

*Texas Commission on Environmental Quality
Domestic Wastewater Permit Application for*

**City of Dripping Springs
South Regional Wastewater Facilities**

Hays County, Texas

Prepared for:

City of Dripping Springs
P.O. Box 384
511 Mercer Street
Dripping Springs, Texas 78620

Prepared by:

CMA Engineering, Inc.
235 Ledge Stone Dr.
Austin, Texas 78737
(512) 432-1000

October 2015

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**Water Quality Division
Application Team**

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

Submit this checklist with the application. Do not submit the instructions with the application. Indicate if the following are included in the application.

APPLICANT City of Dripping Springs

PERMIT NUMBER WQ0014488003

WORKSHEET	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Map		
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Features	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landowner Disk or	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 6.0 (required for all POTWs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Labels		
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copy of Application Fee Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Fees Owed TCEQ are Paid	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please indicate the amount submitted for the application fee (check only one):

Flow	New/Major Amendment	Renewal
<0.05 MGD	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$315.00
≥0.05 but < 0.10 MGD	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$515.00
≥0.10 but < 0.25 MGD	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$815.00
≥0.25 but < 0.50 MGD	<input type="checkbox"/> \$1,250.00	<input type="checkbox"/> \$1,215.00
≥0.50 but < 1.0 MGD	<input checked="" type="checkbox"/> \$1,650.00	<input type="checkbox"/> \$1,615.00
≥ 1.0 MGD	<input type="checkbox"/> \$2,050.00	<input type="checkbox"/> \$2,015.00
Minor Amendment (any flow)	<input type="checkbox"/> \$115.00	

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A copy of the application fee check must be submitted with the application. Water Quality Division
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FOR COMMISSION USE ONLY	
Segment Number <u>New</u>	County <u>Hays</u>
Expiration Date <u>New</u>	Region <u>11</u>
Proposed/Current Permit Number <u>14488003</u>	<u>TX0136778</u>

DOMESTIC ADMINISTRATIVE REPORT 1.0

The following is required for all applications: **Renewal, New, and Amendment**

Type of application:

- | | |
|---|---|
| <input checked="" type="checkbox"/> New TPDES | <input type="checkbox"/> New TLAP |
| <input type="checkbox"/> Major amendment <u>with</u> renewal | <input type="checkbox"/> Minor amendment <u>with</u> renewal |
| <input type="checkbox"/> Major amendment <u>without</u> renewal | <input type="checkbox"/> Minor amendment <u>without</u> renewal |
| <input type="checkbox"/> Renewal (no changes) | <input type="checkbox"/> Minor modification of permit |

If applying for an amendment or renewal with changes, describe the request in detail.

1. Applicant Information

(Instructions, Page 24)

a. Facility owner

(Owner of the facility must apply for the permit.)

Provide the Legal Name of the entity (applicant) applying for this permit (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.):

City of Dripping Springs _____

If the applicant is currently a customer with TCEQ, provide the Customer Number (CN):
CN: 602491284

What is the applicant's contact information and mailing address as recognized by the **US Postal Service?**

Phone No.: (512) 969-4725 Extension: _____

Fax No.: 512-858-5646 E-mail Address: gfaught@cityofdrippingsprings.com

Organization Name: City of Dripping Springs

Mailing Address: P.O. Box 384

Internal Routing (Mail Code, Etc.): _____

City: Dripping Springs State: TX ZIP Code: 78620

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Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Indicate the type of Customer:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship-D.B.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> County Government | <input checked="" type="checkbox"/> City Government |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> Other: _____ |

Independent entity

Yes No (If governmental entity, subsidiary, or part of a larger corporation)

Number of Employees:

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

Customer Business Tax and Filing Numbers

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

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: 74-2340036

DUNS Number (if known): _____

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b. Co-permittee information

Complete only if the operator must be a co-permittee).

Provide the Legal Name of the entity (operator) applying for this permit (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.):

Operator: _____

If the operator is currently a customer with TCEQ, provide the Customer Number (CN)?

CN: _____

Provide the co-permittee's contact information and mailing address as recognized by the **US Postal Service:**

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Indicate the type of Customer:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship-D.B.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> County Government | <input type="checkbox"/> City Government |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> Other: _____ |

Independent entity

Yes No (If governmental entity, subsidiary, or part of a larger corporation)

Number of Employees:

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

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Customer Business Tax and Filing Numbers

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

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: _____

DUNS Number (if known): _____

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

c. Individual information

Complete only if the facility owner or co-permittee is an individual.

Provide the full Legal Name of the Individual (Owner/Co-permittee) applying for this permit: _____

If the owner/co-permittee is currently a customer with TCEQ, provide the Customer Number (CN): _____

Provide the applicant's contact information and mailing address as recognized by the **US Postal Service?**

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

2. Billing Contact

(Instructions, Page 28)

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**. 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 TCEQ form number **021-2015**

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

Permittee Co-permittee No, fill out this section

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

Suffix (Jr, Sr, III): _____ Title: _____ Credential: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

3. Application Contact Information

(Instructions, Page 28)

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

a. First application contact

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

First/Last Name: Robert Callegari, P.E. _____

Suffix (Jr, Sr, III): _____ Title: Principal _____ Credential: _____

Phone No.: (512) 432-1000 _____ Extension: _____

Fax No.: 512-432-1015 _____ E-mail Address: rcallegari@cma-engineering.com _____

Organization Name: CMA Engineering, Inc. _____

Mailing Address: 235 Ledge Stone Drive _____

Internal Routing (Mail Code, Etc.): _____

City: Austin _____ State: TX _____ ZIP Code: 78737 _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Check one or both: Administrative contact Technical Contact

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b. Alternate application contact

Prefix (Mr, Ms, Miss): Ms.

