



OJD Engineering

The Benchmark

F#-4393

September 1, 2020

Texas Commission on Environmental Quality
Attn: Water Quality Division
Application Review and Processing Team (MC-148)
P.O. Box 13087
Austin, Texas 78711-3087

Re: City of Childress Wastewater Treatment Plant Permit #WQ0010076005

Dear TCEQ:

Enclosed, you will find one original and three copies of the application packet for the City of Childress' Wastewater Treatment Plant, permit no. WQ00100076005. The City's permit fees have been paid. If there are any questions, feel free to contact me.

Sincerely,

Clint Green
OJD Engineering, L.P.
F-4393

Cc: Kevin Hodges
City of Childress

Wellington | Amarillo | Wolfforth

ph: 806.352.7117

2420 Lakeview Dr. Amarillo, TX 79109
www.OJDEngineering.com

fax: 806.352.7188



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: City of Childress

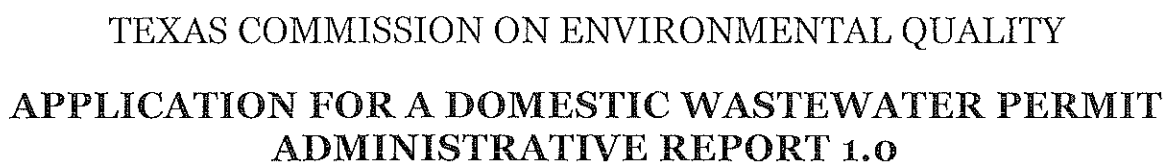
PERMIT NUMBER: WQ0010076005

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 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 checked="" type="checkbox"/>
Core Data Form	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 Childress

(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: 600333769

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: Cary Preston

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

Title: Mayor

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?

(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:

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):

First and Last Name:

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

Title:

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

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: 1

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: Kevin Hodges

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

Title: City Manager

Organization Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684 Ext.: Fax No.: (940) 937-6420

E-mail Address: kl-hodges@att.net

Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

First and Last Name: Rickey Pierce

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

Title: Public Works Director

Organization Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684 Ext.: Fax No.: (940) 937-6420

E-mail Address: picklepierce@yahoo.com

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: Kevin Hodges

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

Title: City Manager

Organization Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684 Ext.: Fax No.: (940) 937-6420

E-mail Address: kl-hodges@att.net

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

First and Last Name: Che Shadle

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

Title: Professional Engineer/Vice President

Organization Name: OJD Engineering, LP

Mailing Address: 2420 Lakeview Drive

City, State, Zip Code: Amarillo, Texas 79109

Phone No.: (806) 352-7117 Ext.: Fax No.: (806) 352-7188

E-mail Address: che.shadle@ojdengineering.com

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: Mauro Hernandez

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

Title: City Treasurer

Organization Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684 Ext.: Fax No.: (940) 937-6420

E-mail Address: mhernandez@childresstexas.net

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): Mr.

First and Last Name: Rickey Pierce

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

Title: Water Supervisor

Organization Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3683 Ext.: Fax No.: (940) 937-6420

E-mail Address: dirplbwrks@att.net

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): Mr.

First and Last Name: Kevin Hodges

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

Title: City Manager

Organization Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684 Ext.: Fax No.: (940) 937-6420

E-mail Address: kl-hodges@att.net

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: Kevin Hodges

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

Title: City Manager

Organization Name: City of Childress

Phone No.: (940) 937-3684 Ext.:

E-mail: kl-hodges@att.net

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: Childress City Hall

Location within the building: Front Desk

Physical Address of Building: 315 Commerce Street

City: Childress

County: Childress

Contact Name: Kevin Hodges

Phone No.: (940) 937-3684 Ext.:

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?

