TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: Far Hills Utility District

PERMIT NUMBER: WQ0014555002

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

ADMINISTRATIVE REPORT 1.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: Far Hills Utility District

PERMIT NUMBER: WQ0014555002

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 29)

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☒
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number: Click here to enter text

Check/Money Order Amount: Click here to enter text

Name Printed on Check: Click here to enter text

EPAY Voucher Number: Click here to enter text

Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 29)

☐ New TPDES

☐ New TLAP

☐ Major Amendment *with* Renewal

☐ Minor Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☐ Minor Amendment *without* Renewal

☒ Renewal without changes

☐ Minor Modification of permit

For amendments or modifications, describe the proposed changes: N/A

For existing permits:

Permit Number: WQ0014555002

EPA I.D. (TPDES only): TX 0129526

Expiration Date: February 1, 2022

Section 3. Facility Owner (Applicant) and Co–Applicant 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?

Far Hills Utility District

(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: 600667307

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: Jim Haymon

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: President, Board of Directors

B. Co-applicant 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-applicant applying for this permit?

Click here to enter text.

(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-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: Click here to enter text.

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): Click here to enter text.

First and Last Name: Click here to enter text.

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Click here to enter text.

Provide a brief description of the need for a co-permittee: Click here to enter text.

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: Core Data Form

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: Tim Hardin

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

Title: Vice President

Organization Name: Langford Engineering, Inc.

Mailing Address: 1080 West Sam Houston Parkway North, Suite 200

City, State, Zip Code: Houston, TX 77043

Phone No.: (713) 461-3530 Ext.: Click here to enter text. Fax No.: (713) 932-7505

E-mail Address: Tim.H@langfordeng.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

First and Last Name: Cristian Ampuero

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Engineering Associate

Organization Name: Langford Engineering, Inc.

Mailing Address: 1080 West Sam Houston Parkway North, Suite 200

City, State, Zip Code: Houston, TX 77043-5014

Phone No.: (713) 461-3530 Ext.: Click here to enter text. Fax No.: (713) 932-7505

E-mail Address: Cristian.A@langfordeng.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: Timothy B. Hardin

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

Title: District Engineer

Organization Name: Langford Engineering, Inc.

Mailing Address: 1080 West Sam Houston Parkway North, Suite 200

City, State, Zip Code: Houston, TX 77043

Phone No.: (713) 461-3530 Ext.: Click here to enter text Fax No.: (713) 932-7505

E-mail Address: Tim.H@langfordeng.com

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

First and Last Name: Erika Mireles

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text

Title: Operator - Client manager

Organization Name: M. Marlon Ivy & Associates, Inc

Mailing Address: P.O. Box 9 Spring, Texas 77383

City, State, Zip Code: Katy, TX 77449

Phone No.: (281) 578-4200 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: emireles@mmia.co

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: Terry Holland

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text

Title: Bookkeeper

Organization Name: Myrtle Cruz, Inc.

Mailing Address: 3401 Louisiana Street, Suite 400

City, State, Zip Code: Houston, Texas 77002-9552

Phone No.: (713) 759-1368 Ext.: Click here to enter text Fax No.: (713) 759-1264

E-mail Address: terry_holland@mcruz.com

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

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

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

First and Last Name: Erika Mireles

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text

Title: Operator - Client manager

Organization Name: M. Marlon Ivy & Associates, Inc.

Mailing Address: P.O. Box 9 Spring, Texas 77383

City, State, Zip Code: Katy, TX 77449

Phone No.: (281) 578-4200 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: emireles@mmia.co

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: Cristian Ampuero

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

Title: Engineering Associate

Organization Name: Langford Engineering, Inc.

Mailing Address: 1080 West Sam Houston Parkway North, Suite 200

City, State, Zip Code: Houston, TX 77043-5014

Phone No.: (713) 461-3530 Ext.: Click here to enter text Fax No.: (713) 932-7505

E-mail Address: Cristian.a@ langfordeng.com

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: Timothy B. Hardin

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

Title: District Engineer

Organization Name: Langford Engineering, Inc

Phone No.: 713) 461-3530 Ext.: Click here to enter text.

E-mail: Tim.H@langfordeng.com

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: Branch, Montgomery Co. Library

Location within the building: Reference Desk

Physical Address of Building: 709 W. Montgomery, TX 77378

City: Willis County:Montgomery

Contact Name: Paul Lothman

Phone No.: (936) 442-7740 Ext.: Click here to enter text.

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? Spanish

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN**105234157

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):

Far Hills Utility District Wastewater Treatment Plant

C. Owner of treatment facility: Far Hills Utility District

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

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

Prefix (Mr., Ms., Miss): Click here to enter text

First and Last Name: Far Hills Utility District

Mailing Address: 2929 Allen Parkway Suite 3450

City, State, Zip Code: Houston, TX 77019-7120

Phone No.: (713) 237-1221 E-mail Address: radams@rbaplaw.com

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: N/A

E. Owner of effluent disposal site:

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

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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: N/A

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): N/A

First and Last Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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: N/A

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:

Click here to enter text

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:

Click here to enter text

City nearest the outfall(s): Willis, TX

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

Outfall Latitude: 30° 23' 59" N Longitude: 95° 32' 49" W

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: Click here to enter text

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.

Click here to enter text.

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.

Click here to enter text.

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:

Click here to enter text.

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click here to enter text. Amount past due: Click here to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: Click here to enter text. Amount past due: Click here to enter text.

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: SPIF Location Map. SPIF 8 1/2 x 11 USGS Map.

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0014555002

Applicant: Far Hills Utility District

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): Jim Haymon

Signatory title: President, Board of Directors

Signature:_____Date:_____

(Use blue ink)

Subscribed and Sworn to before me by the said_____

on this_____day of_____, 20_____.

My commission expires on the_____day of_____, 20_____.

_____

Notary Public *[SEAL]*

_____

County, Texas


SPIF

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: Far Hills Utility District

   Permit No. WQ00 0014555002 EPA ID No. TX 0129526

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

   Plant site is located at 11266 Cude Cemetery Road Willis, TX 77318. (A 4.887 acre tract of land located along the east frontage of Cude Cemetery Road, approximately 1,800 ft. south of FM 830 in Montgomery 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: Jim Haymon

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: President – Board of Directors

Mailing Address: 2929 Allen Parkway Suite 3450

City, State, Zip Code: Houston, TX 77019-7120

Phone No.: (713) 237-1221 Ext.: Click here to enter text. Fax No.: (713) 237-1313

E-mail Address: radams@rbaplaw.com

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

N/A

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

The discharge route is from the plant site, via a storm sewer, south along the east side of Cude Cemetery Road, then east directly to the shoreline of Lake Conroe, Segment 1012 of the San Jacinto 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- Existing WWTP

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

NIA - No Existing Disturbances

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 Renewal

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

N/A Renewal

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:** Click here to enter text.

1. Check or Money Order Number: Click here to enter text.
2. Check or Money Order Amount: Click here to enter text.
3. Date of Check or Money Order: Click here to enter text.
4. Name on Check or Money Order: Click here to enter text.
5. APPLICATION INFORMATION

   Name of Project or Site: Click here to enter text.

   Physical Address of Project or Site: Click here to enter text.

   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

CORE DATA FORM

TCEQ Core Data Form

TCEQ Use Only

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.*)

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☒ Renewal (*Core Data Form should be submitted with the renewal form*) ☐ 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 600667307		RN 105234157

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	10/25/2021

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership

☐ 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:*
Far Hills Utility District	

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

Government: ☐ City ☐ County ☐ Federal ☐ State ☒ Other ☐ Sole Proprietorship ☒ Other: Municipal District

12. Number of Employees
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☒ Owner ☐ Operator ☐ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ Voluntary Cleanup Applicant ☐ Other:

15. Mailing Address:	2929 Allen Parkway, Suite 3450						
	City	Houston	State	TX	ZIP	77019	ZIP + 4	7120

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	radams@rbaplaw.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(713) 237-1221		(713) 237-1313

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*)

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ 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.*)

Far Hills Utility District WWTP

23. Street Address of	

the Regulated Entity: *(No PO Boxes)*								
	City		**State**		**ZIP**		**ZIP + 4**	
24. County								

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	Plant site is located at 11266 Cude Cemetery Road Willis, TX 77318. (A 4.887 acre tractof land located along the east frontage of Cude Cemetery Road, approximately 1,800 ft. south of FM 830 in Montgomery County, Texas).

26. Nearest City	**State**	**Nearest ZIP Code**
Willis	TX	77318

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	23	59	95	32	49

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)
4941	4952	221310	221320

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Wastewater treatment

34. Mailing Address:	**2929 Allen Parkway Suite 3450**							
	City	**Houston**	**State**	**TX**	**ZIP**	**77019**	**ZIP + 4**	**7120**

35. E-Mail Address:	**radams@rbaplaw.com**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(713) 237-1221		(713) 237-1313

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.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☐ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

SECTION IV: Preparer Information

40. Name:	Timothy B. Hardin	**41. Title:**	District Engineer

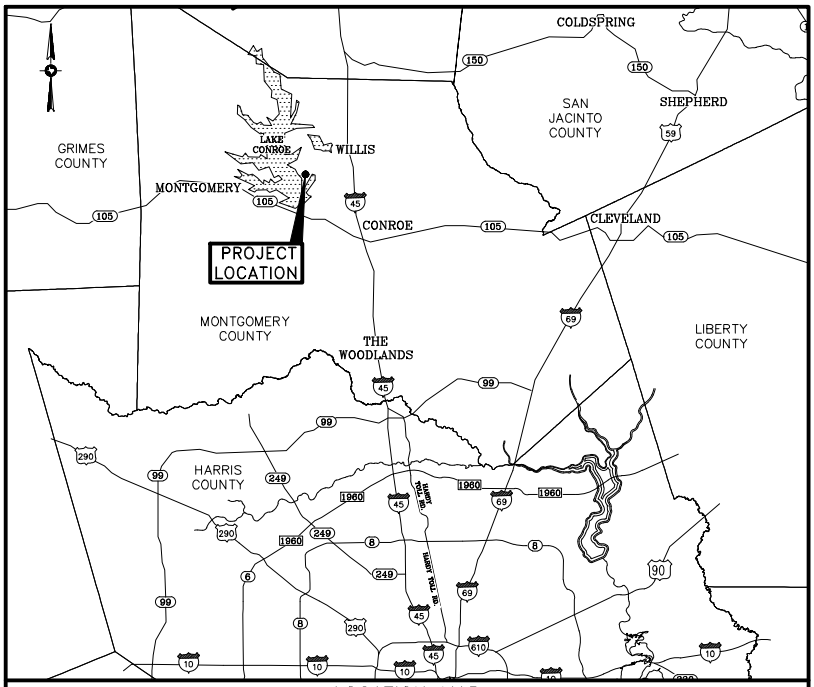
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(713) 461-3530		(713) 932-7505	Tim.H@langfordeng.com

