulfan				0.1
Endosulfan Sulfate				0.1
Endrin				0.1
Endrin Aldehyde				0.1
Heptachlor				0.05
Heptachlor Epoxide				1.0
PCB-1242				1.0
PCB-1254				1.0
PCB-1221				1.0
PCB-1232				1.0
PCB-1248				1.0
PCB-1260				1.0
PCB-1016				1.0
Toxaphene				5.0

Table 2 sample information: Indicate type of sample:  Grab  Composite

Date and time sample(s) collected: \_\_\_\_\_

## DOMESTIC WORKSHEET 5.0 TOXICITY TESTING REQUIREMENTS

### Required Tests (Instructions, Page 69)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application:

7-day Chronic: \_\_\_\_\_

48-hour Acute: \_\_\_\_\_

### Individual Test Data

Complete the following chart for each 7-day chronic or 48-hour acute WET test performed in the four and one-half years prior to submission of the application. Allow one column per test (where each species constitutes a test). Copy these pages for the second set of four tests and any other additional tests.

Test Number:	_____	_____	_____	_____
<b>a. Test Information</b>				
Test species				
Test Method No.				
Age at initiation				
Outfall number				
Sample date(s)				
Test start date				
Duration				
<b>b. Toxicity Test Methods</b>				
Manual title				
Edition No., year				
Page number(s)				
<b>c. Sample Information</b> (check appropriate column; for multiple grab samples, indicate number used)				
24-hour composite				
Grab				
<b>d. Sample Disinfection Information</b> (check appropriate column for where sample was collected)				
Before disinfection				
After disinfection				
After dechlor.				

<b>Test Number:</b>	_____	_____	_____	_____
<b>e. Sample Collection Point</b> (describe)				
Location				
<b>f. Test Type</b> (check appropriate column)				
Chronic				
48-Hour Acute				
<b>g. Test Type</b> (check appropriate column)				
Static				
Static renewal				
Flow through				
<b>h. Dilution Water Source</b>				
Synthetic (type)				
Receiving (source)				
<b>i. Dilution Water Type</b>				
Fresh				
Salt (source)				
<b>j. Dilution Series</b> (in percentages)				
e.g., 3%, 5%, 6%, 8%, 11%				
<b>k. Measured Parameters</b> (check if appropriate; must meet test method specifications)				
pH				
Salinity				
Temperature				
Ammonia				
Dissolved oxygen				
<b>l. Test Results</b> (in percentages)				
Control survival				
NOEC lethal				
NOEC sublethal				
<b>m. Reference Toxicant Test</b> (check if appropriate)				
Data available?				
Within boundaries?				
Date performed				

## Toxicity Reduction Evaluations (TREs)

Is this facility currently performing, or has completed in the past four and one-half years, a TRE?

Yes     No

If yes, describe the progress to date, if applicable, in identifying and/or confirming the toxicant:

## Summary of Submitted Test Information

If the required biomonitoring test information has been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), Part 2 need not be completed. Instead, a summary of the testing results for all valid and invalid tests performed over the past four and one-half years should be submitted instead. The summary should, in a format similar to the table below, include the test species, the date the test was initiated, the NOEC for survival, and the NOEC for sublethal effects (if a chronic test).

SUMMARY OF WET TESTS

Test No.	Test Date	Test Species	NOEC survival	NOEC sublethal

**DOMESTIC WORKSHEET 6.o**  
**INDUSTRIAL WASTE CONTRIBUTION**

**1. ALL POTWs (Instructions, Page 70)**

- a. Provide the number of each of the following types of industrial users that discharge to your POTW and the flows from each.

Type of industrial user	Number of industrial users	Average Flows in MGD
CIUs		
SIUs - Non-categorical		
Other IUs		

- b. In the past three years, has your POTW experienced treatment plant interference as defined in the Definitions section of the instructions?

Yes     No    If yes, identify all dates, duration, description of interference, probable cause(s) and possible source(s).

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

Yes     No    If yes, identify all dates, duration, description of pollutants passing through the treatment plant, probable cause(s) and possible source(s).

- d. Does your POTW have, or is it required to develop an approved pretreatment program?

Yes     No    If yes, answer all questions in item 2, but skip item 3 questions. If no, skip item 2 and answer all questions in item 3 for each significant industrial user.

**2. POTWs WITH APPROVED PROGRAMS OR THOSE REQUIRED TO DEVELOP A PROGRAM (Instructions, Page 70)**

- a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been approved according to 40 CFR Section 403.18?

Yes     No    If yes, identify on a separate attachment all substantial and nonsubstantial modifications that have not been submitted to the Approval Authority (TCEQ).

- b.** List all parameters measured above the MAL in the POTW's effluent annual monitoring scans during the last three years.