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN101612604

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):

Main Plant

- C. Owner of treatment facility: City of Childress

Ownership of Facility: ☒ Public ☐ Private ☐ Both ☐ Federal

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

Prefix (Mr., Ms., Miss):

First and Last Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684

E-mail Address: kl-hodges@att.net

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:

- E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss):

First and Last Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684

E-mail Address: kl-hodges@att.net

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:

- 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):

First and Last Name: City of Childress

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684

E-mail Address: kl-hodges@att.net

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: Attachment 11 - Lease

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:

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): Wichita, Kansas

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

Outfall Latitude: 37.686111 Longitude: -97.330556

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: Attachment 12 - Letters

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:

N/A

B. City nearest the disposal site: N/A

C. County in which the disposal site is located: N/A

D. Disposal Site Latitude: N/A Longitude: N/A

E. For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:

N/A

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

N/A

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.

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:

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: WQ0010076005

Applicant: City of Childress

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): Cary Preston

Signatory title: Mayor

Signature: _____

(Use blue ink)

Date: 3/6-2020

Subscribed and Sworn to before me by the said Cary Preston

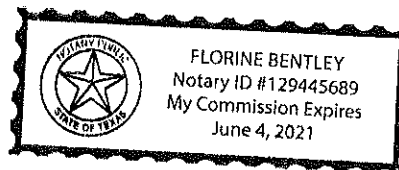
on this 6 day of March, 20 20.

My commission expires on the 4 day of June, 20 21.

Florine Bentley
Notary Public

[SEAL]

Childress
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 Childress

Permit No. WQ00 10076005

EPA ID No. TX TX0024058

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

Located approximately .5 miles S of US Highway 287 approximately 1 mile E of FM 2530
Childress, Texas Childress County, Texas.

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: Kevin Hodges

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

Title: City Manager

Mailing Address: P.O. Box 1087

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 937-3684 Ext.: Fax No.: (940) 937-6420

E-mail Address: kl-hodges@att.net

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

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.

from the plant to an unnamed tributary of North Groesbeck Creek; thence to North Groesbeck Creek; thence to Groesbeck Creek; thence to Red River above Pease River in Segment No. 206 of the Red River Basin

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:

N/A

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

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Waste Permit No: WQ0010076005**

1. Check or Money Order Number: 1626
2. Check or Money Order Amount: \$1,215.00
3. Date of Check or Money Order: 8/12/2020
4. Name on Check or Money Order: OJD Engineering, LLC
5. APPLICATION INFORMATION

Name of Project or Site: City of Childress - Main Plant

Physical Address of Project or Site: APPROX 1 MILE SE OF THE INTERSECTION OF US HWY 287 FM 2530, CHILDRESS, TX, 79201

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space

OJD ENGINEERING, LLC
2420 LAKEVIEW
AMARILLO, TEXAS 79109

Date 08/12 2020

1626

88-95/1113

PAY
TO THE
ORDER OF

TCEQ

\$ 1,215.00

One Thousand Two Hundred Fifteen ⁰⁰/₁₀₀ DOLLARS



Amarillo
National
Bank

AMARILLO, TEXAS

MEMO

WQ 00100710005

[Handwritten signature]

MP

⑆111300958⑆⑆701 519 4⑆ 1626

WRITCO - AMARILLO

THIS PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 50)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., Miss):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number: Fax Number:

E-mail Address:

CN:

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:



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): 0.495

2-Hr Peak Flow (MGD): 1.7325

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

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): 0.495

2-Hr Peak Flow (MGD): 1.7325

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current operating phase: Existing

Provide the startup date of the facility: 1/1/1917

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:

Imhoff tank, drying beds, trickling filter, pond system, discharge

Port or pipe diameter at the discharge point, in inches: 12

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)
Imhoff Tank	1	40'x46'x24'
Drying Beds	2	Varies
Trickling Filter	1	102'x128'x5'
Ponds	5	Each approx. 800'x100'x5'

C. Process flow diagrams

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

Attachment: 2

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: 3

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

City of Childress, Texas

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.

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.

--

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: N/A

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.

--

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.

--

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*.