First/Last Name: Ginger Faught

Suffix (Jr, Sr, III): Title: Deputy City Administrator Credential:

Phone No.: (512) 858-4725 Extension:

Fax No.: 512-858-5646 E-mail Address: gfaught@cityofdrippingsprings.com

Organization Name: City of Dripping Springs

Mailing Address: P.O. Box 384

Internal Routing (Mail Code, Etc.):

City: Dripping Springs State: TX ZIP Code: 78620

Mailing Information if outside USA

Territory: Country Code: Postal Code:

Check one or both: Administrative contact Technical Contact

4. DMR/MER Contact Information

(Instructions, Page 28)

Contact Responsible for Discharge Monitoring Reports (EPA 3320-1) or Monthly Effluent Reports. Provide the name of the person and their complete mailing address delegated to receive and submit Discharge Monitoring Report Forms.

Prefix (Mr, Ms, Miss): Mr.

First/Last Name: Pat King

Suffix (Jr, Sr, III): Title: Principal Credential:

Phone No.: (512) 894-3322 Extension:

Fax No.: 512-894-3310 E-mail Address: pck@pgms.net

Organization Name: Professional General Management Services, Inc.

Mailing Address: 26550 Ranch Road 12, Suite 1

Internal Routing (Mail Code, Etc.):

City: Dripping Springs State: TX ZIP Code: 78620

Mailing Information if outside USA

Territory: Country Code: Postal Code:

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Did you know you can submit DMR data on line?

Go to Sign up now at:

<http://www.tceq.texas.gov/field/netdmr/netdmr.html>

Establish an electronic reporting account when you get your permit number.

5. Permit Contact Information

(Instructions, Page 28)

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

Prefix (Mr, Ms, Miss): Ms.

First/Last Name: Ginger Faught

Suffix (Jr, Sr, III): _____ Title: Deputy City Administrator Credential: _____

Phone No.: (512) 858-4725 Extension: _____

Fax No.: 512-858-5646 E-mail Address: gfaught@cityofdrippingsprings.com

Organization Name: City of Dripping Springs

Mailing Address: P.O. Box 384

Internal Routing (Mail Code, Etc.): _____

City: Dripping Springs State: TX ZIP Code: 78737

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Prefix (Mr, Ms, Miss): MR.

First/Last Name: Robert Callegari, P.E.

Suffix (Jr, Sr, III): _____ Title: Principal Credential: _____

Phone No.: (512) 432-1000 Extension: _____

Fax No.: 512-432-1015 E-mail Address: rcallegari@cma-engineering.com

Organization Name: CMA Engineering, Inc.

Mailing Address: 235 Ledge Stone Drive

Internal Routing (Mail Code, Etc.): _____

City: Austin State: TX ZIP Code: 78737

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

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6. Notice Information

(Instructions, Page 29)

a. Individual associated with the applicant responsible for publishing the notices

Prefix (Mr, Ms, Miss): Mr.

First/Last Name: Robert Callegari, P.E.

Suffix (Jr, Sr, III): _____ Title: Principal Credential: _____

Phone No.: (512) 432-1000 Extension: _____

Fax No.: 512-432-1015 E-mail Address: rcallegari@cma-engineering.com

Organization Name: CMA Engineering, Inc.

Mailing Address: 235 Ledge Stone Drive

Internal Routing (Mail Code, Etc.): _____

City: Austin State: TX ZIP Code: 78737

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

b. Method for receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

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

E-mail Address: rcallegari@cma-engineering.com

Fax No.: _____

Overnight/Priority mail: (self addressed, prepaid envelope required)

Regular Mail:

Mailing Address: 235 Ledge Stone Drive

Internal Routing (Mail Code, Etc.): _____

City: Austin State: TX ZIP Code: 78737

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c. Contact in the notice

Prefix (Mr, Ms, Miss): Mr.
First/Last Name: Robert Callegari, P.E.
Suffix (Jr, Sr, III): _____ Title: Principal Credential: _____
Organization Name: CMA Engineering, Inc.
Phone No.: (512) 432-1000 Extension: _____

d. Public place information

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

Public Building name: City of Dripping Springs City Hall
Location within the building: Front Desk
Physical address of building: 511 Mercer Street
City: Dripping Springs County: Hays
Contact Name: Ginger Faught
Phone No.: (512) 858-4725 Extension: _____

e. Bilingual notice requirements

**For new permit applications, major amendment and renewal applications.
Not applicable for minor amendment or minor modification applications.**

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

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

Yes No

(If No, alternative language notice publication is not required; skip to item 7. Regulated Entity and Permitted Site Information.)

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

Yes No

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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 1, 2, 3, or 4, public notice in an alternative language is required. Which language is required by the bilingual program?

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

7. Regulated Entity and Permitted Site Information

(Instructions, Page 30)

If the site of your business is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:

<http://www15.tceq.state.tx.us/crpub/index.cfm?fuseaction=regent.RNSearch>

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

TCEQ issued RE Reference Number (RN): RN: 104005434

a. State/TPDES Permit No.: WQ0014488003 Expiration date: _____

EPA Identification No. (TPDES Permits only): TX WQ0014488003

b. Name of project or site (the name known by the community where located):
City of Dripping Springs South Regional Wastewater Facilities

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

Yes No

(If Yes, additional information concerning protection of the Edwards Aquifer may be required.)

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d. Site location description information

Complete both sections, A and B. If the site does not have a physical address, check "No" in Section A and continue to Section B.

Section A: Site physical address.

Does the site have a physical address?

Yes No

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

Physical Address of Project or Site:

Street Number: 23127 Street Name: Ranch Road 150
City: Dripping Springs, TX ZIP Code: 78620

Section B: Site location information.