SECTION V: Authorized Signature

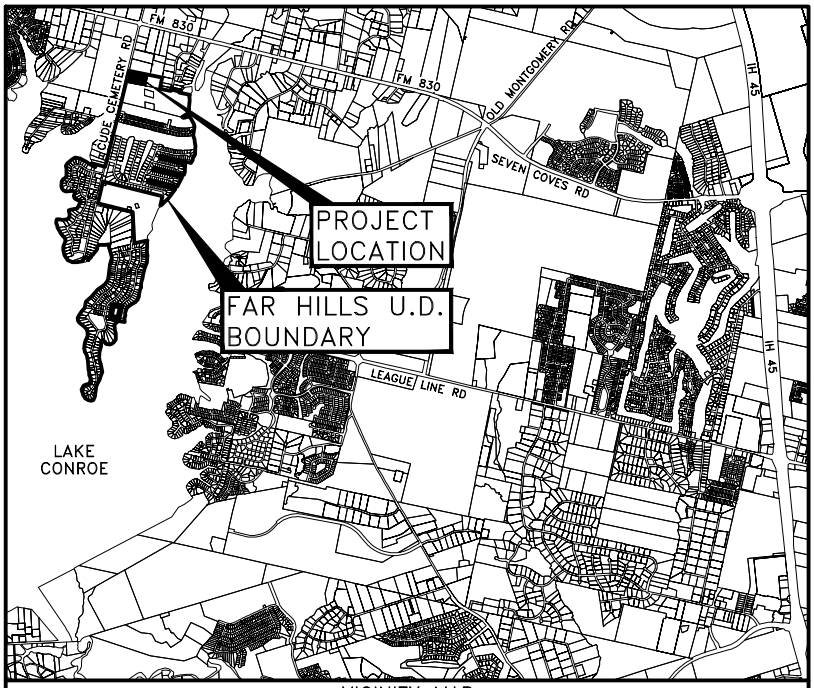
46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified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

Company:	Langford Engineering, Inc.	**Job Title:**	District Engineer
Name *(In Print):*	Timothy B. Hardin, P.E.	**Phone:**	(713) 461- **3530**
Signature:		**Date:**	

SPIF
Item 8
LOCATION MAP



LOCATION MAP
N.T.S.



VICINITY MAP
N.T.S.

FAR HILLS UTILITY DISTRICT

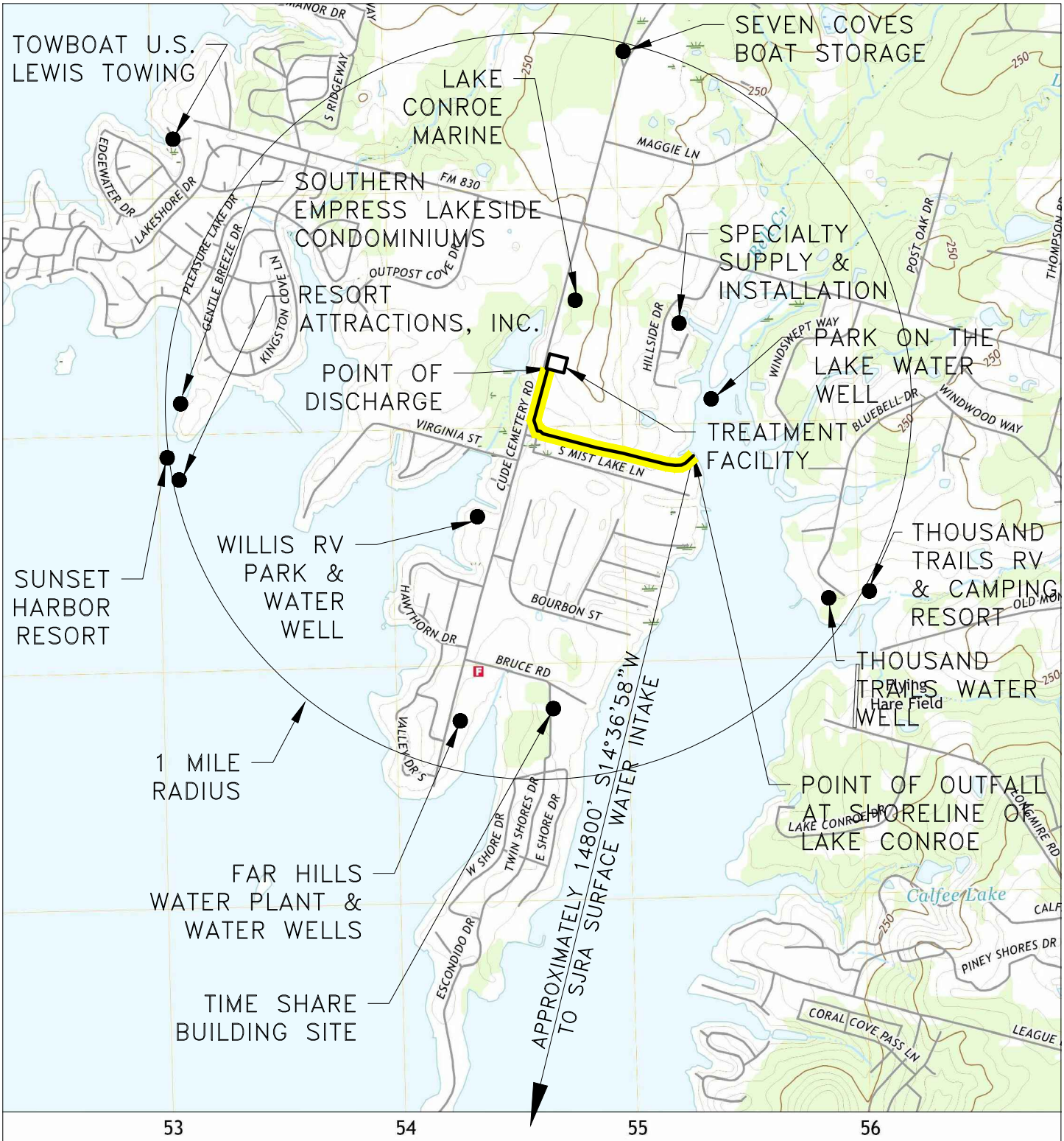
T.P.D.E.S. *WQ0014555-002*
SPIF ITEM 8
LOCATION MAP

LANGFORD ENGINEERING INC.
Consulting Engineers
1080 W. Sam Houston Pkwy N. Ste 200
Houston, Texas 77043-5014
Ph. 713-461-3530 Fax 713-932-7505
TBPE FIRM #449

DESIGN : C.A.	JOB NO. 233-028 CONT. NO. 103
DRAWN : S.M.C.	DATE : OCTOBER 2021
CHECKED : C.A.	SCALE : VERT. N/A HORIZ.
APPROVED : T.B.H.	SHEET NO. 1 OF 1

E:\Current Proj\233028103 - 2022 TPDES Discharge Permit Renewal\SPIF ITEM 8 - LOCATION MAP.dwg Oct 20, 2021-1:27pm stevenc

SPIF
Item 8
USGS MAP



0 1 2 3 4

GRAPHIC SCALE X 1000'

FAR HILLS UTILITY DISTRICT
TDPES WQ0014555002
ADMIN. 1.0 ITEM 13.D.
U.S.G.S. MAP SHEPARD HILL, TX

E:\Current Proj\233028103 - 2022 TPDES Discharge Permit Renewal\USGS Map 1.dwg Oct 20, 2021-10:02am stevenc

TECHNICAL REPORT 1.0

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): 0.230

2-Hr Peak Flow (MGD): 0.690

Estimated construction start date: January 2014

Estimated waste disposal start date: December 2014

B. Interim II Phase

Design Flow (MGD): 0.350

2-Hr Peak Flow (MGD): 1.050

Estimated construction start date: January 2023

Estimated waste disposal start date: January 2024

C. Final Phase

Design Flow (MGD): 0.7

2-Hr Peak Flow (MGD): 2.10

Estimated construction start date: January 2024

Estimated waste disposal start date: N/A

D. Current operating phase: Interim I

Provide the startup date of the facility: December 2014

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

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

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

See Attachment B

Port or pipe diameter at the discharge point, in inches: 14 inches

B. Treatment Units

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

Table 1.0(1) – Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
See Attachment C		

C. Process flow diagrams

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

Attachment: Attachment D

Section 3. Site Drawing (Instructions Page 52)

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

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

Attachment: Attachment E

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

Far Hills Utility District boundary comprises 435.9 acres of land.

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.

New development and completion of homes in developed portions of the service area has slowed, most likely as a result of the downturn in the energy sector. Developed lots and undeveloped acreage within the service area will require wastewater treatment capacity at some point, needing additional phases within this facility.

Section 5. Closure Plans (Instructions Page 53)

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 53)

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

A. Summary transmittal

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

Yes ☒ No ☐

If yes, provide the date(s) of approval for each phase: 08/19/2013

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.

See attached TCEQ approval letter

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.

No additional requirements.

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*.

Notice is required upon completion of subsequent phases.

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.

Click here to enter text

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.

N/A

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.

N/A

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 Click here to enter text or TXRNE Click here to enter text

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:

Click here to enter text

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.

Click here to enter text

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.

Click here to enter text.