- 1) Facilities for the retention of treated or untreated wastewater shall be adequately lined to control seepage. The permittee shall furnish certification by a Texas Licensed Professional Engineer that the completed pond lining meets the appropriate criteria above within 60 days of permit issuance. The certification shall be submitted to the TCEQ Regional Office (MC Region 1), Water Quality Compliance Monitoring Team (MC224) of Enforcement Division, and Water Quality Assessment Team (MC150). This provision is continued from the expired permit issued on December 19, 2012 which has not been complied with to date.
- 2) Within 90 days of the issuance of this permit, the permittee shall submit to the TCEQ Wastewater Permitting Section (MC 148) a summary transmittal letter in accordance with the requirements in 30 TAC §217.6(d). If requested by the Wastewater Permitting Section, the permittee shall submit plans and specifications and a final engineering design report which comply with 30 TAC Chapter 217, Design Criteria for Domestic Wastewater Systems. The permittee shall clearly show how the treatment system will meet the permitted effluent limitations required on Page 2 of this permit. A copy of the summary transmittal letter shall be available at the plant site for inspection by authorized representatives of the TCEQ.

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 [REDACTED] or TXRNE [REDACTED]

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.

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.

--

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.

--

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	27		1	Grab	4/17/20 15:00
Total Suspended Solids, mg/l	44		1	Grab	4/17/20 16:15
Ammonia Nitrogen, mg/l	18.9		1	Grab	4/21/20 17:15
Nitrate Nitrogen, mg/l	0.06		1	Grab	4/18/20 5:17
Total Kjeldahl Nitrogen, mg/l	18.8		1	Grab	4/29/20 9:36
Sulfate, mg/l	191		1	Grab	4/18/20 5:17
Chloride, mg/l	199		1	Grab	4/18/20 5:17
Total Phosphorus, mg/l	3.8		1	Grab	4/21/20 11:15
pH, standard units	8.59		1	Grab	3/30/20 3:27
Dissolved Oxygen*, mg/l	4.93		1	Grab	3/30/20 3:27
Chlorine Residual, mg/l	3.48		1	Grab	3/30/20 3:27
<i>E.coli</i> (CFU/100ml) freshwater	13		1	Grab	3/30/20 3:27
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l					
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	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, 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

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Rickey Pierce

Facility Operator's License Classification and Level: D

Facility Operator's License Number: WW0014511

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.

- ☐ 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: [REDACTED]

B. Sludge disposal site

Disposal site name: [REDACTED]

TCEQ permit or registration number: [REDACTED]

County where disposal site is located: [REDACTED]

C. Sludge transportation method

Method of transportation (truck, train, pipe, other): [REDACTED]

Name of the hauler: [REDACTED]

Hauler registration number: [REDACTED]

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

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: [REDACTED]

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: [REDACTED]

Total Kjeldahl Nitrogen, mg/kg: [REDACTED]

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: [REDACTED]

Phosphorus, mg/kg: [REDACTED]

Potassium, mg/kg: [REDACTED]

pH, standard units: [REDACTED]

Ammonia Nitrogen mg/kg: [REDACTED]

Arsenic: [REDACTED]

Cadmium: [REDACTED]

Chromium: [REDACTED]

Copper: [REDACTED]

Lead: [REDACTED]

Mercury: [REDACTED]

Molybdenum: [REDACTED]

Nickel: [REDACTED]

Selenium: [REDACTED]

Zinc: [REDACTED]

Total PCBs: [REDACTED]

Provide the following information:

Volume and frequency of sludge to the lagoon(s): [REDACTED]

Total dry tons stored in the lagoons(s) per 365-day period: [REDACTED]
[REDACTED]

Total dry tons stored in the lagoons(s) over the life of the unit: [REDACTED]
[REDACTED]

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.

[REDACTED]

D. Site development plan

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

[REDACTED]

Attach the following documents to the application.

