



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**DOMESTIC WASTEWATER PERMIT APPLICATION
 CHECKLIST**

Complete and submit this checklist with the application.

APPLICANT: City of Poteet

PERMIT NUMBER: WQ0013630001

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

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

For TCEQ Use Only	
Segment Number _____	County _____
Expiration Date _____	Region _____
Permit Number _____	

Section 3. Facility Owner (Applicant) and Co-Applciant Information (Instructions Page 29)

A. The owner of the facility must apply for the permit.

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

City of Poteet

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

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

CN: 600734818

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

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

First and Last Name: Eric A. Jiminez

Credential (P.E, P.G., Ph.D., etc.): N/A

Title: City Administrator

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

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

[REDACTED]

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

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

CN: [REDACTED]

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

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

First and Last Name: [REDACTED]

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: [REDACTED]

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report

1.0.

Attachment: Yes

Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: Eric A. Jiminez

Credential (P.E, P.G., Ph.D., etc.): N/A

Title: City Administrator

Organization Name: City of Poteet

Mailing Address: P.O. Box 378

City, State, Zip Code: Poteet, TX 78065

Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-8747

E-mail Address: ejiminez@poteettexas.gov

Check one or both: Administrative Contact Technical Contact

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

First and Last Name: Robert Buentello

Credential (P.E, P.G., Ph.D., etc.): WW0038847

Title: Director of Public Works

Organization Name: City of Poteet

Mailing Address: P.O. Box 378

City, State, Zip Code: Poteet, TX 78065

Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-8747

E-mail Address: rbuentello@poteettexas.gov

Check one or both: Administrative Contact Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Eric A. Jiminez

Credential (P.E, P.G., Ph.D., etc.): N/A

Title: City Administrator

Organization Name: City of Poteet

Mailing Address: P.O. Box 378
City, State, Zip Code: Poteet, TX 78065
Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-8747
E-mail Address: ejiminez@poteettexas.gov

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

First and Last Name: Robert Buentello
Credential (P.E, P.G., Ph.D., etc.): N/A
Title: Director of Public Works
Organization Name: City of Poteet
Mailing Address: P.O. Box 378
City, State, Zip Code: Poteet, Tx 78065
Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-3574
E-mail Address: rbuentello@poteettexas.gov

Section 6. Billing Information (Instructions Page 30)

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

Prefix (Mr., Ms., Miss): MR.
First and Last Name: Eric A. Jiminez
Credential (P.E, P.G., Ph.D., etc.): N/A
Title: City Administrator
Organization Name: City of Poteet
Mailing Address: P.O. Box 378
City, State, Zip Code: Poteet, TX 78065
Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-3574
E-mail Address: ejiminez@poteettexas.gov

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

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

Prefix (Mr., Ms., Miss): MS.
First and Last Name: Abigayle Frautschi
Credential (P.E, P.G., Ph.D., etc.): N/A
Title: City Secretary
Organization Name: City of Poteet

Mailing Address: P.O. Box 378
City, State, Zip Code: Poteet, TX 78065
Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-3574
E-mail Address: afrautschi@poteettexas.gov

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

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

Prefix (Mr., Ms., Miss): MS.
First and Last Name: Abigayle Frautschi
Credential (P.E, P.G., Ph.D., etc.): N/A
Title: City of Poteet
Organization Name: City of Poteet
Mailing Address: P.O. Box 378
City, State, Zip Code: Poteet, TX 78065
Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-3574
E-mail Address: afrautschi@poteettexas.gov

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

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

- E-mail Address
 Fax
 Regular Mail

C. Contact person to be listed in the Notices

Prefix (Mr., Ms., Miss): Mr.
First and Last Name: Robert Buentello
Credential (P.E, P.G., Ph.D., etc.): N/A
Title: City of Poteet
Organization Name: City of Poteet
Phone No.: 830-742-3574 Ext.: N/A
E-mail: rbuentello@poteettexas.gov

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: N/A

Physical Address of Building: 491 Avenue H

City: Poteet

County: Atascosa

Contact Name: N/A

Phone No.: 830-742-3574 Ext.: N/A

E. Bilingual Notice Requirements:

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

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

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

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

Yes No

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

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

Yes No

- 3. Do the students at these schools attend a bilingual education program at another location?

Yes No

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

Yes No

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

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN102078417

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

City of Poteet Wastewater Treatment Facility, SIC code 4952

C. Owner of treatment facility: City of Poteet

Ownership of Facility: Public Private Both Federal

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

Prefix (Mr., Ms., Miss): City of Poteet

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: City of Poteet

Phone No.: [REDACTED]

E-mail Address: [REDACTED]

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

Attachment: [REDACTED]

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): N/A

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: City of Poteet

Phone No.: [REDACTED]

E-mail Address: [REDACTED]

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

Attachment: [REDACTED]

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

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

First and Last Name: N/A (Sludge is hauled by a registered transporter to a separate site that is permitted or registered by the TCEQ.)

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED]

E-mail Address: [REDACTED]

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

Attachment: [REDACTED]

Section 10. TPDES Discharge Information (Instructions Page 34)

A. Is the wastewater treatment facility location in the existing permit accurate?

Yes No

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

N/A

B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

Yes No

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

City nearest the outfall(s): Poteet

County in which the outfalls(s) is/are located: Atascosa

Outfall Latitude: 29.0275

Longitude: -98.5689

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

Yes No

If yes, indicate by a check mark if:

Authorization granted Authorization pending

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

Attachment:

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

Section 11. TLAP Disposal Information (Instructions Page 36)

A. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

Yes No

If no, or a new or amendment permit application, provide an accurate description of the disposal site location:

[Redacted]

- B. City nearest the disposal site: Poteet
- C. County in which the disposal site is located: Atascosa
- D. Disposal Site Latitude: 29.0275 Longitude: -98.5689
- E. For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

Effluent discharges from WWTP and continues south in a swale approx. 0.25 miles south into Rutledge Hollow and continues south for another 1.15 miles until confluence with the Atascosa River.