Is the location of the facility used in the existing permit correct?

Yes No

If the location description is not accurate or this is a new permit application, provide a written location access description to the site:

The wastewater treatment facility and subsurface disposal site are located approximately 0.55 miles east of the intersection of Ranch Road 12 and Farm-to-Market Road 150 as measured along Farm-to-Market Road 150, and from that point approximately 1,100 feet south of Farm-to-Market Road 150.

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

e. City where the site is located or, if not in a city, what is the nearest city:

City of Dripping Springs

f. ZIP Code where the site is located: 78620

g. County where the site is located: Hays

h. Latitude: N 30° 9' 15.05" Longitude: W 98° 4' 48.93"

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i. In your own words, briefly describe the primary business of the Regulated Entity:
(Do not repeat the SIC and NAICS code)

Domestic Wastewater Treatment Facility

j. Owner of treatment facility: City of Dripping Springs

Ownership of Facility: Public Private Both Federal

k. Owner of land where treatment facility is/will be:

City of Dripping Springs

(If not the same as the facility owner, there must be a long term lease agreement in effect for at least six years. In some cases, a lease may not suffice - see instructions page 33.)

l. Owner of effluent disposal site:

N/A

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

m. Owner of sewage sludge disposal site:

N/A

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

8. Discharge/Disposal Information

(Instructions, Page 34)

ALL permits complete the following

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

Yes No

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b. Provide an **original** full size USGS Topographic Map with all applicable required information. Indicate by a check mark that the information is provided.

See Attachment 1

- Applicant's property boundary
- Treatment facility boundaries
- Labeled point of discharge and highlighted discharge route
- Onsite sewage sludge disposal site
- Effluent disposal site boundaries
- New and future construction
- 1 mile radius and 3 miles downstream information
- All ponds

c. 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

If **no**, or if a new onsite sludge disposal authorization is being requested for the first time in this permit application, please give an accurate description.

N/A

TPDES permits complete the following

d. Is the point of discharge and the discharge route in the existing permit correct?

Yes No

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

Discharge through a 12 inch pipe to Walnut Springs; thence to Onion Creek; thence to Segment No. 1427 of the Colorado River Basin.

e. City or Town in which the outfall(s) is or will be located

City of Dripping Springs

f. County where outfall(s) are located: Hays

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g. Outfall - Latitude: N 30° 10' 38.02" Longitude: W 98° 5' 27.27"

Use degrees-minutes-seconds to the nearest second or decimal degrees to 4 decimal places (Ex: 30 - 10' - 25" or 30.1736).

h. Will the treated wastewater be discharged to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

Yes No

If Yes, indicate by a check mark if:

Authorization granted Authorization pending

(For new and amendments, provide copies of letters that show proof of contact and the approval letter upon receipt.)

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

NA

TLAP permits complete the following

j. Is the location of the effluent disposal site in the existing permit accurate?

Yes No

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

k. City or Town in which the disposal site is or will be located: _____

l. County where disposal site is located: _____

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m. Disposal site - Latitude: _____ Longitude: _____

Use degrees-minutes-seconds to the nearest second or decimal degrees to 4 decimal places (Ex: 30 - 10' - 25" or 30.1736).

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

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

9. Miscellaneous Information

(Instructions, Pages 37)

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

N/A

b. Do you owe fees to the TCEQ?

Yes No

If yes, please provide:

Account number: _____ Amount past due: _____

c. Do you owe any penalties to the TCEQ?

Yes No

If yes, please provide:

Enforcement order number _____ Amount past due _____

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10. Signature Page

(Instructions, Page 39)

Permit Number WQ0014488003

Applicant City of Dripping Springs

Certification:

I/We 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.

Print or Type Signor's Name: Todd Purcell

Provide Signor's Title: Mayor, City of Dripping Springs

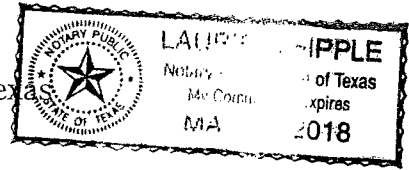
Signature (Use blue ink): *Todd Purcell*

Date: 10/19/15

Subscribed and Sworn to before me by the said Laurie Whipple
on this 19 day of October, 20 15.

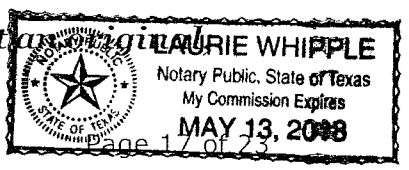
My commission expires on the 13 day of May, 20 18.

Notary Public Signature: *Laurie Whipple* [SEAL]
Hay County, Texas



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



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: HAYS
 Admin Complete Date: 12/31/15
 Agency Receiving SPIF:
 Texas Historical Commission U.S. Fish and Wildlife
 Texas Parks and Wildlife Department U.S. Army Corps of Engineers

Supplemental Permit Information

(Instructions, Page 40)

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

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

The following applies to all applications:

1. Permittee: City of Dripping Springs
2. Permit No. WQ 0014488003 (EPA ID No.) TX 0136778
3. Address of the project (location description that includes street/highway, city/vicinity, & county).

City of Dripping Springs South Regional WWTP Facilities
 23127 Ranch Road 150 South
 Dripping Springs, Texas 78620

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

Name: Robert Callegari, P.E. Phone number: (512) 432-1000

Company: CMA Engineering, Inc. Fax number: 512-432-1015

Street No.: 235 Street name: Ledge Stone Drive

Street type: Drive

P.O. Box: _____ Email: rcallegari@cma-engineering.com

City: Austin State: TX Zip code: 78737

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

Hays County

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

City of Dripping Springs (WWTP Site) and Development Solutions Cat, LLC (Discharge Point)

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

Discharge through a 12 inch pipe to Walnut Springs; thence to Onion Creek; thence to Segment No. 1427 of the Colorado River Basin.