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

Attachment: [REDACTED]

- Copy of the closure plan

Attachment: [REDACTED]

- Copy of deed recordation for the site

Attachment: [REDACTED]

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

Attachment: [REDACTED]

- 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:

TCEQ Authorization No. R10076-005 Reclaimed water from the City of Childress East Wastewater Treatment Plant (Permit No. 10076-005) to irrigate the Stoney Ridge Golf Course

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: 

Section 14. Laboratory Accreditation (Instructions Page 64)

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, for a list of designated representatives who may sign the certification.

CERTIFICATION:

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

Printed Name: Cary Preston

Title: Mayor

Signature: _____

Date: 3/6/2020

DOMESTIC WORKSHEET 3.0

LAND DISPOSAL OF EFFLUENT

The following is required for all permit applications

Renewal, New, and Amendments

Section 1. Type of Disposal System (Instructions Page 77)

Identify the method of land disposal:

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

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number:

Section 2. Land Application Site(s) (Instructions Page 77)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 77)

Table 3.0(2) – Storage and Evaporation Ponds

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

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

Attachment: 

Section 4. Flood and Runoff Protection (Instructions Page 77)

Is the land application site within the 100-year frequency flood level?

Yes ☐ No ☒

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

Provide the source used to determine the 100-year frequency flood level:

Provide the source used to determine the 100-year frequency flood level:

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

Section 5. Annual Cropping Plan (Instructions Page 77)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why.

Attachment:

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

Section 6. Well and Map Information (Instructions Page 78)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation (on a separate page) indicating why.

Attachment:

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)

- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1 mile of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

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

Table 3.0(3) - Water Well Data

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

Attachment:

Section 7. Groundwater Quality (Instructions Page 79)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

Attachment: 

Are groundwater monitoring wells available onsite? Yes ☐ No ☐

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

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

Attachment: 

Section 8. Soil Map and Soil Analyses (Instructions Page 79)

A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

Attachment: 

B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

Attachment: 

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 80)

Is the facility in operation?

Yes ☒ No ☐

If **no**, this section is not applicable and the worksheet is complete.

If **yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

Table 3.0(5) - Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD ₅ mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
6/2020	0.27	16.5	63.93			
5/2020	0.27	17.75	57.00			
4/2020	0.26	25.4	40.70			
3/2020	0.29	20.75	18.68			
2/2020	0.28	14.00	27.50			
1/2020	0.29	16.00	31.94			
12/2019	0.29	13.75	30.00			
11/2019	0.30	15.00	32.25			
10/2019	0.31	12.60	35.86			
9/2019	0.32	10.00	32.88			
8/2019	0.31	9.80	36.36			
7/2019	0.26	9.00	42.13			
6/2019	0.31	10.25	36.25			
5/2019	0.33	18.60	55.18			
4/2019	0.54	12.75	16.55			
3/2019	0.57	15.75	21.80			
2/2019	0.56	15.25	22.68			
1/2019	0.56	26.00	20.66			

Date	30 Day Avg Flow MGD	BOD ₅ mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
12/2018	0.48	35.00	54.48			
11/2018	0.30	16.40	35.56			
10/2018	0.34	27.25	35.98			
9/2018	0.29	14.25	53.95			
8/2018	0.28	14.60	67.04			
7/2018	0.30	13.75	67.85			

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

INDUSTRIAL WASTE CONTRIBUTION

Section 1. All POTWs (Instructions Page 99)

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

Categorical IUs:

Average Daily Flows, in MGD: 0

Number of IUs: 0

Average Daily Flows, in MGD: 0

Number of IUs: 0

Average Daily Flows, in MGD: 0

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

Yes ☒

No ☒

If yes, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

In the past three years, has your POTW experienced pass through (see instructions)?

If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

Does your POTW have an approved pretreatment program?

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR §403.18*?

If **yes**, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

B. Non-substantial modifications

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

Yes ☐ No ☐

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

C. Effluent parameters above the MAL

In Table 6.0(1), 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(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. 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 the problems, and probable pollutants.