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

Rutledge Hollow/Atascosa River

Section 12. Miscellaneous Information (Instructions Page 37)

- A. Is the facility located on or does the treated effluent cross American Indian Land?
 Yes No
- B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?
 Yes No Not Applicable

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

[Redacted]

- C. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?
 Yes No

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

[Redacted area]

D. Do you owe any fees to the TCEQ?

- Yes No

If yes, provide the following information:

Account number: [Redacted]

Amount past due: [Redacted]

E. Do you owe any penalties to the TCEQ?

- Yes No

If yes, please provide the following information:

Enforcement order number: [Redacted]

Amount past due: [Redacted]

Section 13. Attachments (Instructions Page 38)

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

- Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- Original full-size USGS Topographic Map with the following information:
 - Applicant's property boundary
 - Treatment facility boundary
 - Labeled point of discharge for each discharge point (TPDES only)
 - Highlighted discharge route for each discharge point (TPDES only)
 - Onsite sewage sludge disposal site (if applicable)
 - Effluent disposal site boundaries (TLAP only)
 - New and future construction (if applicable)
 - 1 mile radius information
 - 3 miles downstream information (TPDES only)
 - All ponds.
- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify: [Redacted]

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: W00013630001

Applicant: City of Poteet

Certification:

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

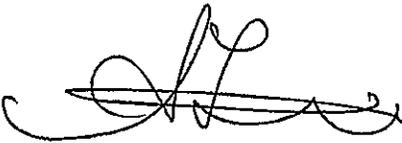
I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Mr. Eric A. Jiminez

Signatory title: City Administrator

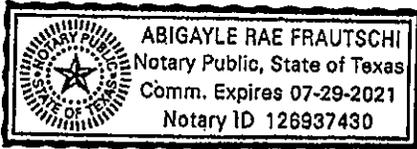
Signature:  Date: 9-23-19
(Use blue ink)

Subscribed and Sworn to before me by the said Eric Jiminez
on this 23rd day of September, 2019.
My commission expires on the 29th day of July, 2021.


Notary Public

[SEAL]

Atascosa
County, Texas



**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: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

Texas Historical Commission

U.S. Fish and Wildlife

Texas Parks and Wildlife Department

U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Poteet

Permit No. WQ00 WQ0013630001

EPA ID No. TX 0032387

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

1304 South 9th Street, Poteet, Atascosa County, Texas 78065

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

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

First and Last Name: Robert Buentello

Credential (P.E, P.G., Ph.D., etc.): N/A

Title: City of Poteet

Mailing Address: P.O. Box 378

City, State, Zip Code: Poteet, Texas 78065

Phone No.: 830-742-3574 Ext.: N/A Fax No.: 830-742-3574

E-mail Address: publicworks.poteet@yahoo.com

2. List the county in which the facility is located: Atascosa
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

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

Effluent discharges from City of Poteet WWTP and continues South approximately 0.25 miles into Rutledge Hollow and constitutes South for another 1.15 miles until confluence with Atascosa River.

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

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

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

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

Disturbance of vegetation or wetlands

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

N/A

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

Existing WWTP

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

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

N/A

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

N/A



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.64 Million

2-Hr Peak Flow (MGD): 1444 GPM

Estimated construction start date: Done (Renewal)

Estimated waste disposal start date: Done (Renewal)

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current operating phase: Final

Provide the startup date of the facility: Last Permit Renewal in 2013

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

Provide a detailed description of the treatment process. Include the type of

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

See Attached

Port or pipe diameter at the discharge point, in inches: 16 Inches

B. Treatment Units

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of each treatment unit, accounting for *all* phases of operation.

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration Basin	1	144' X 37' X 14'
Clarifier	1	24'-2" Radius X 14'-7"
Oxidation Ditch	1	214' X 75'
Clarifiers	2	16' Radius X 14'

C. Process flow diagrams

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

Attachment: Attachment 1

Section 3. Site Drawing (Instructions Page 52)

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

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

Attachment: Attachment 2

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

City of Poteet

Section 4. Unbuilt Phases (Instructions Page 52)

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

Yes No

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

Yes No

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

N/A

Section 5. Closure Plans (Instructions Page 53)

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

Yes No

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

Yes No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. Summary transmittal

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

Yes No

If yes, provide the date(s) of approval for each phase: 6/25/2005

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

Yes No

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

N/A

C. Other actions required by the current permit

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

Yes No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

Yes No

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

2. Grit and grease processing

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

3. Grit disposal

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

Yes No

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

Describe the method of grit disposal.

4. Grease and decanted liquid disposal

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

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

E. Stormwater management

1. Applicability

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

Yes No

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

Yes No

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

2. MSGP coverage

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

Yes No

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

TXR05 _____ or TXRNE _____

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

Yes No

3. Conditional exclusion

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

Yes No

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

4. Existing coverage in individual permit

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

Yes No

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

5. Zero stormwater discharge

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

Yes No

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

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

6. Request for coverage in individual permit

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

Yes No

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

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

Yes No

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

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

1. Acceptance of sludge from other WWTPs

Does the facility accept or will it accept sludge from other treatment plants at the facility site?

Yes No

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

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes No

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

Yes No

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

Yes No

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

N/A

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

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

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

Yes No

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

N/A

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

Is the facility in operation?

Yes No

If no, this section is not applicable. Proceed to Section 8.