8. Please provide a separate 7.5 minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required **in addition to** the map in the administrative report). See Attachment 1 SPIF

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

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10. Does your project involve any of the following? **If Yes**, check the appropriate boxes.

- 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

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

Proposed construction will consist of wastewater collection system improvements. As well as the proposed new WWTP construction and existing WWTP expansion, Treated effluent line construction in ROWs and/or easements, Impacts to caves are karst features are not anticipated.

12. Describe existing disturbances, vegetation and land use.

Any disturbances caused during construction will be returned to their original state or better when construction is complete. Existing vegetation is native grasses, and in the past land was used for ranching and hunting. Current land use at discharge point new is a subdivision.

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

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

Construction of existing South Regional Wastewater Facilities (WWTP, effluent storage tank, and operations building/bard were completed in July 2008.

Subdivision construction at Caliterra (discharge point) began in mid 2014. New home Construction is ongoing.

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

Past land was used for ranching and hunting. Current land use at discharge point (Outfall 003) is a subdivision.

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DOMESTIC ADMINISTRATIVE REPORT 1.1

The following is required for new and amendment applications.

1. Affected Landowner Information

(Instructions, Page 41)

a. Landowner map components

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

- The applicant's property boundaries See Attachment 2
- The facility site boundaries within the applicant's property boundaries See Attachment 2
- The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone See Attachment 3
- The property boundaries of all landowners surrounding the applicant's property See Attachment 2
- The point(s) of discharge and highlighted discharge route clearly shown for one mile downstream See Attachment 4
- The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge See Attachment 4
- The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay estuary, or affected by tides
- The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site), all evaporation/holding ponds within the applicant's property
- The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located
- The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

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b. Landowner list media

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

- Read/Writeable CD or Disk
- 4 sets of labels

c. Cross-referenced landowner list

Has a separate list with the landowners' names and mailing address cross-referenced to the landowners map been provided.

- Yes No
- See Attachments 2 and 4

d. Landowner data source

Provide the source of the landowners' names and mailing addresses.

Hays County Appraisal District

e. School fund land

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

- Yes No

If yes, provide the location, foreseeable impacts, and effects this application has on the land(s).

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2. Buffer Zone Map

(Instructions, Page 44)

See Attachment 3

a. Buffer zone map components

Provide a buffer zone map on 8.5 x 11-inch paper. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels. Indicate by a check mark that all the following information is included on the map.

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

b. Buffer zone compliance method

How will the buffer zone requirement be met?

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

c. Unsuitable site characteristics

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

Yes No

3. Original Photographs

(Instructions, Page 48)

See Attachment 5

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

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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

1. Permitted or Proposed Flows

(Instructions, Page 49)

Table 1.0(1) - Existing/Interim I Phase

Design Flow (MGD)	0.399
2-Hr Peak Flow (MGD)	1.596
Estimated construction start date	August 2019
Estimated waste disposal start date	October 2020

Table 1.0(2) - Interim II Phase

Design Flow (MGD)	0.4975
2-Hr Peak Flow (MGD)	1.990
Estimated construction start date	August 2019
Estimated waste disposal start date	July 2021

Table 1.0(3) - Final Phase

Design Flow (MGD)	0.995
2-Hr Peak Flow (MGD)	3.980
Estimated construction start date	January 2021
Estimated waste disposal start date	October 2021

Current operating phase: Interim I of Permit WQ0014488001

Provide the startup date of the current phase: _____

Provide the startup date of the facility: 07/01/2008

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2. NAICS and SIC Code

(Instructions, Page 49)

Provide the appropriate SIC Code: 4952 and NAICS code: 22132

3. Treatment Process

(Instructions, Page 49)

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 Attachment 6 for Treatment Process Description

Port or pipe diameter at the discharge point: 12 inches

b. Treatment Units

Provide the type and dimensions (length, width, depth) of each treatment unit, accounting for *all* phases of operation.

Table 1.0(4) – Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See Attachment 7		Technical Memorandum 1 - Conceptual Design Services

c. Process flow diagrams

Provide flow diagrams for the existing facilities and/or **each** proposed phase of construction. Is the required information included?

Yes No

See Attachment 7

4. Site Drawing

(Instructions, Page 50)

Provide a site drawing for the facility. Indicate by a check mark that it contains the following. See Attachment 8

- 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 is 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.

The area to be served by the treatment facility is the Greater Dripping Springs Area.

5. Unbuilt Phases

(Instructions, Page 51)

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.

6. Closure Plans

(Instructions, Page 51)

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.

7. Permit Specific Requirements

(Instructions, Page 52)

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: 06/18/2007

For applicants with an existing permit: Check the *Other Requirements* or *Special Provisions* of the existing permit and provide information below (including dates) on any actions taken to meet an *Other Requirement* or *Special Provision* pertaining to the submission of a summary transmittal letter, if applicable. Also, if in possession of an approval letter from the TCEQ, provide a copy.

N/A

b. Buffer zones

Have the buffer zone requirements been met?

Yes No

For applicants with an existing permit: Check the *Other Requirements* or *Special Provisions* of the existing permit and provide information below (including dates) on any actions taken to meet the conditions of an *Other Requirement* or *Special Provision* pertaining to the buffer zone, if applicable. If available, provide any new documentation relevant to maintaining the buffer zones.