<div></div>

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

A. General information

Company Name: N/A

SIC Code:

Telephone number: Fax number:

Contact name:

Address:

City, State, and 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).

<div></div>

C. Product and service information

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

D. Flow rate information

See the Instructions for definitions of “process” and “non-process wastewater.”

Process Wastewater:

Discharge, in gallons/day: [REDACTED]

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [REDACTED]

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

Yes ☐ No ☐

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405-471*?

Yes ☐ No ☐

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

Category: [REDACTED]
Subcategories: [REDACTED]

Category: [REDACTED]
Subcategories: [REDACTED]

Category: [REDACTED]
Subcategories: [REDACTED]

Category: [REDACTED]
Subcategories: [REDACTED]

Category: [REDACTED]
Subcategories: [REDACTED]

F. Industrial user 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.

--



OJD Engineering
The Benchmark
F#-4393

ATTACHMENT 1
(CORE DATA FORM)

Wellington | Amarillo | Wolfforth

ph: 806.352.7117

2420 Lakeview Dr. Amarillo, TX 79109
www.OJDEngineering.com

fax: 806.352.7188



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 60033769		RN 101612521

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership			
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
City of Childress			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
	7560004842		
11. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	P.O. Box 1087		
	City	Childress	State TX ZIP 79201 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		kl-hodges@att.net	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(940) 937-3684		(940) 937-6420	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
City of Childress	

23. Street Address of the Regulated Entity: (No PO Boxes)	315 Commerce Street							
	City	Childress	State	TX	ZIP	79201	ZIP + 4	
24. County	Childress							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The facility is located approximately .5 miles S of US Hwy 287 approximately 1 mile E of FM 2530 Childress, Childress County Texas.							
26. Nearest City					State		Nearest ZIP Code	
Childress					TX		79201	
27. Latitude (N) In Decimal:		34.413333			28. Longitude (W) In Decimal:		-100.177778	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
34	24	48	-100	10	40			
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952				22132				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
34. Mailing Address:		P.O. Box 1087						
		City	Childress	State	TX	ZIP	79201	ZIP + 4
35. E-Mail Address:		kl-hodges@att.net						
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(940) 937-3684						(940) 937-6420		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

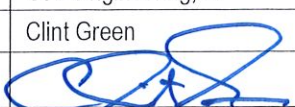
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0010076002				

SECTION IV: Preparer Information

40. Name:	Clint Green	41. Title:	Engineering Technician/Designer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(806) 352-7117		(806) 352-7188	clint.green@ojdengineering.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	OJD Engineering, LP	Job Title:	Engineering Technician/Designer
Name(In Print) :	Clint Green	Phone:	(806) 352-7117
Signature:		Date:	8/13/2020