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	<2	2	2	COMP	MAY 2019
Total Suspended Solids, mg/l	1	2	2	COMP	MAY 2019
Ammonia Nitrogen, mg/l	0.2	0.3	2	COMP	MAY 2019
Nitrate Nitrogen, mg/l	N/A	N/A	N/A	N/A	N/A
Total Kjeldahl Nitrogen, mg/l	N/A	N/A	N/A	N/A	N/A
Sulfate, mg/l	N/A	N/A	N/A	N/A	N/A
Chloride, mg/l	N/A	N/A	N/A	N/A	N/A
Total Phosphorus, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	7.5	7.6	2	GRAB	MAY 2019
Dissolved Oxygen*, mg/l	N/A	N/A	N/A	N/A	N/A
Chlorine Residual, mg/l	N/A	N/A	N/A	N/A	N/A
<i>E.coli</i> (CFU/100ml) freshwater	34	218	2	GRAB	MAY 2019
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Electrical Conductivity, μ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity (CaCO ₃)*, mg/l	N/A	N/A	N/A	N/A	N/A

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Robert R. Buentello

Facility Operator's License Classification and Level: Class C Waste Water Treatment

Facility Operator's License Number: WW0038847

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

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Poteet, City of P.O. Box 378 Poteet, TX 78065	Project Name: Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 05/22/2019 1600	PCS Sample #: 554501 Date/Time Received: 05/23/2019 10:18 Report Date: 05/28/2019 Approved by: <i>Chuck Wallgren</i>

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
pH	I	7.6	S.U.	N/A	05/23/2019 11:56	SM 4500-H+ B	VBW
Ammonia-N (ISE)		0.2	mg/L	0.1	05/23/2019 12:45	SM 4500-NH3 D	CRM
CBOD5		2	mg/L	2	05/23/2019 11:56	SM 5210 B	VBW
Total Suspended Solids		2	mg/L	1	05/23/2019 13:10	SM 2540 D	CFS

Test Description	Precision	Limit	Quality Assurance Summary			
			ECL	MS	MSD	UCL
pH	N/A	N/A	N/A	N/A	N/A	N/A
Ammonia-N (ISE)	<1	10	95	104	103	114
CBOD5	3	23	N/A	N/A	N/A	182
Total Suspended Solids	<1	10	N/A	N/A	N/A	167 - 228

Quality Statements: All supporting quality control data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

I Informational purposes only - pH outside hold time

These analytical results relate only to the sample tested.
All data is reported on an "As Is" basis unless designated as "Dry Wt."
RL = Reporting Limits
QC Data Reported in %, Except BOD in mg/L

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POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information				
Public Works Poteet, City of P.O. Box 378 Poteet, TX 78065	Project Name: Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 05/23/2019 0815	PCS Sample #: 554502 Date/Time Received: 05/23/2019 10:18 Report Date: 05/24/2019 Approved by: <i>Chuck Wallgren</i> Chuck Wallgren, President				
Test Description	Flas	Result	Units	RL	Analysis Date/Time	Method
E. coli. (Enumeration-MPN)		34	CFU/100ml	1	05/23/2019 11:07	9223 IDEXX Quanti-Tray PLP

Quality Statement: All supporting quality control data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

H Sample analysis started outside hold time, see Sample Log-In Checklist Comment

These analytical results relate only to the sample tested.
 All data is reported on an "As Is" basis unless designated as "Dry Wt."
 RL = Reporting Limits

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POLLUTION CONTROL SERVICES

Chain of Custody Number
554501

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

CUSTOMER INFORMATION

Name: Poteet, City of Attention: Public Works Phone: (830) 742-3652 Fax: (830) 742-8747

SAMPLE INFORMATION

Project Information: Collected By: *Robert B. Smith*

Client / Field Sample ID	Date	Time	Matrix		Container Number	Preservative	Requested Analysis							Field DO / Temp	Field pH	Instructions/Comments
			Residual mg/L	Compositor			PH, CBOD, TSS	NH3N	PH, BOD, TSS	MLSS / VMLSS	R, Coll	Field DO / Temp	Field pH			
Effluent	Start 5-22 End 5-22	Start 8:00 End 11:00	<input checked="" type="checkbox"/> DW	<input checked="" type="checkbox"/> NPW	2	<input checked="" type="checkbox"/> H2SO4	<input type="checkbox"/> HNO3	<input type="checkbox"/> H3PO4	<input type="checkbox"/> NaOH	<input checked="" type="checkbox"/> ICE	X	X				554501 SIB ON CHEM Other
Effluent	Start End	Start End	<input type="checkbox"/> DW	<input type="checkbox"/> NPW		<input type="checkbox"/> H2SO4	<input type="checkbox"/> HNO3	<input type="checkbox"/> H3PO4	<input type="checkbox"/> NaOH	<input type="checkbox"/> ICE						SIB ON CHEM Other
Influent	Start 5-23 End 5-23	Start 8:00 End 5:15	<input checked="" type="checkbox"/> DW	<input checked="" type="checkbox"/> NPW	1	<input checked="" type="checkbox"/> H2SO4	<input type="checkbox"/> HNO3	<input type="checkbox"/> H3PO4	<input type="checkbox"/> NaOH	<input checked="" type="checkbox"/> ICE	X					554502 SIB ON CHEM Other
Basin 1 - Track	Start End	Start End	<input type="checkbox"/> DW	<input type="checkbox"/> NPW	1	<input type="checkbox"/> H2SO4	<input type="checkbox"/> HNO3	<input type="checkbox"/> H3PO4	<input type="checkbox"/> NaOH	<input type="checkbox"/> ICE		X				SIB ON CHEM Other
Basin 2 - Track	Start End	Start End	<input type="checkbox"/> DW	<input type="checkbox"/> NPW	1	<input type="checkbox"/> H2SO4	<input type="checkbox"/> HNO3	<input type="checkbox"/> H3PO4	<input type="checkbox"/> NaOH	<input type="checkbox"/> ICE			X			SIB ON CHEM Other
Basin 1 - RAS	Start End	Start End	<input type="checkbox"/> DW	<input type="checkbox"/> NPW	1	<input type="checkbox"/> H2SO4	<input type="checkbox"/> HNO3	<input type="checkbox"/> H3PO4	<input type="checkbox"/> NaOH	<input type="checkbox"/> ICE			X			SIB ON CHEM Other
Basin 2 - RAS	Start End	Start End	<input type="checkbox"/> DW	<input type="checkbox"/> NPW	1	<input type="checkbox"/> H2SO4	<input type="checkbox"/> HNO3	<input type="checkbox"/> H3PO4	<input type="checkbox"/> NaOH	<input type="checkbox"/> ICE			X			SIB ON CHEM Other