N/A

c. Other actions required by the current permit

For applicants with an existing permit: Check the *Other Requirements* or the *Special Provisions* of the existing permit. Does the *Other Requirements* or *Special Provisions* section in the current permit require submission of any other information? Or does it specify other required actions? Examples: Notification of Completion, progress reports, soil monitoring data, etc.

Yes No

Provide information below on the status of any actions taken to meet the conditions of an *Other Requirement* or *Special Provision* that requires submission of information to the TCEQ or other action.

d. Grit and grease treatment (Instructions, Page 53)

1. Transported loads of grit and grease

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

Yes No Separate grit or grease waste facility.

If No, stop here and continue with section e.

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 the grit and grease is separated or processed. Also, provide a flow diagram showing how grit and grease is processed at the facility.

3. Grit disposal

Describe below how the grit is disposed of. Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal? Note that a registration or permit is required for grit disposal and that grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Yes No

If No, contact the TCEQ MSW team at 512-239-0000.

4. Grease and decanted liquid disposal

Describe below how the decant and grease are treated and disposed of after grit separation. Note that a registration or permit is required for grease disposal and that grease shall not be combined with treatment plant sludge (contact the TCEQ MSW team at 512-239-0000).

e. Stormwater management (Instructions, Page 54)

1. Applicability

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

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 no further information is needed, and this item is complete.

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 (TXR05#### or TXRNE####) _____ and stop here.

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 on having no exposure of industrial activity to stormwater (see instructions page 54)?

Yes No

If yes, please explain below and then stop here:

Please refer to

http://www.tceq.state.tx.us/permitting/water_quality/stormwater/TXRO5_steps.html for additional information on how to apply for this permit.

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 and stop here.

5. Zero stormwater discharge

Do you intend to have no discharge of storm water through evaporation or other means?

Yes No

If yes, explain below and stop here. Note that 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.

Note that your facility is required to obtain authorization to discharge stormwater to surface water in the state. 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 storm water outfall. Please also indicate if you intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state. Then stop here.

Note that 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. Other wastes received including sludge from other WWTPs and septic

1. Acceptance of sludge from other WWTP

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

Yes No

If yes, provide a description of when 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. Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring. Also note if this information has or has not changed since the last permit action?

2. Acceptance of septic waste

Does the facility accept or will accept septic waste at the facility site?

Yes No

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

Yes No If yes, does the unit have an MSW permit? Yes No.

If yes to any of the above, provide a description of when 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. Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring. Also note if this information has or has not changed since the last permit action?

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

Does the facility accept or will accept wastes that are not domestic in nature at the facility site excluding the categories listed above?

Yes No

If yes, provide a description of when the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), and 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?

8. Pollutant Analysis of Treated Effluent

(Instructions, Page 57) See Attachment 9

Provide an analysis of the treated effluent for the following pollutants (data must be sampled within 1 year of application submission) in the table below. Effluent data is not required for new permit applications unless the facility is in operation. For **water treatment facilities** discharging filter backwash water, use the second table below.

Table 1.0(5) - Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	3.0	25	186	Grab	Jan 2012 - Sep 2015
Total Suspended Solids, mg/l	3.2	29	186	Grab	Jan 2012 - Sep 2015
Ammonia Nitrogen, mg/l	7.1	46	165	Grab	May 2014 - Sep 2015
Nitrate Nitrogen, mg/l	11.0	55	163	Grab	May 2014 - Sep 2015
Total Kjeldahl Nitrogen, mg/l	8.2	46	164	Grab	May 2014 - Sep 2015
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (colonies per 100ml) freshwater					
Enterococci (colonies per 100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l					
Electrical Conductivity, μ mohs/cm					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃), mg/l					

Table 1.0(6) - 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, std. units					
Fluoride, mg/l					

Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

9. Facility Operator

(Instructions, Page 58)

Provide the name, license classification and level, and operator license number for the facility operator:

Professional General Management Services, Inc. No. OC0000011, Curtis Brinkley WW0044842

10. Sewage Sludge Management and Disposal

(Instructions, Page 58)

See Attachment 10

a. Sludge disposal method

Check the current and anticipated 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
- 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 (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. Sludge disposal site

Provide the disposal site name: Windemere WWTP

TCEQ permit or registration number: WQ0011931

County where disposal site is located: Travis County

c. Sludge transportation method

Provide the method of transportation (truck, train, pipe, other): Truck

Name of the hauler: Waste Water Transport Service, LLC

Hauler registration number: RN 24343

Transported as: liquid semi-liquid semi-solid solid

Land application for: reclamation soil conditioning

11. Permit Authorization for Sewage Sludge Disposal

(Instructions, Page 58)

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?

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

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

12. Sewage Sludge Solids Management Plan

(Instructions, Page 59)

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

13. Sewage Sludge Lagoons

(Instructions, Page 60)

N/A

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 exist within the lagoon area.

- 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 in *Item 7 of Technical Report 1.0.*

Additional Pollutant Screening for Sludge Lagoons

Nitrate Nitrogen, mg/kg	
Total Nitrogen, mg/kg	
Phosphorus, mg/kg	
Potassium, mg/kg	
pH (standard units)	
Ammonia Nitrogen mg/kg	
Arsenic	
Cadmium	
Chromium	
Copper	
Lead	
Mercury	
Molybdenum	
Nickel	
Selenium	

Zinc	
Total PCBs	

Provide the following information:

Volume and frequency of sludge to the lagoon(s) _____

Total dry tons stored in the lagoons(s) per 365-day period _____

Total dry tons stored in the lagoons(s) over the life of the unit: _____

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.

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.

14. Authorizations/Compliance/Enforcement

(Instructions, Page 62)

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 for item b., provide a brief summary of the enforcement and/or implementation schedule and include a status update:

15. RCRA/CERCLA Wastes

(Instructions, Page 62)

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 a. or b., is a detailed attachment with information concerning these wastes provided?

