# PLUMMER

1107-001-02

March 4, 2020

Texas Commission on Environmental Quality
Applications Review and Processing Team
Building F, Room 2101
12100 Park 35 Circle
Austin, Texas 78753

Re: City of Laredo (CN600131908)
Jefferson Water Treatment Facility (RN101608545)
Application for Renewal of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010681001

To Whom It May Concern:

On behalf of the City of Laredo, Plummer submits one original and three copies of a renewal application for the above-referenced permit. The application fee of $2,015.00 for the Domestic Wastewater Permit Application and has been submitted to the Texas Commission on Environmental Quality Cashier's Office (MC-214) under a separate cover.

Please feel free to contact me at tkoenings@plummer.com, (512) 687-2148, if you have any questions regarding this submittal.

Sincerely,

PLUMMER
TBPE Firm Registration No. F-13

Tres Koenings
Senior Project Manager

Enclosures: Permit Renewal Application (1 original, 3 copies)

cc: Tony Moreno, City of Laredo

RECEIVED
MAR 04 2020
Water Quality Applications Team

6300 La Calma Drive, Suite 400
Austin, Texas 78752
Phone 512.452.5905
Fax 512.452.2325
plummer.com
TBPE Firm No. 13

# 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:** WQ0010681001

RECEIVED
MAR 04 2020
TCEQ/Revenue Section

1. Check or Money Order Number: 109180
2. Check or Money Order Amount: $2,015.00
3. Date of Check or Money Order: February 5, 2020
4. Name on Check or Money Order: Plummer
5. APPLICATION INFORMATION

   Name of Project or Site: Jefferson Water Treatment Plant

   Physical Address of Project or Site: 2519 Jefferson Street, Laredo, TX 78040

   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

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

109180

**PLUMMER**
1320 South University Drive, Suite 300
Fort Worth, Texas 76107
817-806-1700

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com
32-61/1110

CHECK DATE
February 5, 2020

PAY
Two Thousand Fifteen and 00/100 Dollars

AMOUNT
2,015.00

TO
Texas Commission on Environmental Quality
Attn: Cashier
PO Box 13088
Austin, 78711-3088

AUTHORIZED SIGNATURE

Security features. Details on back.

# CITY OF LAREDO, TEXAS

# TPDES PERMIT NO. WQ0010681001 JEFFERSON WATER TREATMENT FACILITY TPDES PERMIT RENEWAL APPLICATION

SUBMITTED TO:

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

MARCH 2020

PLUMMER

1107-001-01

**CITY OF LAREDO**
**JEFFERSON WATER TREATMENT FACILITY**
**TPDES PERMIT RENEWAL APPLICATION**

## TABLE OF CONTENTS

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the application.**

APPLICANT: City of Laredo

PERMIT NUMBER: WQ0010681001

**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: 109180

Check/Money Order Amount: $2,015.00

Name Printed on Check: Plummer

EPAY Voucher Number: N/A

Copy of Payment Voucher enclosed? Yes ☐

## Section 2. Type of Application (Instructions Page 29)

☐ New TPDES

☐ Major Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☒ Renewal without changes

☐ New TLAP

☐ Minor Amendment *with* Renewal

☐ Minor Amendment *without* Renewal

☐ Minor Modification of permit

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

**For existing permits**:

Permit Number: WQ0010681001

EPA I.D. (TPDES only): TX0002542

Expiration Date: September 1, 2020

## 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?

City of Laredo

*(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: 600131908

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: Robert A. Eads

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

Title: Interim Co-City Manager

**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?

N/A

*(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: N/A

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): N/A

First and Last Name: N/A

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

Title: N/A

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

**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:** A

## 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: Riazul I. Mia

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

Title: Utilities Director

Organization Name: City of Laredo

Mailing Address: 5816 Daugherty Ave.

City, State, Zip Code: Laredo, TX 78041

Phone No.: (956) 721-2000 Ext.: N/A Fax No.: (956) 721-2001

E-mail Address: rmia@ci.laredo.tx.us

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

First and Last Name: Tres Koenings

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

Title: Senior Project Manager

Organization Name: Plummer Associates, Inc.