Required Turnaround: Routine (6-10 days) EXPEDITE: (See Surcharge Schedule) < 8 Hrs. < 16 Hrs. < 24 Hrs. 5 days Other: Rush Charges Authorized by:

Sample Archive/Disposal: Laboratory Standard Hold for client pick up Container Type: P=Plastic, G=Glass, O=Other

Relinquished By: *Robert B. Smith* Date: 5/23/19 Time: 9:00 AM
 Relinquished By: *Robert B. Smith* Date: 5/23/19 Time: 10:18 AM

Carrier ID: *554501* Date: 5/23/19 Time: 9:00 AM
 Date: 5/23/19 Time: 10:18 AM

Multiple Sample COC 2010294
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 Login at www.pcsfba.net
 TCEQ-NEL-AP-1104704361-1X
MR. LOWE

Pollution Control Services

Sample Log-In Checklist

PCS Sample No(s) 554501 - 554502 COC No. 554501

Client/Company Name: Protect Checklist Completed by: GW

Sample Delivery to Lab Via:

Client Drop Off Commercial Carrier: Bus UPS Lone Star FedEx USPS
PCS Field Services: Collection/Pick Up Other:

Sample Kit/Coolers

Sample Kit/Cooler? Yes No Sample Kit/Cooler: Intact? Yes No
Custody Seals on Sample Kit/Cooler: Not Present If Present, Intact Broken
Sample Containers Intact; Unbroken and Not Leaking? Yes No
Custody Seals on Sample Bottles: Not Present If Present, Intact Broken
COC Present with Shipment or Delivery or Completed at Drop Off? Yes No
Has COC sample date/time and other pertinent information been provided by client/sampler? Yes No
Has COC been properly Signed when Received/Relinquished? Yes No
Does COC agree with Sample Bottle Information, Bottle Types, Preservation, etc.? Yes No
All Samples Received before Hold Time Expiration? Yes No
Sufficient Sample Volumes for Analysis Requested? Yes No
Zero Headspace in VOA Vial if Present? Yes No

Sample Preservation:

* Cooling: Not Required or Required 3 0
If cooling required, record temperature of submitted samples Observed/Corrected 1 °C
Is Ice Present in Sample Kit/Cooler? Yes No Samples received same day as collected? Yes No
Lab Thermometer Make and Serial Number: EX Tech 10093657 Other:

Acid Preserved Sample - If present, is pH <2? Yes No ** H₂SO₄ HNO₃ H₃PO₄
Base Preserved Sample - If present, is pH >12? Yes No NaOH
Other Preservation: If Present, Meets Requirements? Yes No
Sample Preservations Checked by: GW Date 5/23/09 Time 1020
pH paper used to check sample preservation (PCS log #): 19.0PA9 (HEM pH checked at analysis).
Samples Preserved/Adjusted by Lab: Lab # Parameters Preserved Preservative Used Log #

Lab #	Parameters Preserved	Preservative Used	Log #

Adjusted by Tech/Analyst: _____ Date: _____ Time: _____

Client Notification/ Documentation for "No" Responses Above/ Discrepancies/ Revision Comments

Person Notified: _____ Contacted by: _____
Notified Date: _____ Time: _____
Method of Contact: At Drop Off: Phone Left Voice Mail E-Mail Fax
Unable to Contact Authorized Laboratory to Proceed: _____ (Lab Director)
Regarding / Comments: _____

Actions taken to correct problems/discrepancies: _____

Receiving qualifier needed (requires client notification above) Temp. _____ Holding Time _____ Initials: _____

Receiving qualifier entered into LIMS at login Initial/Date: _____

Revision Comments: _____

* Samples submitted for Metals Analysis (except Hex Cr) or Drinking Water for Coliform Bacteria Only are not required to be iced. Samples collected prior day to receipt at the laboratory must meet method specific thermal cooling requirements, "or will be flagged accordingly". Samples delivered the same day as collected may not meet thermal criteria, but shall be considered acceptable if evidence that the chilling process has begun, such as arrival on ice (EPA 815-F-08-006, June 2008). ** Water samples for metals analysis that are not acid preserved prior to shipment may be acceptably preserved by the laboratory on receipt - however, the sample digestion procedure must be delayed for at least 24 hours after preservation by the laboratory.