Yes No

16. Laboratory Accreditation

(Instructions, Page 63)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

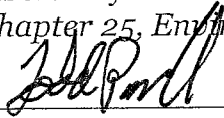
- The laboratory is an in-house laboratory and is:
 - periodically inspected by the TCEQ; or
 - located in another state and is accredited or inspected by that state; or
 - performing work for another company with a unit located in the same site; or
 - performing pro bono work for a governmental agency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

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

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, (page 39), for a list of designated representatives who may sign the certification.

CERTIFICATION:

I, Todd Purcell (printed name),
Mayor, City of Dripping Springs (title), certify that all
laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.


Signature

10/19/15
Date

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

1. Permitted or Proposed Flows

(Instructions, Page 64)

a. Complete the following charts.

Table 1.1(1) - Existing/Interim I Phase

Design Flow (MGD)	0.399
2-Hr Peak Flow (MGD)	1.596
Estimated construction start date	August 2019
Estimated waste disposal start date	October 2020

Table 1.1(2) - Interim II Phase

Design Flow (MGD)	0.4975
2-Hr Peak Flow (MGD)	1.990
Estimated construction start date	August 2019
Estimated waste disposal start date	July 2021

Table 1.1 (3) Final Phase

Design Flow (MGD)	0.995
2-Hr Peak Flow (MGD)	3.980
Estimated construction start date	January 2021
Estimated waste disposal start date	October 2021

Current operating phase: _____

b. Justification of permit need

Provide a detailed discussion regarding the need for any phase(s) not currently permitted. Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

Over the last few years, the City has been receiving numerous new sewer service requests. In response to the requests, the City currently has a permit amendment pending to increase its permitted capacity from 162,500 GPD to 348,500 GPD. This capacity is already 100% reserved for future developments, and the City continues to receive additional requests. A new permit and WWTP is needed to allow for the City to continue to grow and provide sewer service to new and existing customers.

c. Regionalization of facilities

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

1. Municipally incorporated areas

If the applicant is a city, check N/A and proceed to 1(c)(2) below:

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. Utility CCN areas

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

Yes No

If yes, is 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 attached?

Yes No

3. Nearby collection systems

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

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 65)

a. New permits

Is this an application for a new permit?

Yes No

If **yes**, proceed to 2(c).

If **no**, and the application is to amend an existing permit, provide organic loading information in 2(b).

b. Current organic loading

Facility Design Flow (flow being requested in application)

0.995 MGD

Average Influent Organic Strength or BOD₅ Concentration in mg/l

277 mg/L

Average Influent Loading (lbs/day = total average flow x average BOD₅ conc. X 8.34)
 1,200 lb BOD/day

Provide the source of the average organic strength or BOD₅ concentration.
 City of Dripping Springs Influent Data See Attachment 7

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

c. Proposed organic loading

This table must be completed if applying for a new permit or if increased flow will impact organic loading.

Table 1.1(4) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD ₅ 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 or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW		
AVERAGE BOD₅		

3. Proposed Effluent Quality and Proposed Disinfection

(Instructions, Page 66)

Table 1.1(5) – Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l	5
Total Suspended Solids, mg/l	5
Ammonia Nitrogen, mg/l	2
Total Phosphorus, mg/l	0.5
Dissolved Oxygen, mg/l	5.0
Other:	

Table 1.1(6) – Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l	5
Total Suspended Solids, mg/l	5
Ammonia Nitrogen, mg/l	2
Total Phosphorus, mg/l	0.5
Dissolved Oxygen, mg/l	5.0
Other:	

Table 1.1(7) - Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l	5
Total Suspended Solids, mg/l	5
Ammonia Nitrogen, mg/l	2
Total Phosphorus, mg/l	0.5
Dissolved Oxygen, mg/l	5.0
Other:	

Check the proposed method of disinfection.

- Chlorine: 1.0 mg/l after 20 minutes detention time at peak flow
- Ultraviolet: _____ seconds contact time at peak flow
- Other: _____

Dechlorination process (if applicable): _____

4. Design Calculations

(Instructions, Page 66)

See Attachments 7 and 11

- Indicate by a check mark that design calculations and plant features for each proposed phase are provided. Example 4 of the instructions includes sample design calculations and plant features. (Instructions, Page 102)

5. Facility Site

(Instructions, Page 67)

a. 100-year floodplain

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

Yes No

If no, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of 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 US Corps of Engineers 404 Dredge and Fill Permit?

Yes No

If yes, provide the permit number: _____

If no, provide the approximate date you anticipate submitting your application to the Corps: _____

b. Wind rose See Attachment 12

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

6. Permit Authorization for Sewage Sludge Disposal

(Instructions, Page 67)

a. Beneficial use authorization

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. Sludge processing authorization

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

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

If yes to any of the above sludge options and if 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 67) See Attachment 13

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. **(Instructions, Page 104)**

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

1. Domestic Drinking Water Supply

(Instructions, Page 71)

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

Yes No

If yes, identify owner of the drinking water supply, the distance and direction to the intake, and locate and identify the intake on a USGS map. Indicate by a check mark that the requested information is provided.

2. Discharge into Tidally Affected Waters

(Instructions, Page 71)

a. Receiving water outfall

Width of the receiving water at the outfall _____ feet

b. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes No

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

c. Sea grasses

Are there any sea grasses within the vicinity of the point of discharge?

Yes No

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

3. Classified Segments

(Instructions, Page 71)

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

Yes No

If yes, stop here. Worksheet 2.0 is complete and Worksheet 2.1 is not required.

If no, complete items 4 and 5.