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.

Click here to enter text.

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

limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?
Yes ☐ No ☒

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

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

1. Acceptance of sludge from other WWTPs

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

Yes ☐ No ☒

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

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

If yes to any of the above, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

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

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

Yes ☐ No ☒

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

N/A

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

Is the facility in operation?

Yes ☒ No ☐

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	<2.03	<2.03	1	Grab	09 20 2021/11:21
Total Suspended Solids, mg/l	3.47	3.47	1	Grab	09 15 2021/11:11
Ammonia Nitrogen, mg/l	<0.05	<0.05	1	Grab	09 20 2021/11:31
Nitrate Nitrogen, mg/l	29.3	29.3	1	Grab	09 22 2021/23:16
Total Kjeldahl Nitrogen, mg/l	<1.0	<1.0	1	Grab	09 27 2021/15:54
Sulfate, mg/l	47.9	47.9	1	Grab	09 15 2021/19:21
Chloride, mg/l	201.0	201.0	1	Grab	09 16 2021/20:35
Total Phosphorus, mg/l	4.43	4.43	1	Grab	09 24 2021/17:24
pH, standard units	7.09	7.09	1	Grab	09 14 2021/08:30
Dissolved Oxygen*, mg/l	8.29	8.29	1	Grab	09 14 2021/08:30
Chlorine Residual, mg/l	2.2	2.2	1	Grab	09 14 2021/08:30
E.coli (CFU/100ml) freshwater	<1	<1	1	Grab	09 15 2021/16:10
Entercocci (CFU/100ml) saltwater	-	-	-	-	-
Total Dissolved Solids, mg/l	722	722	1	Grab	09 20 2021/13:10
Electrical Conductivity, µmohs/cm, †	1160	1160	1	Grab	09 15 2021/20:38
Oil & Grease, mg/l	-	-	-	-	-
Alkalinity ($CaCO_3$)*, mg/l	81.6	81.6	1	Grab	09 15 2021/20:38

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Mark Ivy

Facility Operator's License Classification and Level: WASTEWATER TREATMENT OPERATOR A

Facility Operator's License Number: #WW0018772

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: Click here to enter text.

B. Sludge disposal site

Disposal site name: Richey Road MUD WWTP and Mount Houston Road MUD WWTP

TCEQ permit or registration number: Permits #WQ0004810000 and # WQ0011154001

County where disposal site is located: Harris County

C. Sludge transportation method

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

Name of the hauler: Sprint Waste Services and Magnaflow Environmental

Hauler registration number: #23833 and #21484

Sludge is transported as a:

Liquid ☒ semi-liquid ☐ semi-solid ☐ solid ☐

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

Yes ☐ No ☐

B. Sludge processing authorization

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

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

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

Yes ☐ No ☐

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

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

A. Location information

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

- Original General Highway (County) Map:

  Attachment: Click here to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click here to enter text.
- Federal Emergency Management Map:

  Attachment: Click here to enter text.
- Site map:

  Attachment: Click here to enter text.

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: Click here to enter text.

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:

N/A

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: Click here to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click here to enter text.

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: Click here to enter text.

Phosphorus, mg/kg: Click here to enter text.

Potassium, mg/kg: Click here to enter text.

pH, standard units: Click here to enter text.

Ammonia Nitrogen mg/kg: Click here to enter text.

Arsenic: Click here to enter text.

Cadmium: Click here to enter text.

Chromium: Click here to enter text.

Copper: Click here to enter text.

Lead: Click here to enter text.

Mercury: Click here to enter text.

Molybdenum: Click here to enter text.

Nickel: Click here to enter text.

Selenium: Click here to enter text.

Zinc: Click here to enter text.

Total PCBs: Click here to enter text.

Provide the following information:

Volume and frequency of sludge to the lagoon(s): Click here to enter text.

Total dry tons stored in the lagoons(s) per 365-day period: Click here to enter text.

Total dry tons stored in the lagoons(s) over the life of the unit: Click here to enter text.

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

Yes ☐ No ☐

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

Click here to enter text.

D. Site development plan

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

Click here to enter text.

Attach the following documents to the application.

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

  Attachment: Click here to enter text.
- Copy of the closure plan

  Attachment: Click here to enter text.
- Copy of deed recordation for the site

  Attachment: Click here to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet

and gallons

Attachment: Click here to enter text.

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

  Attachment: Click here to enter text.

- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click here to enter text.

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: Click here to enter text.

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:

Click here to enter text.

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:

Click here to enter text.

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: Click here to enter text.

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: DEENA HIGGINBOTHAM

Title: NPDES PROJECT MANAGER

Signature: Deena Higginbotham

Date: 12-19-21

WORKSHEET 2.0

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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

Yes ☒ No ☐

If yes, provide the following:
Owner of the drinking water supply: San Jacinto River Authority

Distance and direction to the intake: 2.7 miles South

Attach a USGS map that identifies the location of the intake.

Attachment: A

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

If yes, complete the remainder of this section. If no, proceed to Section 3.

A. Receiving water outfall

Width of the receiving water at the outfall, in 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).

Click here to enter text

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).

Click here to enter text.

Section 3. Classified Segments (Instructions Page 73)

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

Yes ☒ No ☐

If yes, this Worksheet is complete.

If no, complete Sections 4 and 5 of this Worksheet.

Section 4. Description of Immediate Receiving Waters (Instructions Page 75)

Name of the immediate receiving waters: Lake Conroe

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☒ Lake or Pond

Surface area, in acres: 19,640

Average depth of the entire water body, in feet: 20.93

Average depth of water body within a 500-foot radius of discharge point, in feet: 10

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click here to enter text.

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 landowners

☐ Personal observation

☐ Other, specify: Click here to enter text.

C. Downstream perennial confluences

List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.

None

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.

Click here to enter text

E. Normal dry weather characteristics

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

Lake Conroe level decreases slightly normal dry weather conditions

Date and time of observation: 10/12/2021

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☒

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

A. Upstream influences

Is the immediate receiving water upstream of the discharge or proposed discharge site influenced by any of the following? Check all that apply.

- ☐ Oil field activities
- ☐ Upstream discharges
- ☐ Septic tanks
- ☒ Urban runoff
- ☐ Agricultural runoff
- ☐ Other(s), specify Click here to enter text

B. Waterbody uses

Observed or evidences of the following uses. Check all that apply.

- ☐ Livestock watering
- ☒ Irrigation withdrawal
- ☒ Fishing
- ☒ Contact recreation
- ☒ Non-contact recreation
- ☐ Navigation

☒ Domestic water supply ☒ Industrial water supply

☒ Park activities ☐ Other(s), specify Click here to enter text

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; 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

WORKSHEET 6.0

DOMESTIC WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

Section 1. All POTWs (Instructions Page 99)

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 user. See the Instructions for definitions of Categorical IUs, Significant IUs – non-categorical, and Other IUs.

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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.

N/A

C. Treatment plant pass through

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

Yes ☐ No ☒

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.

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes ☐ No ☒

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes ☐ No ☒

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.

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

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*?

Yes ☐ No ☐

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

N/A

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.

N/A

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
N/A	N/A	N/A	N/A	N/A

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.

N/A

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

A. General information

Company Name: N/A

SIC Code: N/A

Telephone number: N/A Fax number: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

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).

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

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: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

Category: Click here to enter text.
Subcategories: Click here to enter text.

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.

N/A

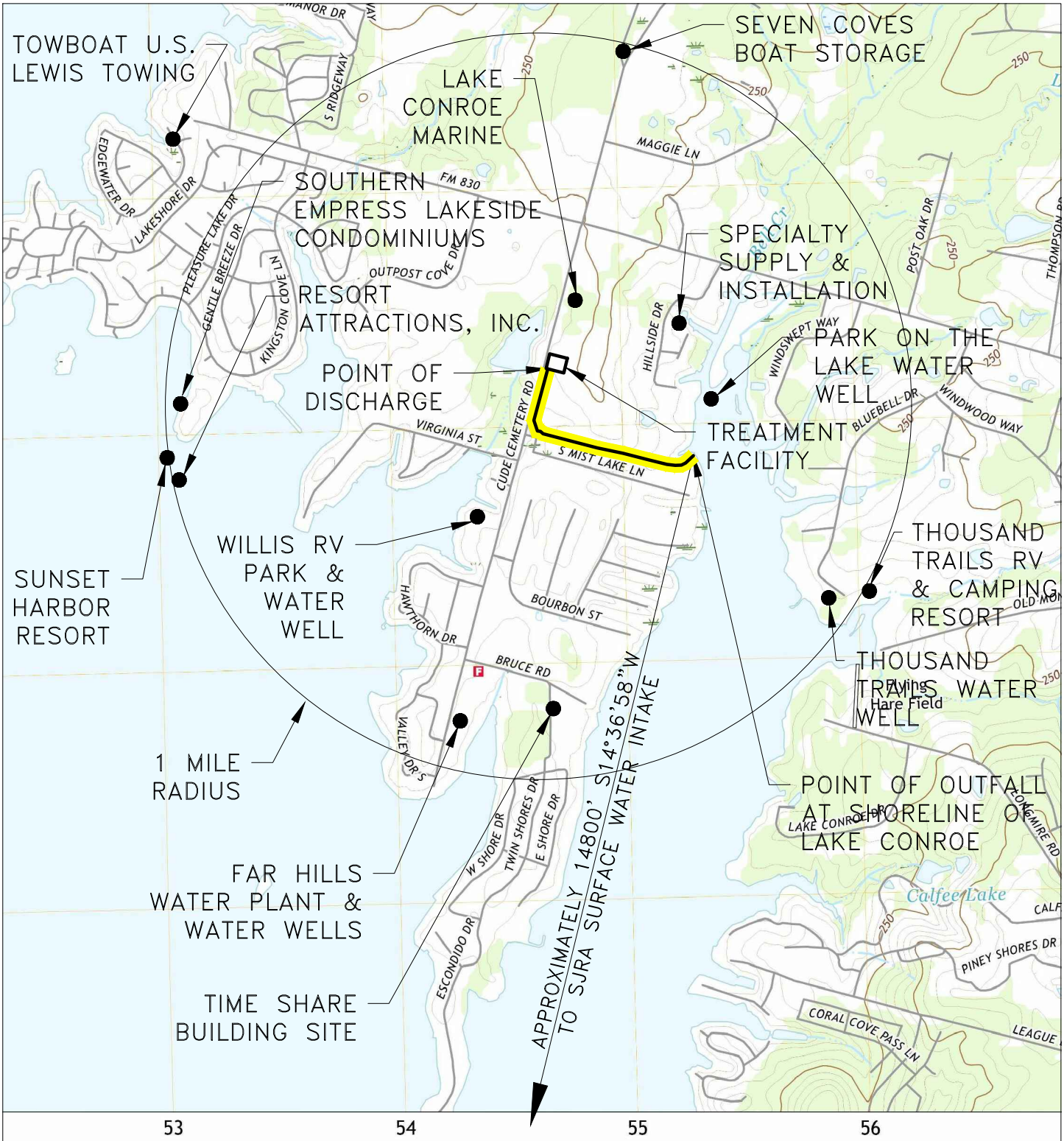
LIST OF ATTACHMENTS

Far Hills Utility District
Domestic Wastewater Permit Application
TPDES WQ001455002