Mailing Address: 6300 La Calma Dr, Ste 400

City, State, Zip Code: Austin, TX 78752

Phone No.: (512) 687-2148 Ext.: N/A Fax No.: (512) 452-2325

E-mail Address: tkoenings@plummer.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: Riazul I. Mia

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

Title: Utilities Director

Organization Name: City of Laredo

Mailing Address: 5816 Daugherty Ave.

City, State, Zip Code: Laredo, TX 78041

Phone No.: (956) 721-2000 Ext.: N/A Fax No.: (956) 721-2001

E-mail Address: rmia@ci.laredo.tx.us

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

First and Last Name: Tony Moreno

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

Title: Water Treatment Superintendent

Organization Name: City of Laredo

Mailing Address: 5816 Daugherty Avenue

City, State, Zip Code: Laredo, TX 78041

Phone No.: (956) 795-2620 Ext.: N/A Fax No.: (956) 795-2622

E-mail Address: tmoreno@ci.laredo.tx.us

## 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: Tony Moreno

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

Title: Water Treatment Superintendent

Organization Name: City of Laredo

Mailing Address: 5816 Daugherty Ave.

City, State, Zip Code: Laredo, TX 78041

Phone No.: (956) 795-2620 Ext.: N/A Fax No.: (956) 795-2622

E-mail Address: tmoreno@ci.laredo.tx.us

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

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

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

First and Last Name: Riazul I. Mia

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

Title: Utilities Director

Organization Name: City of Laredo

Mailing Address: 5816 Daugherty Ave.

City, State, Zip Code: Laredo, TX 78041

Phone No.: (956) 721-2000 Ext.: N/A Fax No.: (956) 721-2001

E-mail Address: rmia@ci.laredo.tx.us

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: Tres Koenings

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

Title: Senior Project Manager

Organization Name: Plummer Associates, Inc.

Mailing Address: 6300 La Calma Dr, Ste 400

City, State, Zip Code: Austin, TX 78752

Phone No.: (512) 687-2148 Ext.: N/A Fax No.: (512) 452-2325

E-mail Address: tkoenings@plummer.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: Riazul I. Mia

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

Title: Utilities Director

Organization Name: City of Laredo

Phone No.: (956) 721-2000 Ext.: N/A

E-mail: rmia@ci.laredo.tx.us

**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: Joe A. Guerra Laredo Public Library

Location within the building: First Floor Reference Desk

Physical Address of Building: 1120 E. Calton Rd.

City: Laredo County: Webb

Contact Name: Maria G. Soliz

Phone No.: (956) 795-2400 Ext.: 2222

**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**101608545

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):

Jefferson Water Treatment Facility

**C.** Owner of treatment facility: City of Laredo

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

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

Prefix (Mr., Ms., Miss):

First and Last Name: City of Laredo

Mailing Address: 2519 Jefferson Street

City, State, Zip Code: Laredo, TX 78040

Phone No.: (956) 795-2620 E-mail Address: tmoreno@ci.laredo.tx.us

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:

N/A

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

☒ Yes ☐ No

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

N/A

City nearest the outfall(s): Laredo

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

Outfall Latitude: 27° 31' 22.36" N Longitude: 99° 31' 28.67" 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 N/A

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

**Attachment:** N/A

**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.

N/A

## 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 N/A – Not a TLAP

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.

N/A

**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:

Tres Koenings

**D.** Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: N/A Amount past due: N/A

**E.** Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: N/A Amount past due: N/A

## 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

See Attachment B

- 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: See Table of Attachments

## Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0010681001

Applicant: City of Laredo

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): Robert A. Eads, ICMA-CM

Signatory title: Interim Co-City Manager

Signature: _____ Date: 2/24/2020

(Use blue ink)

Subscribed and Sworn to before me by the said Robert A. Eads

on this 24th day of February, 20 20.

My commission expires on the 21 day of February, 20 22.