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Poteet, City of P.O. Box 378 Poteet, TX 78065	Project Name: Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 05/29/2019 1600	PCS Sample #: 555227 Date/Time Received: 05/30/2019 11:16 Report Date: 06/04/2019 Approved by: <i>Chuck Wallgren</i>

Test Description	Flag	Result	Units	RI	Analysis Date/Time	Method	Analyst
pH	I	7.5	S.U.	N/A	05/30/2019 14:29	SM 4500-H+ B	VBW
Ammonia-N (ISE)		0.3	mg/L	0.1	05/30/2019 13:15	SM 4500-NH3 D	CRM
CBOD5		<2	mg/L	2	05/30/2019 14:29	SM 5210 B	VBW
Total Suspended Solids		1	mg/L	1	05/31/2019 10:15	SM 2540 D	CFS

Test Description	Precision	Limit	Quality Assurance Summary				LCS	LCS Limit
			ECL	MS	MSD	UCL		
pH	N/A	N/A	N/A	107	109	100	85 - 115	
Ammonia-N (ISE)	<1	10	95	N/A	N/A	185	167 - 228	
CBOD5	3	23	N/A	N/A	N/A	N/A		
Total Suspended Solids	<1	10	N/A	N/A	N/A	N/A		

Quality Statement: All supporting quality control data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

I Informational purposes only - pH outside hold time

These analytical results relate only to the sample tested.
 All data is reported on an "As Is" basis unless designated as "Dry Wt."
 RL = Reporting Limits
 QC Data Reported in %, Except BOD in mg/L

Web Site: www.pcslab.net
 e-mail: chuck@pcslab.net
 Toll Free 800-880-4616
 1532 Universal City Blvd, Suite 100
 Universal City, TX 78148-3318
 FAX # 210-658-7903

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POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Poteet, City of P.O. Box 378 Poteet, TX 78065	Project Name: Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 05/30/2019 0815	PCS Sample #: 555228 Date/Time Received: 05/30/2019 11:16 Report Date: 05/31/2019 Approved by: <i>Chuck Wallgren</i>

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
E. coli. (Enumeration-MPN)	218	CFU/100ml	1	05/30/2019 11:50	9223 IDEXX Quanti-Tray	PLP

Chuck Wallgren
 Chuck Wallgren, President

Quality Statement: All supporting quality control data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested.
 All data is reported on an "As Is" basis unless designated as "Dry Wt."
 RL = Reporting Limits

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POLLUTION CONTROL SERVICES

Chain of Custody Number

555227

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1st sample and COC as same number

CUSTOMER INFORMATION

Name: Poteet, City of

Project Information:

Attention: Public Works

Phone: (830) 742-3652

Fax: (830) 742-8747

Client / Field Sample ID	Date	Time	Field Chain of Custody	Residual mg/L	Collected By	Matrix		Container	Preservative	Requested Analysis				Field DO / Temp	Instructions/Comments
						DW-Drinking Water, NPW-Non-potable water, WW-Wastewater, LW-Liquid Waste	Other			PH, CBOD, TSS	PH, BOD, TSS	FT, Coll	MLSS / VMLSS		
Effluent	Start 5-24 End 5-24	Start 8:00 End 8:00	C	0	SEPA Buttillo	DW NPW WW Soil LW Other	2	H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	X	X			555227 DS DB DN CHEM Other		
Effluent	Start 5-30 End 5-30	Start 8:00 End 8:00	C	0		DW NPW WW Soil LW Other	1	H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>		X			555228 DS DB DN CHEM Other		
Influent	Start End	Start End	C	0		DW NPW WW Soil LW Other	1	H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	X				DS DB DN CHEM Other		
Basin 1 - Track	Start End	Start End	C	0		DW NPW WW Soil LW Other	1	H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>			X		DS DB DN CHEM Other		
Basin 2 - Track	Start End	Start End	C	0		DW NPW WW Soil LW Other	1	H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>			X		DS DB DN CHEM Other		
Basin 1 - RAS	Start End	Start End	C	0		DW NPW WW Soil LW Other	1	H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>			X		DS DB DN CHEM Other		
Basin 2 - RAS	Start End	Start End	C	0		DW NPW WW Soil LW Other	1	H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>			X		DS DB DN CHEM Other		

Required Turnaround: Routine (5-10 days) EXPEDITE (See Surcharge Schedule) < 8 Hrs. < 16 Hrs. < 24 Hrs. 5 days Other: _____

Sample Archive/Disposal: Laboratory Standard Hold for client pick up

Relinquished By: *[Signature]* Date: 5/30/19 Time: 10:00 AM Received By: *[Signature]* Date: 5/30/19 Time: 11:00 AM

Carrier ID: _____ Date: 5/30/19 Time: 10:02 AM

Relinquished By: *[Signature]* Date: 5/30/19 Time: 11:00 AM

Multiple Sample COC 20110204

1532 Universal City Blvd., Ste. 100, Universal City, Texas 78148
P (210) 340-0343 or (800) 880-4616 - F (210) 658-7903

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Pollution Control Services

Sample Log-In Checklist

PCS Sample No(s) 5 5 5 2 2 7 / 5 5 5 2 2 8 COC No. 5 5 5 2 2 7
Client/Company Name: Potter Checklist Completed by: [Signature]

Sample Delivery to Lab Via:

Client Drop Off Commercial Carrier: Bus UPS Lone Star FedEx USPS
PCS Field Services: Collection/Pick Up Other:

Sample Kit/Coolers

Sample Kit/Cooler? Yes No Sample Kit/Cooler: Intact? Yes No
Custody Seals on Sample Kit/Cooler: Not Present If Present, Intact Broken
Sample Containers Intact; Unbroken and Not Leaking? Yes No
Custody Seals on Sample Bottles: Not Present If Present, Intact Broken
COC Present with Shipment or Delivery or Completed at Drop Off? Yes No
Has COC sample date/time and other pertinent information been provided by client/sampler? Yes No:
Has COC been properly Signed when Received/Relinquished? Yes No
Does COC agree with Sample Bottle Information, Bottle Types, Preservation, etc.? Yes No
All Samples Received before Hold Time Expiration? Yes No
Sufficient Sample Volumes for Analysis Requested? Yes No
Zero Headspace in VOA Vial if Present? Yes No

Sample Preservation:

* Cooling: Not Required or Required
If cooling required, record temperature of submitted samples Observed/Corrected 6, 3 °C
Is Ice Present in Sample Kit/Cooler? Yes No Samples received same day as collected? Yes No
Lab Thermometer Make and Serial Number: EX Tech 10093657 Other:

Acid Preserved Sample - If present, is pH <2? Yes No ** H₂SO₄ HNO₃ H₃PO₄
Base Preserved Sample - If present, is pH >12? Yes No NaOH
Other Preservation: If Present, Meets Requirements? Yes No
Sample Preservations Checked by: [Signature] Date 5/20/12 Time 11:29
pH paper used to check sample preservation (FCS log #): 19.0/2 (HEM pH checked at analysis).
Samples Preserved/Adjusted by Lab: Lab # Parameters Preserved Preservative Used Log #

Adjusted by Tech/Analyst: _____ Date: _____ Time: _____

Client Notification/ Documentation for "No" Responses Above/ Discrepancies/ Revision Comments

Person Notified: _____ Contacted by: _____
Notified Date: _____ Time: _____
Method of Contact: At Drop Off: Phone Left Voice Mail E-Mail Fax
Unable to Contact Authorized Laboratory to Proceed: _____ (Lab Director)
Regarding / Comments: _____

Actions taken to correct problems/discrepancies: _____

Receiving qualifier needed (requires client notification above) Temp. _____ Holding Time _____ Initials: _____
Receiving qualifier entered into LIMS at login Initial/Date: _____
Revision Comments: _____

* Samples submitted for Metals Analysis (except Hex Cr) or Drinking Water for Coliform Bacteria Only are not required to be iced. Samples collected prior day to receipt at the laboratory must meet method specific thermal cooling requirements, "or will be flagged accordingly". Samples delivered the same day as collected may not meet thermal criteria, but shall be considered acceptable if evidence that the chilling process has begun, such as arrival on ice (EPA 815-F-08-006, June 2008). ** Water samples for metals analysis that are not acid preserved prior to shipment may be acceptably preserved by the laboratory on receipt - however, the sample digestion procedure must be delayed for at least 24 hours after preservation by the laboratory.

- Permitted landfill
- Permitted or Registered land application site for beneficial use
- Land application for beneficial use authorized in the wastewater permit
- Permitted sludge processing facility
- Marketing and distribution as authorized in the wastewater permit
- Composting as authorized in the wastewater permit
- Permitted surface disposal site (sludge monofill)
- Surface disposal site (sludge monofill) authorized in the wastewater permit
- Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
- Other:

B. Sludge disposal site

Disposal site name: Covel Gardens Landfill

TCEQ permit or registration number: 2093B

County where disposal site is located: Bexar

C. Sludge transportation method

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

Name of the hauler: ACI Recycling

Hauler registration number: 23501

Sludge is transported as a:

Liquid semi-liquid semi-solid solid

Section 10. Permit Authorization for Sewage Sludge Disposal

(Instructions Page 60)

A. Beneficial use authorization

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

Yes No

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

Yes No

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

Yes No

B. Sludge processing authorization

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

Sludge Composting Yes No

Marketing and Distribution of sludge Yes No

Sludge Surface Disposal or Sludge Monofill Yes No

Temporary storage in sludge lagoons Yes No

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

Yes No

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes No

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

A. Location information

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

- Original General Highway (County) Map:

Attachment:

- USDA Natural Resources Conservation Service Soil Map:

Attachment:

- Federal Emergency Management Map:

Attachment:

- Site map:

Attachment:

Discuss in a description if any of the following exist within the lagoon area.

Check all that apply.

- Overlap a designated 100-year frequency flood plain
- Soils with flooding classification
- Overlap an unstable area
- Wetlands
- Located less than 60 meters from a fault

- None of the above

Attachment:

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

Nitrate Nitrogen, mg/kg: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: N/A

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A
Ammonia Nitrogen mg/kg: N/A
Arsenic: N/A
Cadmium: N/A
Chromium: N/A
Copper: N/A
Lead: N/A
Mercury: N/A
Molybdenum: N/A
Nickel: N/A
Selenium: N/A
Zinc: N/A
Total PCBs: N/A

Provide the following information:

Volume and frequency of sludge to the lagoon(s): N/A

Total dry tons stored in the lagoons(s) per 365-day period: N/A

Total dry tons stored in the lagoons(s) over the life of the unit: N/A

C. Liner information

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

Yes No

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

N/A

D. Site development plan

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

N/A

Attach the following documents to the application.

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

Attachment:

- Copy of the closure plan

Attachment:

- Copy of deed recordation for the site

Attachment:

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

Attachment:

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

Attachment:

- Procedures to prevent the occurrence of nuisance conditions

Attachment:

E. Groundwater monitoring

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

Yes No

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

Attachment:

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)

A. Additional authorizations

Does the permittee have additional authorizations for this facility, such as

reuse authorization, sludge permit, etc?

Yes No

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

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes No

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

Yes No

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

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

A. RCRA hazardous wastes

Has the facility received in the past three years, does it currently receive, or will it receive RCRA hazardous waste?

Yes No

B. Remediation activity wastewater

Has the facility received in the past three years, does it currently receive, or will it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?

Yes No

C. Details about wastes received

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

Attachment: ...