LIST OF ATTACHMENTS

Attachment	Content	Application Item No.
A.	USGS Map	Admin. 1.0, Item 13.d
B.	Treatment Process Description	Tech. 1.0, Item 3.a
C.	Treatment Units/Dimensions	Tech. 1.0, Item 3.b
D.	Flow Diagram	Tech. 1.0, Item 3.c
E.	Site Drawing	Tech. 1.0, Item 4
F.	Laboratory Testing Results	Tech. 1.0, Item 7
G.	Sludge Disposal Written Statement	Tech. 1.0, Item 9

ADMINISTRATIVE REPORT 1.0
ITEM 13.d
USGS MAP



0 1 2 3 4

GRAPHIC SCALE X 1000'

FAR HILLS UTILITY DISTRICT
TDPES WQ0014555002
ADMIN. 1.0 ITEM 13.D.
U.S.G.S. MAP SHEPARD HILL, TX

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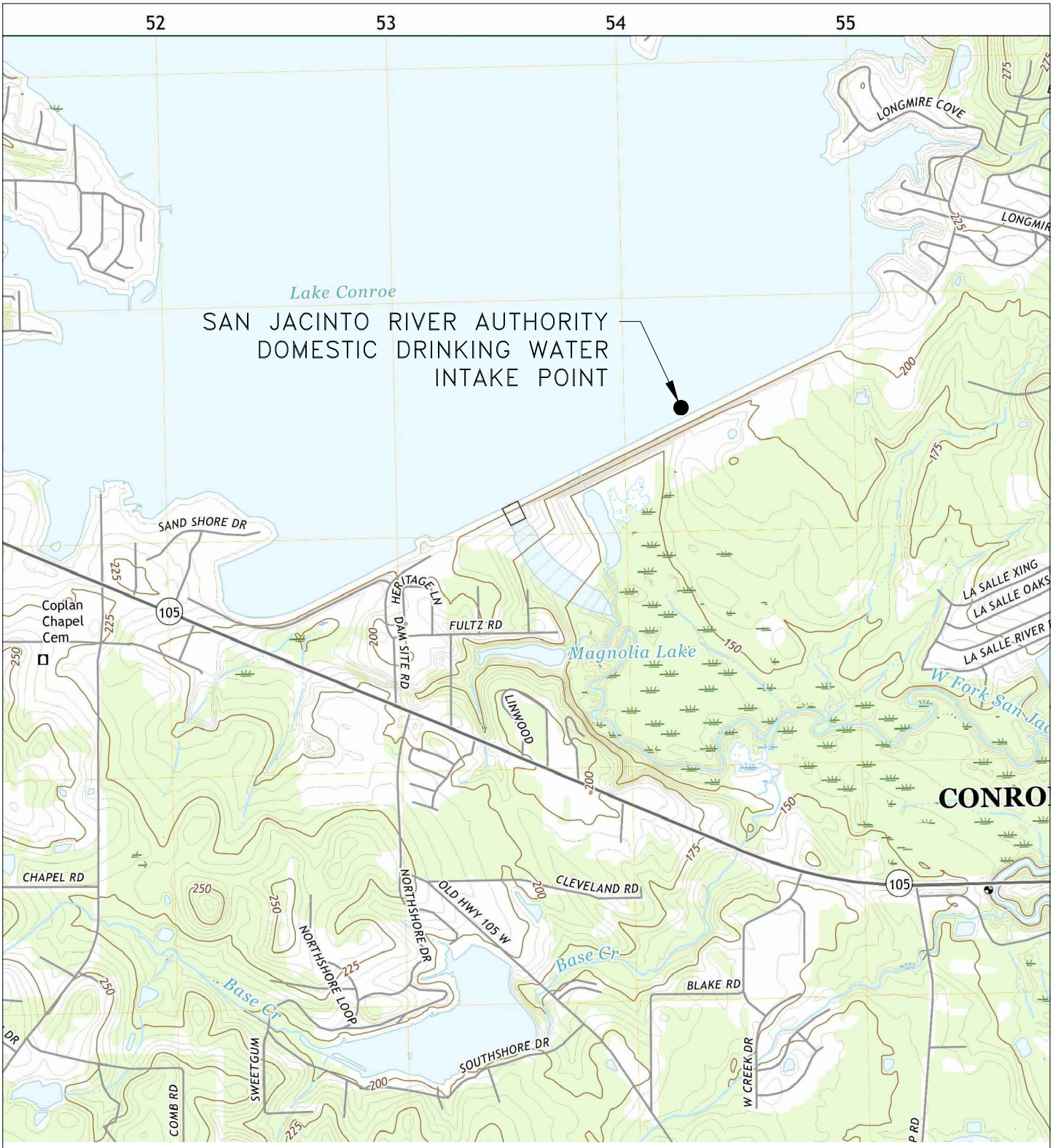
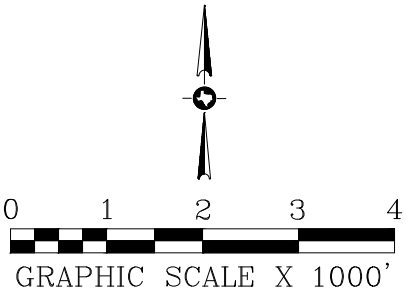




FAR HILLS UTILITY DISTRICT
TDPES WQ0014555002
ADMIN. 1.0 ITEM 13.D.
U.S.G.S. MAP COWL SPUR, TX

TECHNICAL REPORT WORKSHEET 2.0
Item 3.a

TREATMENT PROCESS DESCRIPTION

Far Hills Utility District
Domestic Technical Report 1.0
(Item 3.a) - Treatment Process Description

Interim I Phase/Existing-

The existing facility is an activated sludge facility operating in the complete mix mode. Raw sewage enters the plant via force main from pump station(s) through a manually cleaned bar screen to dual aeration chambers, followed by dual final clarifier, then the chlorine contact chamber. Sludge and scum are collected in the clarifiers and either returned to aeration or wasted to one of two aerobic digesters. Chlorinated effluent discharges from the facility to a storm sewer. Waste sludge (liquid) is hauled to a permitted disposal site by a licensed sludge hauler.

Interim II Phase, and Final Phase-

Interim II and Final Phases will be activated sludge facility operating in the complete mix mode. Another train consisting of an aeration chamber, clarifier, and digester will be added to the existing plant.

TECHNICAL REPORT 1.0
Item 3.b

TREATMENT UNITS/DIMENSIONS

Far Hills Utility District
Domestic Technical Report 1.0
Item 3.b

Interim I Phase 0.23 MGD

Treatment Unit Type	Dimensions	Geometry
Aeration Basins	2 @ 54' x 12' x 12' SWD	Two Tanks each at 54' L x 12'W x 12'D
Clarifiers	2 @ 28' x 13' 1" SWD	Two Tanks at 28' diameter each, with 13'1" tall
Digesters	2 @ 30' x 12' x 12' SWD	Two Tanks at 30'L x 12'W x 12' D
Chlorine Contact Chamber	22' x 12' x 10' SWD	One Tank at 22'L x 12'W x 10'D

Interim II Phase – 0.35 MGD

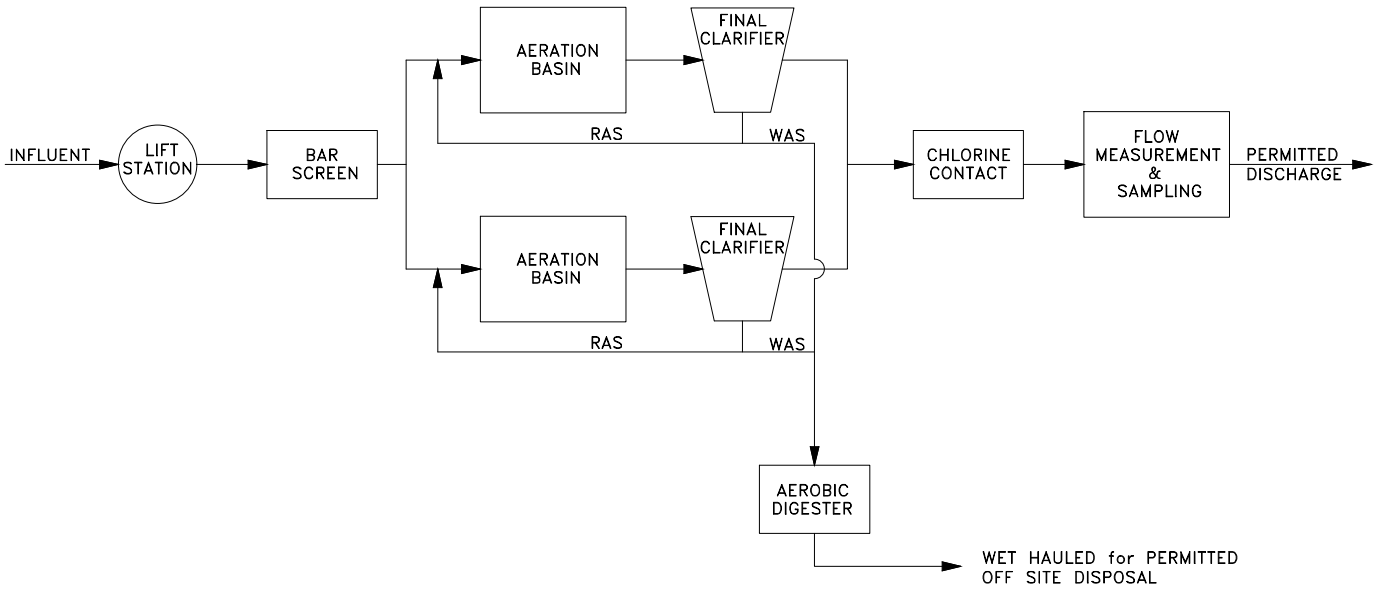
Treatment Unit Type	Dimensions	Geometry
Aeration Basins	2 @ 40'L x 16'W x 14' SWD	Common Wall Concrete Structure with divider wall – total size 40'L x 32'W x 15.5D
Clarifier	40' Diameter x 13' SWD	40' diameter, 15' tall with 8' diameter stilling well
Digesters	2 @ 35L x 16'W x 14' SWD	Common Wall Concrete Structure with divider wall – total size 35'L x 32'W x 15.5 D
Chlorine Contact	25'L x 10'W x 10' SWD	Concrete Structure – total size 25'L x 10'W x 12'D