4. Description of Immediate Receiving Waters

(Instructions, Page 71)

Name of the immediate receiving waters:

Walnut Springs Creek

a. Receiving water type

Check the appropriate description of the receiving waters.

- Stream
- Freshwater Swamp 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 discharge point: _____ feet

- Man-made Channel or Ditch
- Open Bay
- Tidal Stream, Bayou, or Marsh
- Other: _____

b. Flow characteristics

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

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

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

- USGS flow records
- Historical observation by adjacent landowner(s)
- Personal observation
- Other, specify: _____

c. Downstream perennial confluences

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

Segment 1427 - Onion Creek

d. Downstream characteristics

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

- Yes No **If yes, discuss how.**

Pools formed by man-made dams on Onion Creek

e. Normal dry weather characteristics

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

Observed that Walnut Springs Creek was completely dry. Previously, a trickle of flow was observed in the upper end near the discharge point.

Date and time of observation: 9/30/2015

Was the water body influenced by storm water runoff during observations?

Yes No

5. General Characteristics of the Waterbody

(Instructions, Page 72)

a. Upstream influences

Is the receiving water upstream of the discharge or proposed discharge site influenced by any of the following (check as appropriate)?

- | | |
|--|---|
| <input type="checkbox"/> Oil field activities | <input checked="" type="checkbox"/> Agricultural runoff |
| <input checked="" type="checkbox"/> Urban runoff | <input checked="" type="checkbox"/> Septic tanks |
| <input type="checkbox"/> Upstream discharges | <input type="checkbox"/> Other(s), specify below |

b. Waterbody uses

Uses of the waterbody, observed or evidences of (check as appropriate).

- | | |
|--|--|
| <input checked="" type="checkbox"/> Livestock watering | <input type="checkbox"/> Navigation |
| <input checked="" type="checkbox"/> Contact recreation | <input type="checkbox"/> Domestic water supply |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Non contact recreation | <input type="checkbox"/> Park activities |
| <input checked="" type="checkbox"/> Fishing | <input type="checkbox"/> Other(s), specify below |

c. Waterbody aesthetics

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

- Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- Natural Area: trees and/or native vegetation 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 6.0

INDUSTRIAL WASTE CONTRIBUTION

1. All POTWs

(Instructions, Page 96)

a. Industrial users

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each. See Definitions for Categorical IUs, Significant IUs – non-categorical, and Other IUs.

Table 6.0(1) – POTW Industrial Users

Type of Industrial User	Number of Industrial Users	Average Daily Flows (MGD)
Categorical IUs	0	0
Significant IUs – non-categorical	0	0
Other IUs	0	0

b. Treatment plant interference

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) of each interference event. Include the names of the IUs that may have caused the interference. Submit an attachment if necessary.

c. Treatment Plant pass through

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) of each pass through event. Include the names of the IUs that may have caused pass through. Submit an attachment

if necessary.

d. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes No

If yes, answer all questions in item 2, but skip item 3 questions.

Is your POTW required to develop an approved pretreatment program?

Yes No

If yes, answer questions in item 2.c. and 2.d., but skip item 3 questions.

If no to either question above, skip item 2 and answer all questions in item 3 for each significant industrial user and categorical industrial user.

2. POTWs with Approved Programs or Those Required to Develop a Program

(Instructions, Page 96)

a. Substantial modifications

Have there been any **substantial modifications** to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to *40 CFR §403.18*?

Yes No

If yes, identify below modifications that have not been submitted to the Approval Authority (TCEQ), including the purpose of the modification. Submit an attachment if necessary.

b. Non-substantial modifications

Have there been any **non-substantial modifications** to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for review and acceptance?

Yes No

If yes, identify below all nonsubstantial modifications that have not been submitted to the Approval Authority (TCEQ) including the purpose of the modification. Submit an attachment if necessary.

--

c. Effluent parameters above the MAL

List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(2) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

c. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) 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 an attachment if necessary.

--

3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU)

(Instructions, Page 97)

a. General information

Company Name: None SIC Code: _____

Telephone number: _____ Fax number: _____

Contact name: _____

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

City: _____ State: _____ Zip Code: _____

b. Process information

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

c. Product and service information

Provide a description of the principal product(s) or services performed.

d. Flow rate information

Table 6.0(3) –Industrial Users Flow Information

Flow information	Discharge (gallons per day)	Specify if continuous, batch, or intermittent discharge
Process wastewater*		
Non-process wastewater*		

*See Definitions of process and non-process wastewater

e. Pretreatment standards

Indicate whether the SIU or CIU 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.