_____

Notary Public *[SEAL]*

ALEJANDRA QUINTANILLA
Notary Public, State of Texas
Comm. Expires 02-21-2022
Notary ID 131459731

Webb

County, Texas

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

## FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

**TCEQ USE ONLY:**

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Laredo

   Permit No. WQ00 10681001 EPA ID No. TX 0002542

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

   2519 Jefferson Street, Laredo, in Webb County, Texas 78040

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: Tony Moreno

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

Title: Water Treatment Superintendent

Mailing Address: 5816 Daugherty Ave.

City, State, Zip Code: Laredo, TX 78041

Phone No.: (956) 795-2620 Ext.: N/A Fax No.: (956) 795-2622

E-mail Address: tmoreno@ci.laredo.tx.us

2. List the county in which the facility is located: Webb
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.

Directly to Rio Grande Below Amistad Reservoir in Segment No. 2304 of the Rio Grande 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). See SPIF 1 and SPIF 2

Provide original photographs of any structures 50 years or older on the property. See SPIF 3

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

Existing disturbances, vegetation, and land use include those typical of a water treatment facility of this size.

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

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

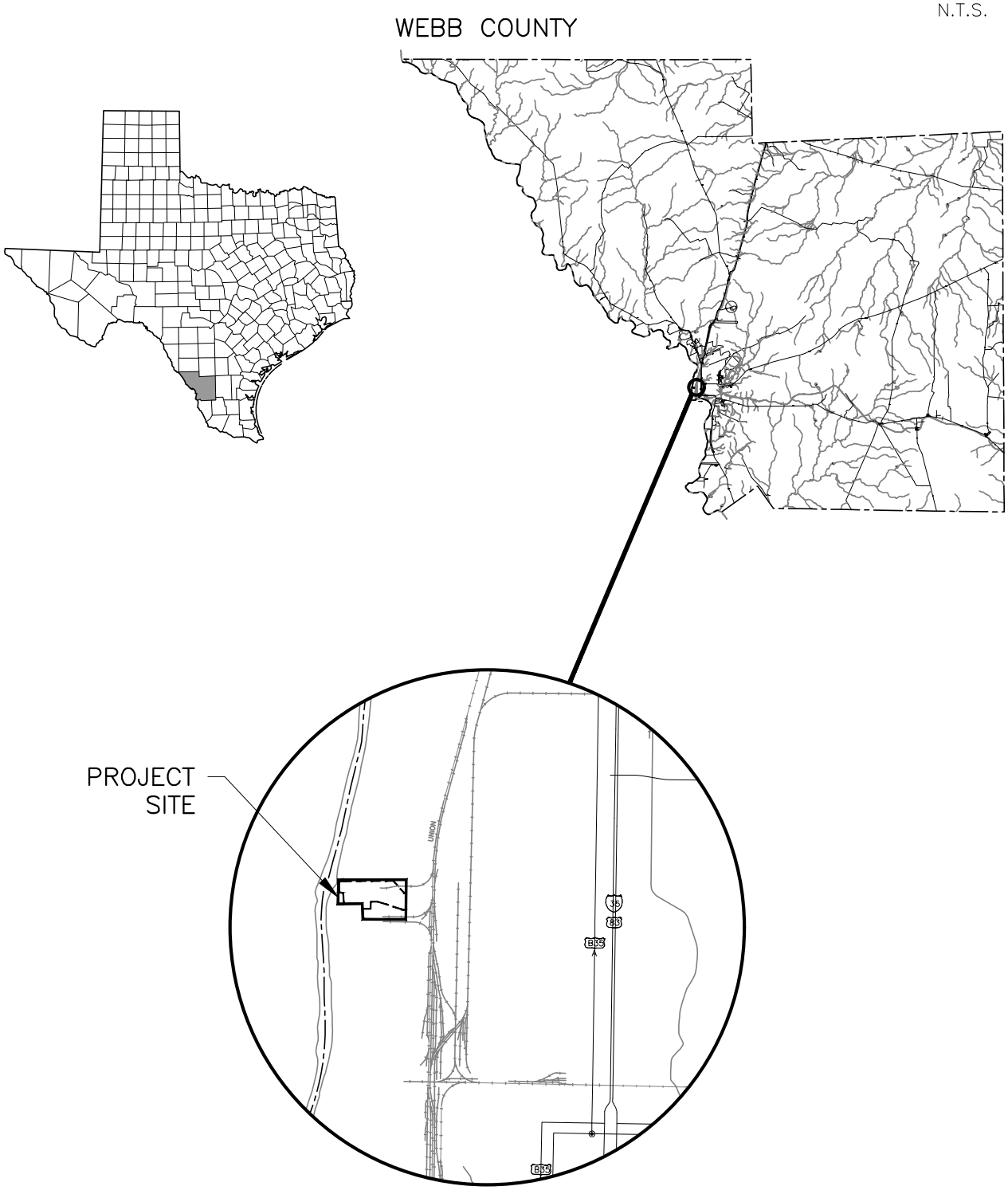
N/A

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

N/A

PLUMMER

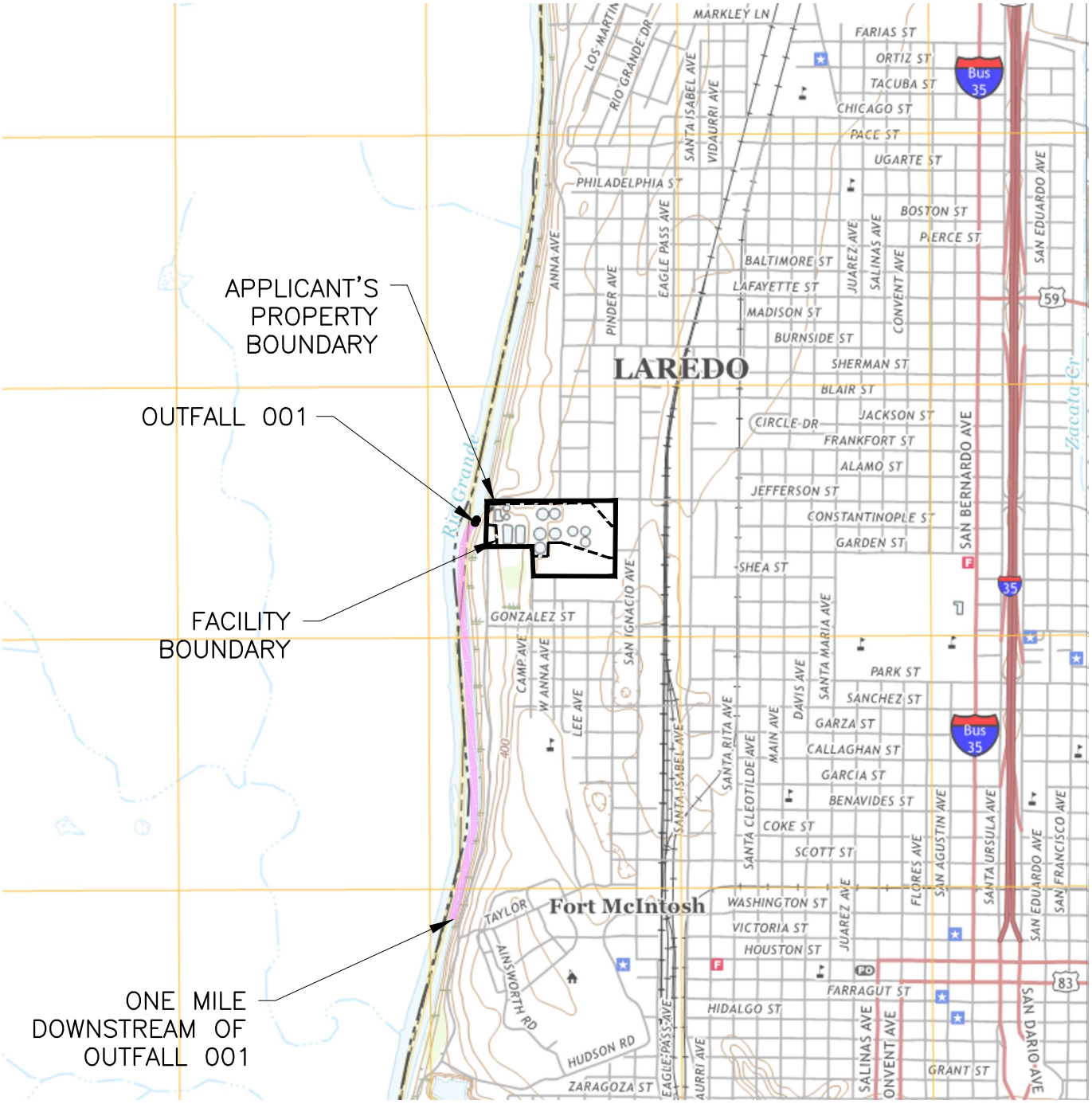
N.T.S.