Final Phase – 0.700 MGD

Treatment Unit Type	Dimensions	Geometry
Aeration Basins	4 @ 40'L x 16'W x 14'SWD	2 Common Wall Concrete Structures with divider wall – total size 40'L x 32'W x 15.5'D (each unit)
Clarifier	2 @ 40' Diameter x 13' SWD	2 @ 40' diameter, 15' tall with 8' diameter stilling well
Digesters	4 @ 35'L x 16'W x 14' SWD	2 Common Wall Concrete Structure with divider wall – total size 35'L x 32'W x 15.5D (each unit)
Chlorine Contact	2 @ 25'L x 10'W x 10' SWD	2 Concrete Structures – total size 25'L x 10'w x 12'D (each unit)

TECHNICAL REPORT 1.0
Item 3.c

FLOW DIAGRAM



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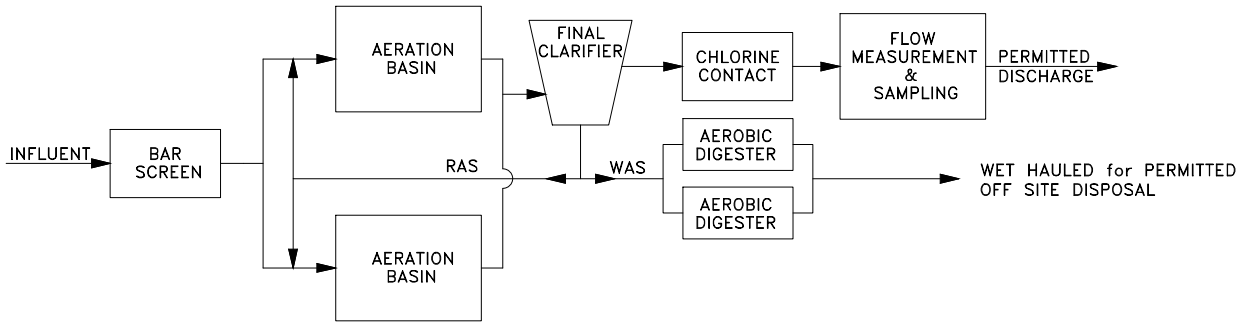
FAR HILLS UTILITY DISTRICT

TPDES WQ0014555002
TECH 1.0 ITEM 3.C.
INTERIM PHASE I (EXISTING)
SCHEMATIC FLOW DIAGRAM

LANGFORD ENGINEERING INC. Consulting Engineers
1080 W. Sam Houston Pkwy N. Ste 200
Houston, Texas 77043-5014
Ph. 713-461-3530 Fax 713-932-7505
TBPE FIRM #449

DESIGN : C.A.		JOB NO. 233-028	CONT. NO. 103
DRAWN : S.M.C.		DATE : OCTOBER 2021	
CHECKED : C.A.		SCALE : N/A	VERT. HORIZ.
APPROVED : T.B.H.		SHEET NO. 1	OF 1



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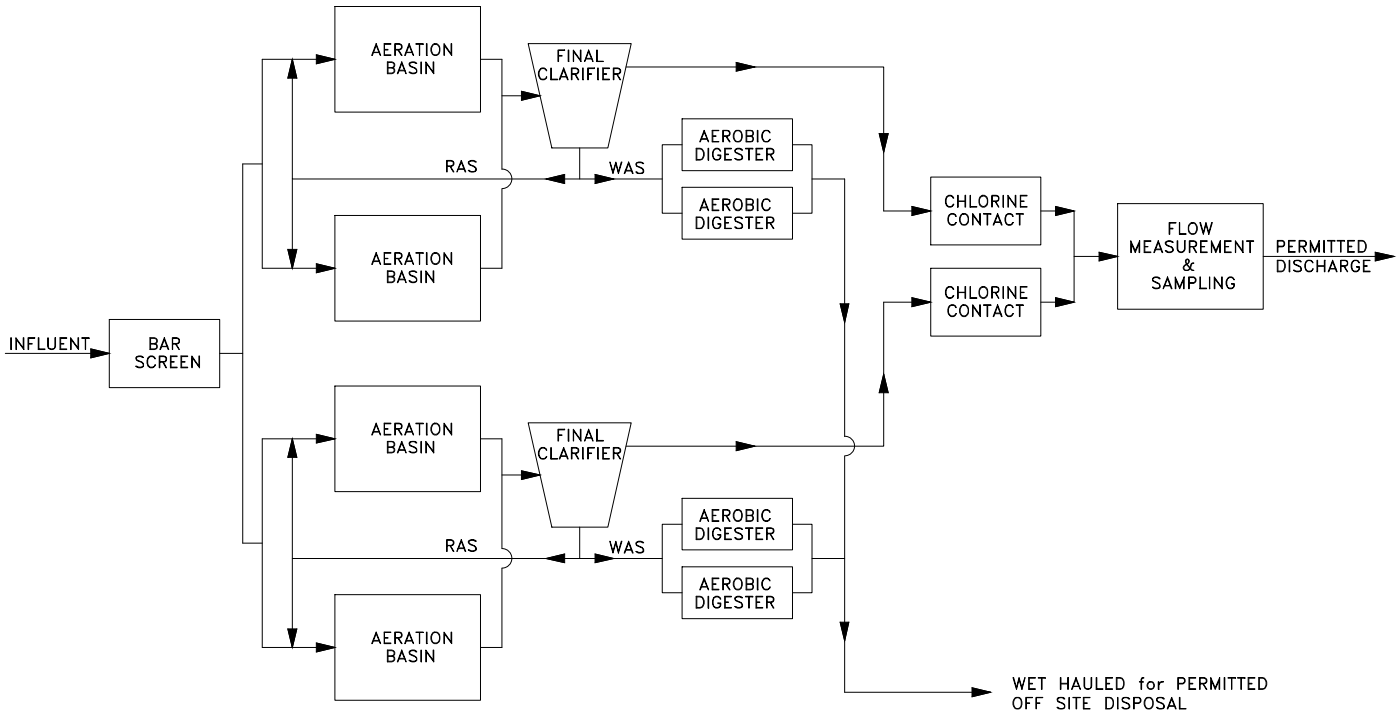
FAR HILLS UTILITY DISTRICT

TPDES WQ0014555002
TECH 1.0 ITEM 3.C.
INTERIM PHASE II
SCHEMATIC FLOW DIAGRAM

LANGFORD ENGINEERING INC.
Consulting Engineers
1080 W. Sam Houston Pkwy N. Ste 200
Houston, Texas 77043-5014
Ph. 713-461-3530 Fax 713-932-7505
TBPE FIRM #449

DESIGN : C.A.		JOB NO. 233-028	CONT. NO. 103
DRAWN : S.M.C.		DATE : OCTOBER 2021	
CHECKED : C.A.		SCALE : VERT. N/A	HORIZ.
APPROVED : T.B.H.		SHEET NO. 1	OF 1



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FAR HILLS UTILITY DISTRICT

TPDES WQ0014555002
TECH 1.0 ITEM 3.C.
FINAL PHASE
SCHEMATIC FLOW DIAGRAM

LANGFORD ENGINEERING INC. Consulting Engineers
1080 W. Sam Houston Pkwy N. Ste 200
Houston, Texas 77043-5014
Ph. 713-461-3530 Fax 713-932-7505
TBPE FIRM #449

DESIGN : C.A.		JOB NO. 233-028	CONT. NO. 103
DRAWN : S.M.C.		DATE : OCTOBER 2021	
CHECKED : C.A.		SCALE : VERT. N/A	HORIZ.
APPROVED : T.B.H.		SHEET NO. 1	OF 1

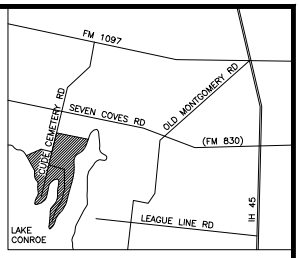
TECHNICAL REPORT 1.0
Item 4

SITE DRAWING

NOTE:
THIS EXHIBIT WAS MADE FROM AVAILABLE RECORDS AND DOES NOT REPRESENT AN ON-THE-GROUND SURVEY.

