

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ DOMESTIC WASTEWATER PERMIT

APPLICATION DOMESTIC ADMINISTRATIVE REPORT

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

APPLICANT _____

PERMIT NUMBER _____

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

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

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

A copy of the application fee check must be submitted with the application.

| FOR COMMISSION USE ONLY | |
|--------------------------------------|--------------|
| Segment Number _____ | County _____ |
| Expiration Date _____ | Region _____ |
| Proposed/Current Permit Number _____ | |

DOMESTIC ADMINISTRATIVE REPORT 1.0

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

Type of application:

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

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

1. Applicant Information

(Instructions, Page 24)

a. Facility owner

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

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

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

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Indicate the type of Customer:

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

Independent entity

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

Number of Employees:

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

Customer Business Tax and Filing Numbers

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

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: _____

DUNS Number (if known): _____

b. Co-permittee information

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

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

Operator: _____

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

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

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Indicate the type of Customer:

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

Independent entity

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

Number of Employees:

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

Customer Business Tax and Filing Numbers

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

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: _____

DUNS Number (if known): _____

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

c. Individual information

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

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

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

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

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

2. Billing Contact

(Instructions, Page 28)

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

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

Permittee Co-permittee **No**, fill out this section

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

3. Application Contact Information

(Instructions, Page 28)

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

a. First application contact

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Check one or both: Administrative contact Technical Contact

b. Alternate application contact

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Check one or both: Administrative contact Technical Contact

4. DMR/MER Contact Information

(Instructions, Page 28)

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

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____



Did you know you can submit DMR data on line?

Go to Sign up now at:

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

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

5. Permit Contact Information

(Instructions, Page 28)

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

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

6. Notice Information

(Instructions, Page 29)

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

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____

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

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

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 No.: _____

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

Regular Mail:

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

c. Contact in the notice

Prefix (Mr, Ms, Miss): _____

First/Last Name: _____

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

Organization Name: _____

Phone No.: _____ Extension: _____

d. Public place information

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

Public Building name: _____

Location within the building: _____

Physical address of building: _____

City: _____ County: _____

Contact Name: _____

Phone No.: _____ Extension: _____

e. Bilingual notice requirements

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

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

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

Yes No

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

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

Yes No

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

Yes No

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

Yes No

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

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

7. Regulated Entity and Permitted Site Information

(Instructions, Page 30)

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

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

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

TCEQ issued RE Reference Number (RN): **RN:** _____

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

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

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

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

Yes No

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

d. Site location description information

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

Section A: Site physical address.

Does the site have a physical address?

Yes No

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

Physical Address of Project or Site:

Street Number: _____ Street Name: _____

City: _____ ZIP Code: _____

Section B: Site location information.

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

Yes No

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

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

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

f. ZIP Code where the site is located: _____

g. County where the site is located: _____

h. Latitude: _____ **Longitude:** _____

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

j. Owner of treatment facility: _____

Ownership of Facility: Public Private Both Federal

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

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

l. Owner of effluent disposal site:

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

m. Owner of sewage sludge disposal site:

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

8. Discharge/Disposal Information

(Instructions, Page 34)

ALL permits complete the following

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

Yes No

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

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

c. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

- Yes No

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

TPDES permits complete the following

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

- Yes No

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

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

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

g. Outfall - Latitude: _____ Longitude: _____

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

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

Yes No

If Yes, indicate by a check mark if:

Authorization granted Authorization pending

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

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

TLAP permits complete the following

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

Yes No

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

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

l. County where disposal site is located: _____

m. Disposal site - Latitude:_____ Longitude:_____

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

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

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

9. Miscellaneous Information

(Instructions, Pages 37)

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

b. Do you owe fees to the TCEQ?

Yes No

If yes, please provide:

Account number:_____ Amount past due:_____

c. Do you owe any penalties to the TCEQ?

Yes No

If yes, please provide:

Enforcement order number_____ Amount past due_____

10. Signature Page

(Instructions, Page 39)

Permit Number _____

Applicant _____

Certification:

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

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

Print or Type Signor's Name: _____

Provide Signor's Title: _____

Signature (*Use blue ink*): _____

Date: _____

Subscribed and Sworn to before me by the said _____

on this _____ day of _____, 20_____.

My commission expires on the _____ day of _____, 20_____.

Notary Public Signature: _____ [SEAL]

_____ County, Texas

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)
FOR AGENCIES REVIEWING DOMESTIC
TPDES WASTEWATER PERMIT APPLICATIONS

| | |
|--|---|
| TCEQ USE ONLY: | |
| Application type: _____ Renewal _____ Major Amendment _____ Minor Amendment _____ New | |
| County: _____ | |
| Admin Complete Date: _____ | |
| Agency Receiving SPIF: | |
| <input type="checkbox"/> Texas Historical Commission | <input type="checkbox"/> U.S. Fish and Wildlife |
| <input type="checkbox"/> Texas Parks and Wildlife Department | <input type="checkbox"/> U.S. Army Corps of Engineers |

Supplemental Permit Information

(Instructions, Page 40)

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

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

The following applies to all applications:

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

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

Name: _____ Phone number: _____

Company: _____ Fax number: _____

Street No.: _____ Street name: _____

Street type: _____

P.O. Box: _____ Email: _____

City: _____ State: _____ Zip code: _____

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

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

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

8. Please provide a separate 7.5 minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required **in addition to** the map in the administrative report).
9. Please provide original photographs of any structures 50 years or older on the property.

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

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

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

12. Describe existing disturbances, vegetation and land use.

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

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

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

DOMESTIC ADMINISTRATIVE REPORT 1.1

The following is required for new and amendment applications.

1. Affected Landowner Information

(Instructions, Page 41)

a. Landowner map components

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

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

b. Landowner list media

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

Read/Writeable CD or Disk 4 sets of labels

c. Cross-referenced landowner list

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

Yes No

d. Landowner data source

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

e. School fund land

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

Yes No

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

2. Buffer Zone Map

(Instructions, Page 44)

a. Buffer zone map components

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

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

b. Buffer zone compliance method

How will the buffer zone requirement be met?

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

c. Unsuitable site characteristics

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

- Yes No

3. Original Photographs

(Instructions, Page 48)

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

Texas Commission on Environmental Quality

Water Quality Permit Payment Submittal Form

Use this form to submit your Application Fee only if you are mailing your payment.

- Complete items 1 through 5 below:
- Staple your check in the space provided at the bottom of this document.
- Do not mail this form with your application form.
- Do not mail this form to the same address as your application.

Mail this form and your check to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP

Wastewater Permit No: WQ00

1. Check / Money Order No: _____
2. Amount of Check/Money Order: _____
3. Date of Check or Money Order: _____
4. Name on Check or Money Order: _____
5. APPLICATION INFORMATION

If the check is for more than one application, list each Project/Site (RE) Name and Physical Address exactly as provided on the application. **DO NOT SUBMIT A COPY OF THE APPLICATION WITH THIS FORM AS IT COULD CAUSE DUPLICATE PERMIT ENTRIES.**

See Attached List of Sites (If more space is needed, you may attach a list.)

Project/Site (RE) Name: _____

Project/Site (RE) Physical Address: _____

Staple Check in This Space