# SPIF 1
# CITY OF LAREDO
# JEFFERSON WATER TREATMENT FACILITY
# TPDES PERMIT RENEWAL APPLICATION
# GENERAL LOCATION MAP

PLUMMER

FEET
0 2000




SPIF 2
CITY OF LAREDO
JEFFERSON WATER TREATMENT FACILITY
TPDES PERMIT RENEWAL APPLICATION
USGS MAP

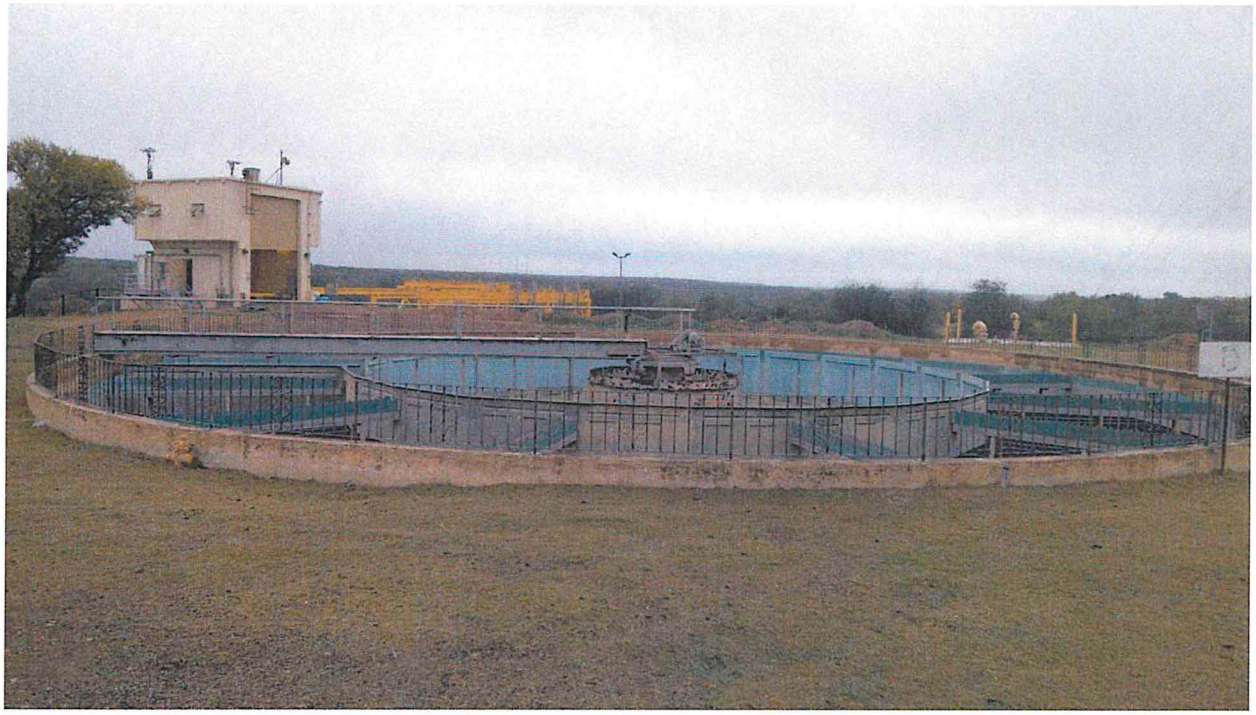
SPIF-3
PHOTOGRAPHS OF STRUCTURES 50 YEARS OR OLDER

2014-12-19 (01) - Filter Building 1. The front half was erected c1954, as were most of the items in the following pictures. Only the first four