Pollutant	Concentration	MAL	Units	Date

- c.** Has an IU caused or contributed to any problems (e.g., interferences, pass through) at your POTW in the past three years?

Yes     No

If yes, identify the industry, describe each episode, including dates, duration, description of problems, and probable pollutants. Submit a separate attachment if necessary.

**3. SIGNIFICANT INDUSTRIAL USER (SIU) INFORMATION** (Instructions, Page 71)

**a.** Company Name: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Street No.: \_\_\_\_\_ Street name: \_\_\_\_\_ Street type: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- b.** Describe the industrial processes of other activities that affect or contribute to the SIU's discharge.



c. Provide a description of the principal product(s).

--

d. Flow rate information:

Flow information	Gallons per day discharged	Continuous, batch or intermittent discharge
Process wastewater		
Non-process wastewater		

e. Pretreatment Standards: Indicate whether the SIU is subject to the following.

Technically based local limits as defined in the Definitions section of the instructions:

Yes     No

Categorical pretreatment standards (40 CFR Parts 405-471):     Yes     No

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

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

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

Yes     No

If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants. Provide a separate attachment if necessary.

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**SUBMIT TO:**

TCEQ  
Industrial and Hazardous  
Waste Permits Section  
MC130  
PO Box 13087  
Austin, Texas 78711-3087  
512/239-6075

**WORKSHEET 7.0**

**TEXAS COMMISSION ON  
ENVIRONMENTAL QUALITY**

**CLASS V INJECTION WELL  
INVENTORY/ AUTHORIZATION  
FORM**

For TCEQ Use Only

Reg. No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date Authorized \_\_\_\_\_

**Reg. No. 5**

**Section I General Information**

Provide the information in items 1 through 8 (Instructions, Page 72)

1. TCEQ Program Area (PST, VCP, IHW, etc.), Contact Name and Phone Number

2. Agent/Consultant, Contact Name, Address (Street, City, State, and Zip Code), and Phone Number

3.  Owner  Operator  
Owner/Operator, Contact Name, Address (Street, City, State, and Zip Code), and Phone Number

4. Facility Name, Address (Street, City, County, State, and Zip Code) or location description (if no address is available) and Facility Contact Person and Phone Number

5. Latitude and Longitude (degrees-minutes-seconds) and method of determination (GPS, TOPO, etc.) (Attach topographic quadrangle map as attachment A)

6. Type of Well Construction (Vertical Injection, Subsurface Fluid Distribution System, Infiltration Gallery, Temporary Injection Points, etc.) and Number of Injection Wells

7. Detailed Description regarding purpose of Injection System. Attach a Site Map as Attachment B (Attach the Approved Remediation Plan (if appropriate))

8. Water Well Driller/Installer, Address (Street, City, State, and Zip Code), Phone Number, and License Number

<b>Section II Proposed Down Hole Design</b> <b>Attach a diagram signed and sealed by a licensed engineer as Attachment C</b>					
Name of String	Size	Setting Depth	Sacks Cement/Grout - Slurry Volume - Top of Cement	Hole Size	Weight PVC/Steel (lbs/ft)
9. Casing					
10. Tubing					
11. Screen					
<b>Section III Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery</b> <b>Attach a diagram signed and sealed by a licensed engineer as Attachment D</b>					
12. System(s) Dimensions			13. System(s) Construction		
<b>Section IV Site Hydrogeological and Injection Zone Data</b> Provide the information in items 14 through 31					
14. Name of Contaminated Aquifer					
15. Receiving Formation Name of Injection Zone					
16. Well/Trench Total Depth					
17. Surface Elevation					
18. Depth to Ground Water					
19. Injection Zone Depth					
20. Injection Zone vertically isolated geologically? Y/N Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water Name: _____ Thickness: _____					
21. Provide a list of contaminants and the levels (ppm) in contaminated aquifer Attach as Attachment E					
22. Horizontal and Vertical extent of contamination and injection plume Attach as Attachment F					
23. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. Attach as Attachment G					
24. Injection Fluid Chemistry in PPM at point of injection Attach as Attachment H					
25. Lowest Known Depth of Ground Water with < 10,000 PPM TDS					
26. Maximum injection Rate/Volume/Pressure					

27. Water wells within 1/4 mile radius (attach map as Attachment I)
28. Injection wells within 1/4 mile radius (attach map as Attachment I)
29. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment I)
30. Sampling frequency
31. Known hazardous components in injection fluid
<b>Section V Site History</b> Provide the information in items 32 through 35
32. Type of Facility
33. Contamination Dates
34. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations Attach as attachment J
35. Previous Remediation Attach results of any previous remediation as attachment K

**NOTE:** Authorization Form should be completed in detail and authorization given by TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.