OJD Engineering
The Benchmark

F#-4393

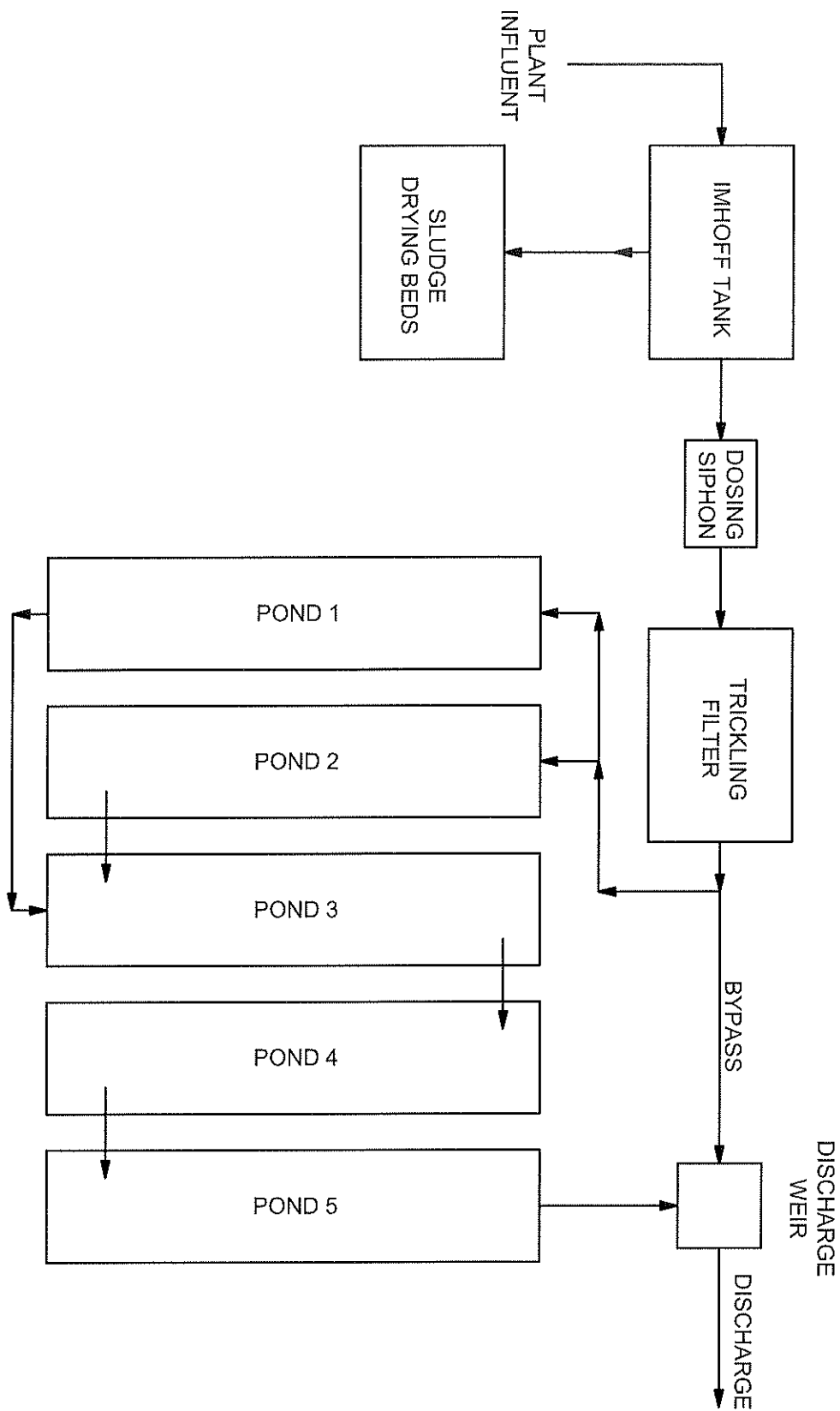
ATTACHMENT 2
(FLOW DIAGRAM)