DESCRIPTION of AREA	TRACT	AREA in ACRES	DATE
ORIGINAL DISTRICT	A	117.032	CREATED ON JANUARY 4, 1972
ADDITION 1	A	69.92	1972
ADDITION 2	A	30.67	1979
ADDITION 3	A	8.84	1982
ADDITION 4	B	120.735	2002
ADDITION 5	B	38.99	2005
ADDITION 6	C	1.00	2005
ADDITION 7	D	38.7267	2008
ADDITION 8	E	9.987	2009

TOTAL DISTRICT ACREAGE = 435.9007
TOTAL SERVICE AREA ACREAGE = 435.9007



FAR HILLS UTILITY DISTRICT

W.W.T.P. SITE
ADDITION 8
TRACT "E" 9.987 ACRES
ADDITION 7
TRACT "D" 38.7267 ACRES
TRACT "C" 1 ACRE
ADDITION 5
SERVICE AREA BOUNDARY
6
VIRGINIA STREET
CUDE CEMETERY RD.
ADDITION 4
TRACT "B" 159.725 ACRES
OUT OF DISTRICT
BRUCE RD.
ORIGINAL
DISTRICT
CUDE CEMETERY RD.
TRACT "A" 226.462 ACRES
ADDITION 1
OUT OF DISTRICT
ADDITION 2
SERVICE AREA BOUNDARY
ADDITION 3

BOUNDARY OF THE AREA SERVED BY THE TREATMENT FACILITY

BOUNDARY OF THE TREATMENT PLANT

FAR HILLS UTILITY DISTRICT
DOMESTIC TECHNICAL REPORT
TECH 1.0 ITEM 4
SITE DRAWING
OCTOBER 2021
N.T.S.

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TECHNICAL REPORT 1.0
Item 7

LABORATORY TESTING RESULTS

130 S. Trade Center Parkway, Conroe TX 77385
Tel: (936) 321-6060
Email: lab@nwdls.com
www. NWDLS.com

October 11, 2021

Laboratory Report

Josh Maas
M.M.I.A., Inc.
P.O. Box 9
Spring, TX 77383

The following test results meet all NELAP requirements for analytes for which certification is available. Any deviations from our quality system will be noted in the case narrative. All analyses performed by North Water District Laboratory Services, Inc. unless noted.

For questions regarding this report, contact Monica Martin at 936-321-6060.

Sincerely,

Deena Higginbotham
NPDES Project Manager

130 S. Trade Center Parkway, Conroe TX 77385
Tel: (936) 321-6060
Email: lab@nwdls.com
www. NWDLS.com
TCEQ T104704238-21-33
TCEQ-TOX T104704202-21-15

M.M.I.A., Inc.
P.O. Box 9
Spring, TX 77383

Reported:
10/11/2021 15:54

Sample Results

Client Sample ID: Outfall 001
Lab Sample ID: 21I2257-01
Far Hills - Permit Renewal [none]

Sample Matrix: Waste Water
Date Collected: 09/14/2021 8:30
Collected by: Wade Owen

Method	Analyte	*	Result Q	Units	DF	SDL	LRL	Batch	Analyzed	Analyst
General Chemistry										
SM 2320 B	Alkalinity as CaCO3	A	81.6	mg/L	1	10.0	10.0	BEI1874	09/15/2021 20:38	KJH
SM 5210 B	Carbonaceous BOD (CBOD)	A	<2.03J4, U	mg/L	13514	2.03	2.03	BEI1824	09/20/2021 11:21	JLN
SM 2510 B	Conductivity	A	1160	umhos/cm @ 25 °C	1	2.00	2.00	BEI1874	09/15/2021 20:38	KJH
EPA 350.1	Ammonia as N	A	<0.0500U	mg/L	1	0.0200	0.0500	BEI1838	09/20/2021 11:31	JLK
EPA 1664A	n-Hexane Extractable Material (O&G)	A	14.1	mg/L	1	5.00	5.00	BEJ1181	10/09/2021 18:15	TAB
EPA 300.0	Sulfate	A	47.9	mg/L	1	0.0341	1.00	BEI1822	09/15/2021 19:21	EM
SM 2540 C	Residue-filterable (TDS)	A	722	mg/L	1	10.0	10.0	BEI1808	09/20/2021 13:10	BP
SM 4500-NH3 C	Total Kjeldahl Nitrogen - (TKN)	A	<1.00U	mg/L	1	0.100	1.00	BEI3239	09/27/2021 15:54	EM
SM 4500-P E	Total Phosphorus	A	4.43	mg/L	1	0.100	0.200	BEI3154	09/24/2021 17:24	SJN
SM 2540 D	Residue-nonfilterable (TSS)	A	3.47	mg/L	1	1.00	1.00	BEI1719	09/15/2021 11:11	BP
Microbiology										
SM 9223 B (Colilert Quanti-Tray)	Escherichia coli (E. coli)	A	<1.00U	MPN/100 mL	1	1.00	1.00	BEI1687	09/15/2021 16:10	AKA
Field										
Hach 10360	DO Field	N	8.29	mg/L	1	1.00	1.00	BEI1734	09/14/2021 08:30	WCO
Calc	Flow Field	N	0.0170	MGD	1	0.00	0.00	BEI1734	09/14/2021 08:30	WCO
SM 4500-H+ B	pH	A	7.09	pH Units @ 25 °C	1	1.00	1.00	BEI1734	09/14/2021 08:30	WCO
SM 4500-Cl G	Total Residual Chlorine	A	2.20	mg/L	1	0.25	0.25	BEI1734	09/14/2021 08:30	WCO

* A = Accredited, N = Not Accredited or Accreditation not available

130 S. Trade Center Parkway, Conroe TX 77385
Tel: (936) 321-6060
Email: lab@nwdls.com
www. NWDLS.com
TCEQ T104704238-21-33
TCEQ-TOX T104704202-21-15

M.M.I.A., Inc.
P.O. Box 9
Spring, TX 77383

Reported:
10/11/2021 15:54

Sample Results
(Continued)

Client Sample ID: Outfall 001
Lab Sample ID: 21I2257-01RE1
Far Hills - Permit Renewal [none]

Sample Matrix: Waste Water
Date Collected: 09/14/2021 8:30
Collected by: Wade Owen

Method	Analyte	*	Result	Q	Units	DF	SDL	LRL	Batch	Analyzed	Analyst
General Chemistry											
EPA 300.0	Chloride (Rerun)	A	201		mg/L	5	0.172	5.00	BEI2018	09/16/2021 20:25	EM

* A = Accredited, N = Not Accredited or Accreditation not available

130 S. Trade Center Parkway, Conroe TX 77385
Tel: (936) 321-6060
Email: lab@nwdls.com
www. NWDLS.com
TCEQ T104704238-21-33
TCEQ-TOX T104704202-21-15

M.M.I.A., Inc.
P.O. Box 9
Spring, TX 77383

Reported:
10/11/2021 15:54

Sample Results
(Continued)

Client Sample ID: Outfall 001
Lab Sample ID: 21I3196-01RE1
Far Hills - Small Permit Renewal - Recollect [none]

Sample Matrix: Waste Water
Date Collected: 09/21/2021 11:05
Collected by: Johnathan Wright

Method	Analyte	*	Result	Q	Units	DF	SDL	LRL	Batch	Analyzed	Analyst
General Chemistry											
EPA 300.0	Nitrate as N (Rerun)	A	29.3		mg/L	5	0.0710	0.625	BEI2706	09/22/2021 23:16	KEV

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Quality Control

General Chemistry

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI1719 - TSS										
Blank (BEI1719-BLK1)				Prepared: 09/14/2021 Analyzed: 09/15/2021						
Residue-nonfilterable (TSS)	<1.00	U	1.00	mg/L						
LCS (BEI1719-BS1)				Prepared: 09/14/2021 Analyzed: 09/15/2021						
Residue-nonfilterable (TSS)	98.1		1.00	mg/L	100		98.1	85-115		
Duplicate (BEI1719-DUP1)		**Source: 21G0017-01**		Prepared: 09/14/2021 Analyzed: 09/15/2021						
Residue-nonfilterable (TSS)	1.00		1.00	mg/L		1.00			0.00	10
Duplicate (BEI1719-DUP2)		**Source: 21I2288-01**		Prepared: 09/14/2021 Analyzed: 09/15/2021						
Residue-nonfilterable (TSS)	4.50		1.00	mg/L		4.75			5.41	10
Batch: BEI1808 - TDS										
Blank (BEI1808-BLK1)				Prepared: 09/15/2021 Analyzed: 09/20/2021						
Residue-filterable (TDS)	<10.0	U	10.0	mg/L						
LCS (BEI1808-BS1)				Prepared: 09/15/2021 Analyzed: 09/20/2021						
Residue-filterable (TDS)	148		10.0	mg/L	150		98.7	90-110		
Duplicate (BEI1808-DUP1)		**Source: 21I0308-02**		Prepared: 09/15/2021 Analyzed: 09/20/2021						
Residue-filterable (TDS)	982		10.0	mg/L		984			0.203	10
Duplicate (BEI1808-DUP2)		**Source: 21I2257-01**		Prepared: 09/15/2021 Analyzed: 09/20/2021						
Residue-filterable (TDS)	732		10.0	mg/L		722			1.38	10
Batch: BEI1822 - EPA 300.0										
Duplicate (BEI1822-DUP1)		**Source: 21G0017-01**		Prepared & Analyzed: 09/15/2021						
Sulfate	1.84		1.00	mg/L		1.88			2.15	15
Chloride	3.68	J1	1.00	mg/L		1.82			67.3	15

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Quality Control
(Continued)

General Chemistry (Continued)