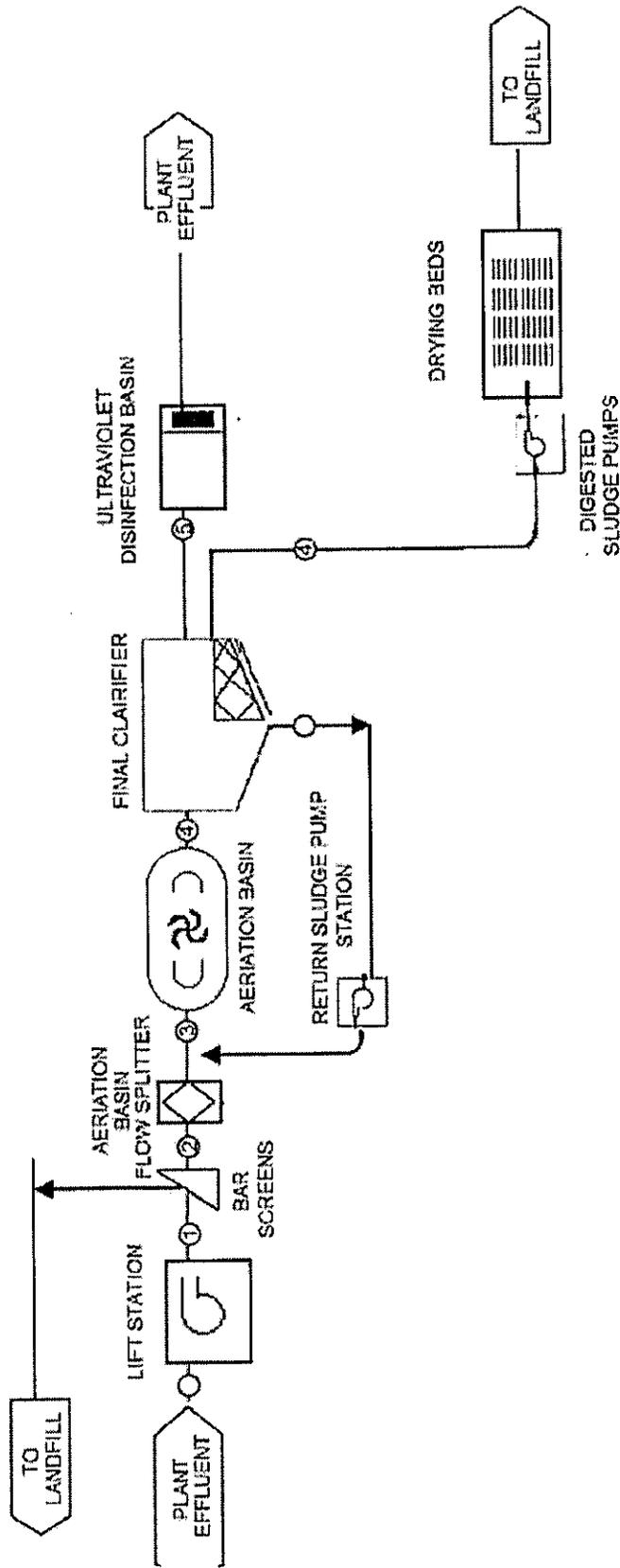
DESCRIPTION OF TREATMENT PROCESS FOR DOMESTIC WASTE WATER PERMIT APPLICATION

ITEM 3a

- 1) Raw sewage is processed through a cylindrical bar screening unit to remove debris and grit.
- 2) Screened sewage enters a flow splitter box where the fluid is diverted into aeration basins.
- 3) Sewage enters the two aeration tracts where settling and oxidation occur. Effluent exits the units through a weir and continues to clarification tanks.
- 4) Three clarifier tanks are used to further settle particulate matter while the effluent flows to the disinfection processer. Sludge is diverted to drying beds. Once dry it is hauled to landfill.
- 5) The treated effluent is exposed to an ultraviolet light system to kill bacteria before flowing from the system into the receiving stream.