Wellington | Amarillo | Wolfforth

ph: 806.352.7117

2420 Lakeview Dr. Amarillo, TX 79109
www.OJDEngineering.com

fax: 806.352.7188



Childress East Plant Flow
Diagram



F-4393

OJD Engineering, L.P.
Consulting Engineers & Surveyors

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109



OJD Engineering
The Benchmark

F#-4393

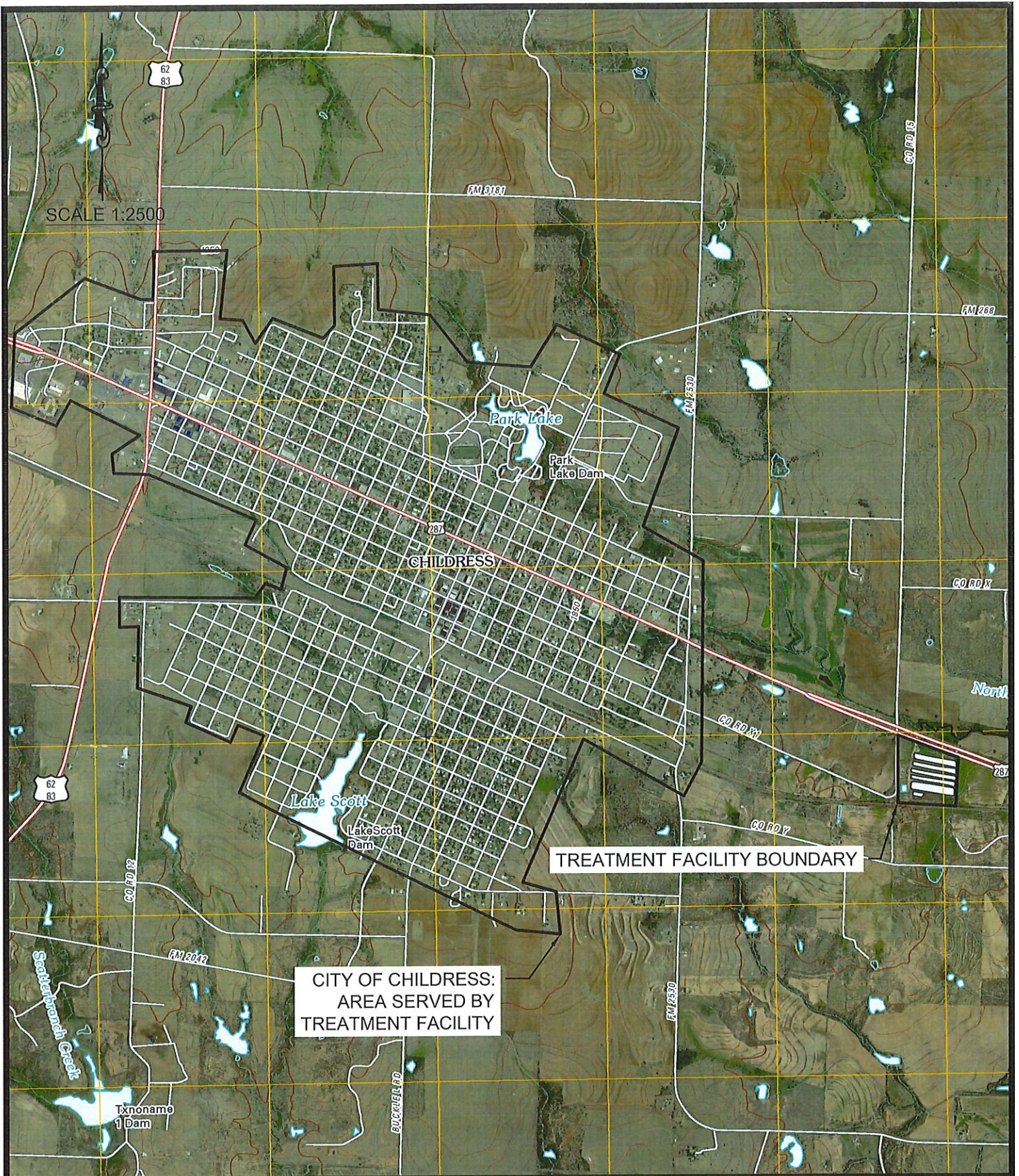
ATTACHMENT 3
(SITE DRAWING)

Wellington | Amarillo | Wolfforth

ph: 806.352.7117

2420 Lakeview Dr. Amarillo, TX 79109
www.OJDEngineering.com

fax: 806.352.7188



Site Drawing



F-4393

OJD Engineering, L.P.
Consulting Engineers & Surveyors

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109



OJD Engineering
The Benchmark
F#-4393

**ATTACHMENT 4
(SITE PHOTOS)**

Wellington | Amarillo | Wolforth

ph: 806.352.7117

2420 Lakeview Dr. Amarillo, TX 79109
www.OJDEngineering.com

fax: 806.352.7188