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI1822 - EPA 300.0 (Continued)										
Duplicate (BEI1822-DUP2)		**Source: 21I2323-02**			Prepared & Analyzed: 09/15/2021					
Sulfate	66.0		1.00	mg/L		65.9			0.0606	15
Chloride	164		1.00	mg/L		164			0.0682	15
MRL Check (BEI1822-MRL1)					Prepared & Analyzed: 09/15/2021					
Chloride	0.988	U	1.00	mg/L	1.00		98.8	50-150		
Sulfate	0.982	U	1.00	mg/L	1.00		98.2	50-150		
Matrix Spike (BEI1822-MS1)		**Source: 21G0017-01**			Prepared & Analyzed: 09/15/2021					
Chloride	43.6		1.11	mg/L	44.4	1.82	94.0	80-120		
Sulfate	43.7		1.11	mg/L	44.4	1.88	94.2	80-120		
Matrix Spike (BEI1822-MS2)		**Source: 21I2323-02**			Prepared & Analyzed: 09/15/2021					
Sulfate	110		1.11	mg/L	44.4	65.9	99.1	80-120		
Chloride	205		1.11	mg/L	44.4	164	92.9	80-120		
Batch: BEI1824 - CBOD-5210										
LCS (BEI1824-BS1)					Prepared: 09/15/2021 Analyzed: 09/20/2021					
Carbonaceous BOD (CBOD)	173			mg/L	198		87.3	85-115		
Duplicate (BEI1824-DUP1)		**Source: 21I2206-01**			Prepared: 09/15/2021 Analyzed: 09/20/2021					
Carbonaceous BOD (CBOD)	<2.40	J4, U	2.40	mg/L		<2.40				40
Duplicate (BEI1824-DUP2)		**Source: 21I2209-02**			Prepared: 09/15/2021 Analyzed: 09/20/2021					
Carbonaceous BOD (CBOD)	<3.00	U	3.00	mg/L		<3.00				40
Duplicate (BEI1824-DUP3)		**Source: 21I2236-01**			Prepared: 09/15/2021 Analyzed: 09/20/2021					
Carbonaceous BOD (CBOD)	<2.40	U, J4	2.40	mg/L		<2.40				40

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Quality Control
(Continued)

General Chemistry (Continued)

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI1824 - CBOD-5210 (Continued)										
Duplicate (BEI1824-DUP4)		**Source: 21I2443-02**		Prepared: 09/15/2021 Analyzed: 09/20/2021						
Carbonaceous BOD (CBOD)	<2.40	U	2.40	mg/L		<2.40				40
Duplicate (BEI1824-DUP5)		**Source: 21I0376-01**		Prepared: 09/15/2021 Analyzed: 09/20/2021						
Carbonaceous BOD (CBOD)	<2.40	U, J4	2.40	mg/L		<2.40				40
Duplicate (BEI1824-DUP6)		**Source: 21I2606-01**		Prepared: 09/15/2021 Analyzed: 09/20/2021						
Carbonaceous BOD (CBOD)	<2.40	U, J4	2.40	mg/L		<2.40				40
Duplicate (BEI1824-DUP7)		**Source: 21I2366-02**		Prepared: 09/15/2021 Analyzed: 09/20/2021						
Carbonaceous BOD (CBOD)	<2.40	U, J4	2.40	mg/L		<2.40				40
Batch: BEI1838 - NH3-N SEAL-350.1										
Matrix Spike (BEI1838-MS1)		**Source: 21I0308-02**		Prepared & Analyzed: 09/20/2021						
Ammonia as N	1.25		0.0500	mg/L	1.25	0.0361	97.0	90-110		
Matrix Spike (BEI1838-MS2)		**Source: 21I2084-02**		Prepared & Analyzed: 09/20/2021						
Ammonia as N	1.21		0.0500	mg/L	1.25	<0.0500	96.5	90-110		
Matrix Spike Dup (BEI1838-MSD1)		**Source: 21I0308-02**		Prepared & Analyzed: 09/20/2021						
Ammonia as N	1.26		0.0500	mg/L	1.25	0.0361	98.0	90-110	0.972	20
Matrix Spike Dup (BEI1838-MSD2)		**Source: 21I2084-02**		Prepared & Analyzed: 09/20/2021						
Ammonia as N	1.17		0.0500	mg/L	1.25	<0.0500	93.9	90-110	2.82	20
Batch: BEI1874 - Alkalinity										
Blank (BEI1874-BLK1)				Prepared & Analyzed: 09/15/2021						
Conductivity	<2.00	U	2.00	umhos/cm @ 25 °C						

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Quality Control
(Continued)

General Chemistry (Continued)

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI1874 - Alkalinity (Continued)										
LCS (BEI1874-BS1)					Prepared & Analyzed: 09/15/2021					
Conductivity	1390			umhos/cm @ 25 °C	1410		98.5	90-110		
LCS (BEI1874-BS2)					Prepared & Analyzed: 09/15/2021					
Conductivity	987			umhos/cm @ 25 °C	1000		98.7	90-110		
LCS (BEI1874-BS4)					Prepared & Analyzed: 09/15/2021					
Alkalinity as CaCO3	101			mg/L	100		101	90-110		
Duplicate (BEI1874-DUP1)		**Source: 21I0666-01**			Prepared & Analyzed: 09/15/2021					
Conductivity	22400		2.00	umhos/cm @ 25 °C		22200			0.897	15
Alkalinity as CaCO3	542		10.0	mg/L		539			0.557	15
Duplicate (BEI1874-DUP2)		**Source: 21I2330-05**			Prepared & Analyzed: 09/15/2021					
Alkalinity as CaCO3	81.2		10.0	mg/L		81.4			0.234	15
Conductivity	1210		2.00	umhos/cm @ 25 °C		1190			1.83	15
Batch: BEI2018 - EPA 300.0										
Duplicate (BEI2018-DUP1)		**Source: 21I1461-01**			Prepared & Analyzed: 09/16/2021					
Chloride	112		1.00	mg/L		112			0.0446	15
Duplicate (BEI2018-DUP2)		**Source: 21I2257-01RE1**			Prepared & Analyzed: 09/16/2021					
Chloride	199		5.00	mg/L		201			0.710	15
MRL Check (BEI2018-MRL1)					Prepared & Analyzed: 09/16/2021					
Chloride	0.993	U	1.00	mg/L	1.00		99.3	50-150		

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Quality Control
(Continued)

General Chemistry (Continued)

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI2018 - EPA 300.0 (Continued)										
Matrix Spike (BEI2018-MS1)		**Source: 21I1461-01**			Prepared & Analyzed: 09/16/2021					
Chloride	155		1.11	mg/L	44.4	112	97.4	80-120		
Matrix Spike (BEI2018-MS2)		**Source: 21I2257-01RE1**			Prepared & Analyzed: 09/16/2021					
Chloride	245		5.56	mg/L	44.4	201	99.2	80-120		
Batch: BEI2530 - EPA 300.0										
Duplicate (BEI2530-DUP1)		**Source: 21I2777-01**			Prepared & Analyzed: 09/21/2021					
Nitrate as N	<0.125	U	0.125	mg/L		<0.125				15
MRL Check (BEI2530-MRL1)					Prepared & Analyzed: 09/21/2021					
Nitrate as N	0.0860	U	0.125	mg/L	0.125		68.8	50-150		
Matrix Spike (BEI2530-MS1)		**Source: 21I2777-01**			Prepared & Analyzed: 09/21/2021					
Nitrate as N	5.94		0.139	mg/L	5.56	<0.139	107	80-120		
Batch: BEI2706 - EPA 300.0										
Duplicate (BEI2706-DUP1)		**Source: 21I0524-01**			Prepared & Analyzed: 09/22/2021					
Nitrate as N	0.106	U	0.125	mg/L		0.107			0.939	15
Duplicate (BEI2706-DUP2)		**Source: 21I0526-04**			Prepared & Analyzed: 09/22/2021					
Nitrate as N	0.285		0.125	mg/L		0.268			6.15	15
MRL Check (BEI2706-MRL1)					Prepared & Analyzed: 09/22/2021					
Nitrate as N	0.0870	U	0.125	mg/L	0.125		69.6	50-150		

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Quality Control
(Continued)

General Chemistry (Continued)

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI2706 - EPA 300.0 (Continued)										
Matrix Spike (BEI2706-MS1)		**Source: 21I0524-01**			Prepared & Analyzed: 09/22/2021					
Nitrate as N	6.18		0.139	mg/L	5.56	0.107	109	80-120		
Matrix Spike (BEI2706-MS2)		**Source: 21I0526-04**			Prepared & Analyzed: 09/22/2021					
Nitrate as N	6.49		0.139	mg/L	5.56	0.268	112	80-120		
Batch: BEI3154 - Phosphorus										
Blank (BEI3154-BLK1)					Prepared & Analyzed: 09/24/2021					
Total Phosphorus	<0.0100	U	0.0100	mg/L						
LCS (BEI3154-BS1)					Prepared & Analyzed: 09/24/2021					
Total Phosphorus	0.252		0.0100	mg/L	0.250		101	90-110		
LCS (BEI3154-BS2)					Prepared & Analyzed: 09/24/2021					
Total Phosphorus	0.269		0.0100	mg/L	0.250		108	90-110		
MRL Check (BEI3154-MRL1)					Prepared & Analyzed: 09/24/2021					
Total Phosphorus	0.0109		0.0100	mg/L	0.0100		109	50-150		
Matrix Spike (BEI3154-MS1)		**Source: 21I2205-05**			Prepared & Analyzed: 09/24/2021					
Total Phosphorus	15.5		0.500	mg/L	12.5	2.69	103	80-120		
Matrix Spike Dup (BEI3154-MSD1)		**Source: 21I2205-05**			Prepared & Analyzed: 09/24/2021					
Total Phosphorus	16.0		0.500	mg/L	12.5	2.69	107	80-120	3.23	20
Batch: BEI3239 - TKN T										
Blank (BEI3239-BLK1)					Prepared: 09/24/2021 Analyzed: 09/27/2021					
Total Kjeldahl Nitrogen - (TKN)	<1.00	U	1.00	mg/L						

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Quality Control
(Continued)

General Chemistry (Continued)