ATTACHMENT 1

Poteet Waste Water System Flow Diagram



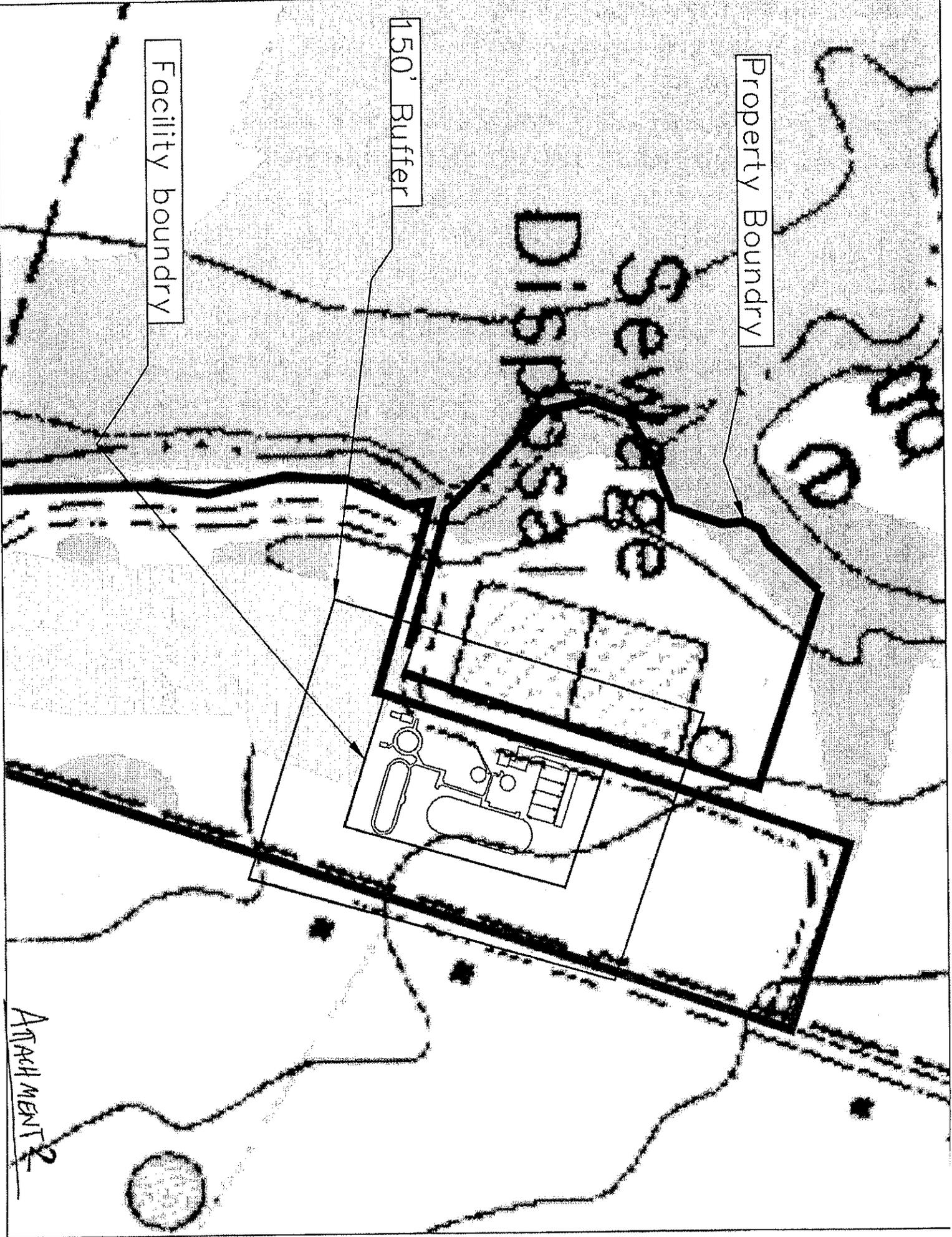
ATTACHMENT 1

Property Boundary

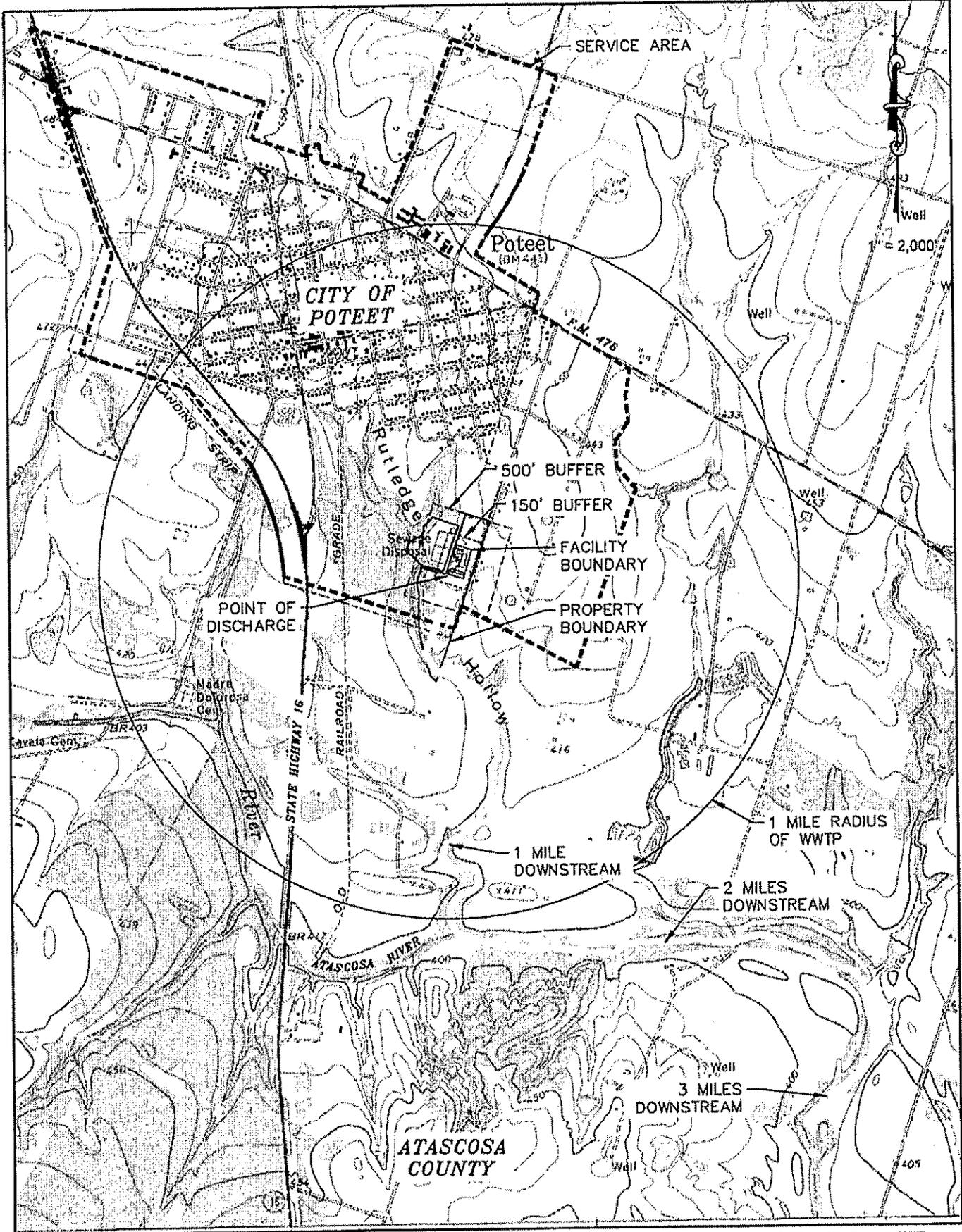
150' Buffer

Facility boundary

Sewage
Disposal



ATTACHMENT 2



**CITY OF POTEET WASTEWATER TREATMENT PLANT
USGS MAP**