Table 6.0(4) –Categorical Pretreatment Standards

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

f. Industrial unit interruptions

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

Yes No

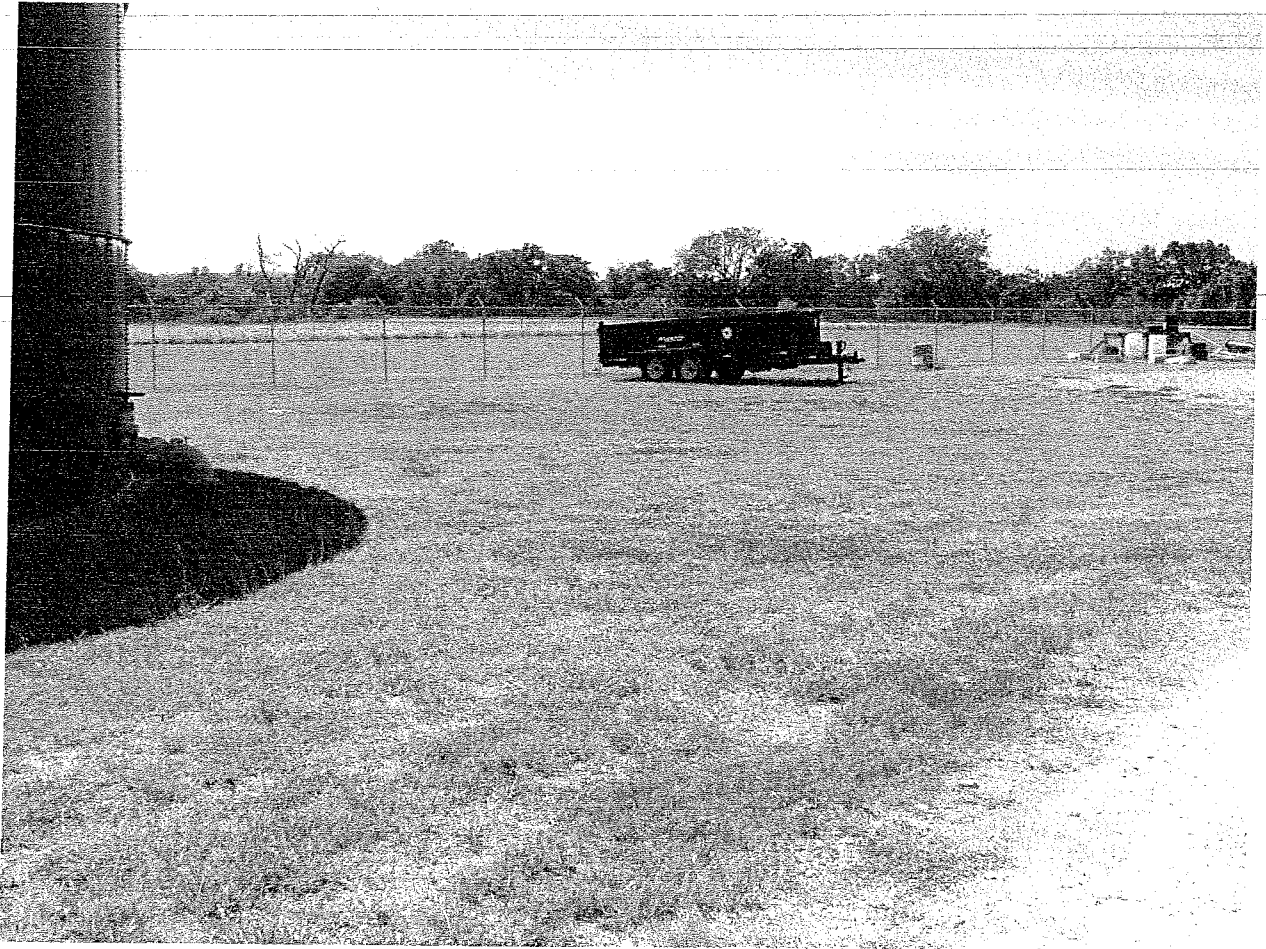
If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants. Provide a separate attachment if necessary.

SPIF Attachments

1. SPIF - USGS Topographic Map, 1 mile Downstream and Location Map (Page 19 of 23)

Attachment List

1. USGS Topographic Map, 3 miles Downstream (Page 14 of 23)
2. WWTP Property Boundary Map and List of Property Owners (Pages 21 & 22 of 23)
3. Buffer Zone Map (Pages 21 & 23 of 23)
4. Property Boundary Map One Mile Downstream of Discharge Point and List of Property Owners (Pages 21 & 22 of 23)
5. Photographs of WWTP Site and Discharge Point (Page 23 of 23)
6. Treatment Process Description (Page 2 of 76)
7. Preliminary Engineering Report With Technical Memorandum 1 - Conceptual Design Services (Pages 2, 3, 23, and 25 of 76)
8. Site Drawing and Service Area (Page 3 of 76)
9. Pollutant Analysis of Treated Effluent (Page 11 of 76)
10. Sludge Disposal/Coupland Recovery System Letter (Page 12 of 76)
11. Treatment Plant Features (Page 25 of 76)
12. Wind Rose (Page 26 of 76)



Picture 3 - Looking Southwest at Future WWTP and Effluent Holding Tank Location (11-12-15).



Picture 4 - Looking Southwest at Future WWTP and Effluent Filter Location (11-12-15).



Picture 5 - Looking East at Proposed Discharge Point (11-13-15).



Picture 6 - Looking South along Walnut Springs from Proposed Discharge Point (11-13-15).



Picture 7 - Looking North and Upstream along Walnut Springs from Proposed Discharge Point (11-13-15).



Picture 8 - Looking South along Walnut Springs (11-13-15).



Picture 9 - Looking South along Walnut Springs (11-13-15).

Attachment 6

Treatment Process Description

The Interim I and Interim II Phase WWTP will be a four-stage Bardenpho activated sludge treatment system with conventional clarification and tertiary filtration followed by chlorine disinfection and will incorporate external carbon addition. Wastewater will pass through self-cleaning mechanical bar screens and enter the first anoxic basin, flow to the first aerobic basin, then to the second anoxic basin, and then to the second aerobic basin. Activated Sludge will flow from the second aerobic basin to the clarifier, then to the effluent filters, then to the chlorine contact chamber, and finally to the treated effluent tank. Treated effluent will be stored in the holding tank prior to reuse or discharge. The WWTP will include a treated effluent pump station that will deliver treated water to the discharge point through a 12 in treated effluent line.

The Final Phase WWTP will include flow splitting and two identical four-stage Bardenpho activated sludge treatment systems with conventional clarification and tertiary filtration followed by chlorine disinfection and will incorporate external carbon addition.

It is anticipated that sludge will be hauled off-site, by a licensed hauler, to another permitted WWTP in the initial phases, and potentially dewatered onsite in future phases.