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI3239 - TKN T (Continued)										
LCS (BEI3239-BS1)					Prepared: 09/24/2021 Analyzed: 09/27/2021					
Total Kjeldahl Nitrogen - (TKN)	2.35		1.00	mg/L	2.50		94.1	85-115		
LCS (BEI3239-BS2)					Prepared: 09/24/2021 Analyzed: 09/27/2021					
Total Kjeldahl Nitrogen - (TKN)	3.70		1.00	mg/L	4.00		92.4	85-115		
Duplicate (BEI3239-DUP1)		**Source: 21I0572-01**			Prepared: 09/24/2021 Analyzed: 09/27/2021					
Total Kjeldahl Nitrogen - (TKN)	<1.00	U	1.00	mg/L		<1.00				20
Matrix Spike (BEI3239-MS1)		**Source: 21I0572-01**			Prepared: 09/24/2021 Analyzed: 09/27/2021					
Total Kjeldahl Nitrogen - (TKN)	1.23	J1	1.00	mg/L	4.00	<1.00	30.8	85-115		
Batch: BEJ1181 - EPA 1664										
Blank (BEJ1181-BLK1)					Prepared & Analyzed: 10/09/2021					
n-Hexane Extractable Material (O&G)	<5.00	U	5.00	mg/L						
LCS (BEJ1181-BS1)					Prepared & Analyzed: 10/09/2021					
n-Hexane Extractable Material (O&G)	34.9		5.00	mg/L	40.0		87.2	77.5-114.5		
LCS Dup (BEJ1181-BSD1)					Prepared & Analyzed: 10/09/2021					
n-Hexane Extractable Material (O&G)	31.6		5.00	mg/L	40.0		78.9	77.5-114.5	9.91	20
Matrix Spike (BEJ1181-MS1)		**Source: 21I3497-03**			Prepared & Analyzed: 10/09/2021					
n-Hexane Extractable Material (O&G)	172	J1	5.00	mg/L	40.0	12.5	399	77.5-114.5		

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Quality Control
(Continued)

Microbiology

Analyte	Result	Qual	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch: BEI1687 - TC EC Quantitray										
Blank (BEI1687-BLK1)					Prepared: 09/14/2021 Analyzed: 09/15/2021					
Escherichia coli (E. coli)	<1.00	U	1.00	MPN/100 mL						
Duplicate (BEI1687-DUP1)			**Source: 21I2443-01**		Prepared: 09/14/2021 Analyzed: 09/15/2021					
Escherichia coli (E. coli)	<1.00	U	1.00	MPN/100 mL		<1.00				200
Duplicate (BEI1687-DUP2)			**Source: 21I2294-01**		Prepared: 09/14/2021 Analyzed: 09/15/2021					
Escherichia coli (E. coli)	<1.00	U	1.00	MPN/100 mL		<1.00				200

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Sample Condition Checklist

Work Order: 21I2257

Check Points	
No	Custody Seals
Yes	Containers Intact
Yes	COC/Labels Agree
Yes	Received On Ice
Yes	Appropriate Containers
Yes	Appropriate Sample Volume
Yes	Coolers Intact
Yes	Samples Accepted

Work Order: 21I3196

Check Points	
No	Custody Seals
Yes	Containers Intact
Yes	COC/Labels Agree
Yes	Received On Ice
Yes	Appropriate Containers
Yes	Appropriate Sample Volume
Yes	Coolers Intact
Yes	Samples Accepted

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Term and Qualifier Definitions

Item	Definition
J1	Estimated value - The reported value is outside the established quality control criteria for accuracy and/or precision.
J4	Estimated value and sample is less than value - No dilution produced a depletion of 2 mg/L of DO or greater, oxygen demand of sample was less than anticipated.
U	Non-detected compound.
RPD	Relative Percent Difference
%REC	Percent Recovery
Source	Sample that was matrix spiked or duplicated
*	A = Accredited, N = Not Accredited or Accreditation not available
DF	Dilution Factor - the factor applied to the reported data due to sample preparation, dilution, or moisture content
MDL	Method Detection Limit - The minimum concentration of a substance (or analyte) that can be measured and reported with 99% confidence that the analyte concentration is greater than zero. Based on standard deviation of replicate spiked samples take through all steps of the analytical procedure following 40 CFR Part 136 Appendix B.
SDL	Sample Detection Limit - The minimum concentration of a substance (analyte) that can be measured and reported with 99% confidence that the analyte concentration is greater than zero. The SDL is an adjusted limit thus sample specific and accounts for preparation weights and volumes, dilutions, and moisture content of soil/sediments. If there are no sample specific parameters, the MDL = SDL.
MRL	Method Reporting Limit - Analyte concentration that corresponds to the lowest level lab reports with confidence in accuracy of quantitation and without qualification (i.e. J-flagged). The MRL is at or above the lowest calibration standard.
LRL	Laboratory Reporting Limit - Analyte concentration that corresponds to the lowest level lab reports with confidence in accuracy of quantitation and without qualification (i.e. J-flagged). The LRL is an adjusted limit thus sample specific and accounts for preparation weights and volumes, dilutions, and moisture content of soil/sediments. If there are no sample specific parameters, the MRL = LRL.

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CHAIN OF CUSTODY RECORD

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21I2257

M.M.I.A., Inc. Josh Maas P.O. Box 9 Spring, TX 77383 Phone: (281) 651-1618	**Project Name** : Far Hills - Permit Renewal **Project Comments**: DO reading must be recorded before 9am If CL2 not between 1.0 - 4.0 Call Office Mark out Duplicated Outfall samples on the regular chain

Schedule Comments:

Sample ID	Collection Point	Date/Time Begin	Date/Time Sampled	Sample Type	Container	Analysis/Preservation		Field Results	
21I2257-01	Outfall 001		9/14/2021/0830	AQ Grab	A HDPE 250mL B HDPE 1L C HDPE 250mL H2SO4 D HDPE 250mL E Glass Wide 1L w/ Teflon-lined Lid F HDPE S250mL Na2S2O3 G HDPE 250mL H HDPE 250mL H2SO4 I HDPE 250mL H2SO4 J HDPE 1L	TC EC-9223 O&G-1664 Alkalinity-2320 CBOD-5210 Chloride IC 300.0 Conductivity-2510 NH3-N SEAL-350.1 Nitrate as N IC 300.0 Sulfate IC 300.0 TDS-2540 TKN T-4500 C Total Phosphorus-4500 TSS-2540	Na2S2O3 <10°C HCl 4°C 4°C 4°C 4°C 4°C H2SO4 4°C 4°C 4°C 4°C H2SO4 4°C H2SO4 4°C 4°C	DO Field 8.29 Flow MGD Field 0.017 pH Field 7.09 Total Chlorine Residual WW Field 2.20	

Field Remarks:

Preservation: (Circle and Write ID) H2SO4 HNO3 NaOH Other:

Sampler (Signature) Wade Owen	Relinquished By: (Signature)	Date/Time	Received By: (Signature)	Date/Time
Print Name Wade Owen	Relinquished By: (Signature)	Date/Time	Received By: (Signature)	Date/Time
Affiliation NWDLS	Relinquished To Lab By: (Signature) Wade Owen	Date/Time 9-14-21/1510	Received for Laboratory By: (Signature)	Date/Time 9-14-21/1510

Custody Seal : Yes / No COC Labels Agree: Yes / No Appropriate Volume: Yes / No Received on Ice: Yes / No Temperature: °C

Container Intact : Yes / No Appropriate Containers: Yes / No Coolers Intact: Yes / No Samples Accepted: Yes / No Thermometer ID:

Montgomery 1097

wko_NWDLS_COC_LS version 4: 02/22/2021

CHAIN OF CUSTODY RECORD

NWDLS North Water District Laboratory Services, Inc.

North Water District Laboratory Services
130 S. Trade Center Pkwy, Conroe Tx 77385
(936) 321-6060 - lab@nwdls.com
TCEQ T104704238-21-33 TCEQ-TOX T104704202-20-14

21I3196

M.M.I.A., Inc. Josh Maas P.O. Box 9 Spring, TX 77383 Phone: (281) 651-1618	**Project Name** : Far Hills - Small Permit Renewal - Recollect **Project Comments**: 11266 Cude Cemetery Rd Combo 1911 Josh Maas - 713-302-2429 Operator - Mike Reid - 832-732-0298

Schedule Comments:

Sample ID	Collection Point	Date/Time Begin	Date/Time Sampled	Sample Type	Container	Analysis/Preservation	Field Results
21I3196-01	Outfall 001		9.21.21 1105	AQ Grab	A HDPE 250mL	Nitrate as N IC 300.0 4°C	

Field Remarks:

Preservation: (Circle and Write ID) (H2SO4) HNO3 NaOH Other:

Sampler (Signature)	Relinquished By: (Signature)	Date/Time	Received By: (Signature)	Date/Time
Print Name John Wright	Relinquished By: (Signature)	Date/Time	Received By: (Signature)	Date/Time
Affiliation NWDLS	Relinquished To Lab By: (Signature)	Date/Time 9.21.21 1330	Received for Laboratory By: (Signature)	Date/Time 9-21-21 13:30

Custody Seal : Yes / No COC Labels Agree: Yes / No Appropriate Volume: Yes / No Received on Ice: Yes / No Temperature: °C

Container Intact : Yes / No Appropriate Containers: Yes / No Coolers Intact: Yes / No Samples Accepted: Yes / No Thermometer ID:

Montgomery 1097

wko_NWDLS_COC_noDate_LS version 4: 02/22/2021

TECHNICAL REPORT 1.0
Item 9

SLUDGE DISPOSAL WRITTEN STATEMENT

Sprint Waste

P.O. Box 940820 • Houston, Texas 77094 • Telephone (281) 491-7775

November 18, 2021

Texas Commission on Environmental Quality
Permits Division
P.O. Box 13087
Austin, TX 78711-3087

RE: Far Hills WWTP
Permit Application

To Whom It May Concern:

This letter serves as notice to the Texas Commission on Environmental Quality ("TCEQ") that Sprint Waste acknowledges the receipt of sludge generated from Far Hills WWTP (TCEQ TPDES Permit No. WQ0014555-002)

Sprint Waste Services, LP holds a TCEQ s processing permit to process WWTP sludge (TCEQ Processing Permit No. WQ0004810-000), allowing for sludge from municipal wastewater treatment plants to be brought to its Richey Road facility for dewatering. The dewatered sludge will be disposed of at a TCEQ approved facility. Sprint Waste Services, LP reserves the right to refuse to accept sludge from any generator because of quality, quantity, or other reasons.

Please note that Sprint Waste TCEQ Transporter Number is 25978.

Sincerely,

Zach Divin
Division Manager