filters were built then. The last four filters were added c1975. The 1954 part is everything to the left of the last two large windows on the right.

2014-12-19 (02) - Sludge Settling Lagoons.

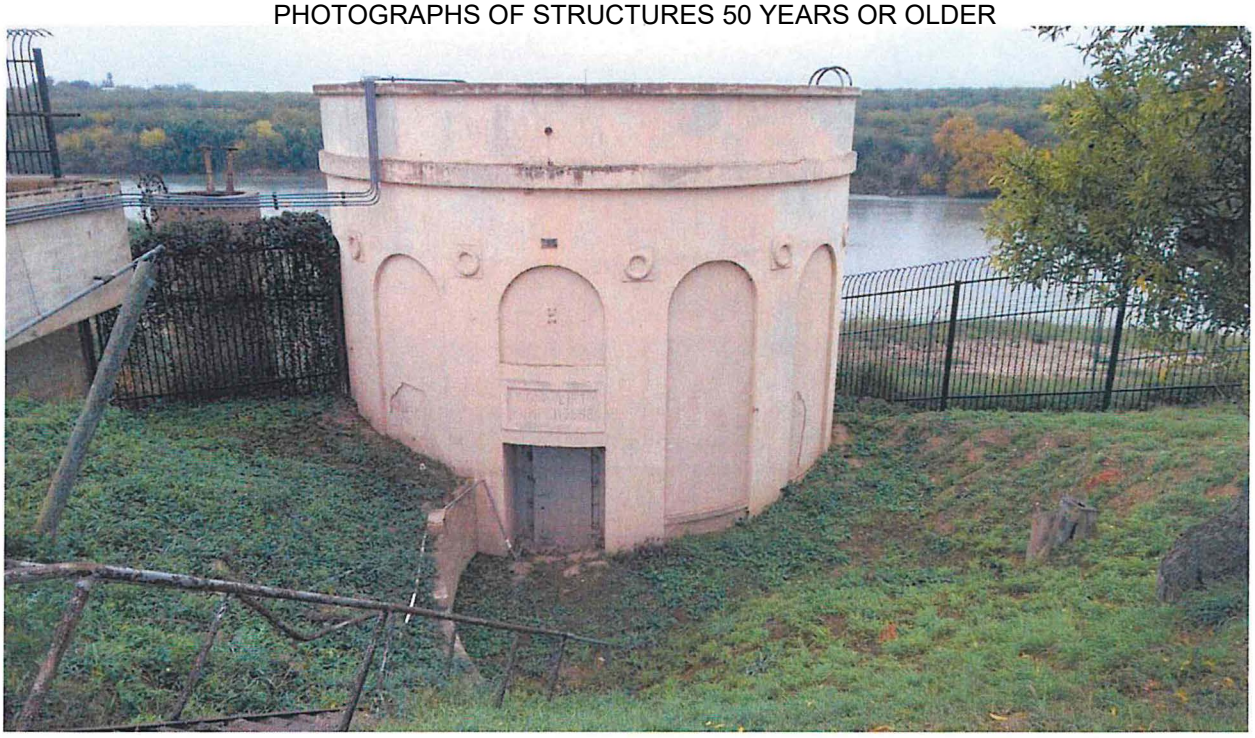
2014-12-19 (03) - One of two sedimentation basins in the lower plant. No longer in service. Nothing in the lower plant is in service any longer.

2014-12-19 (04) – Maintenance storage and chemical injection in lower plant. Not functional. Used as storage.

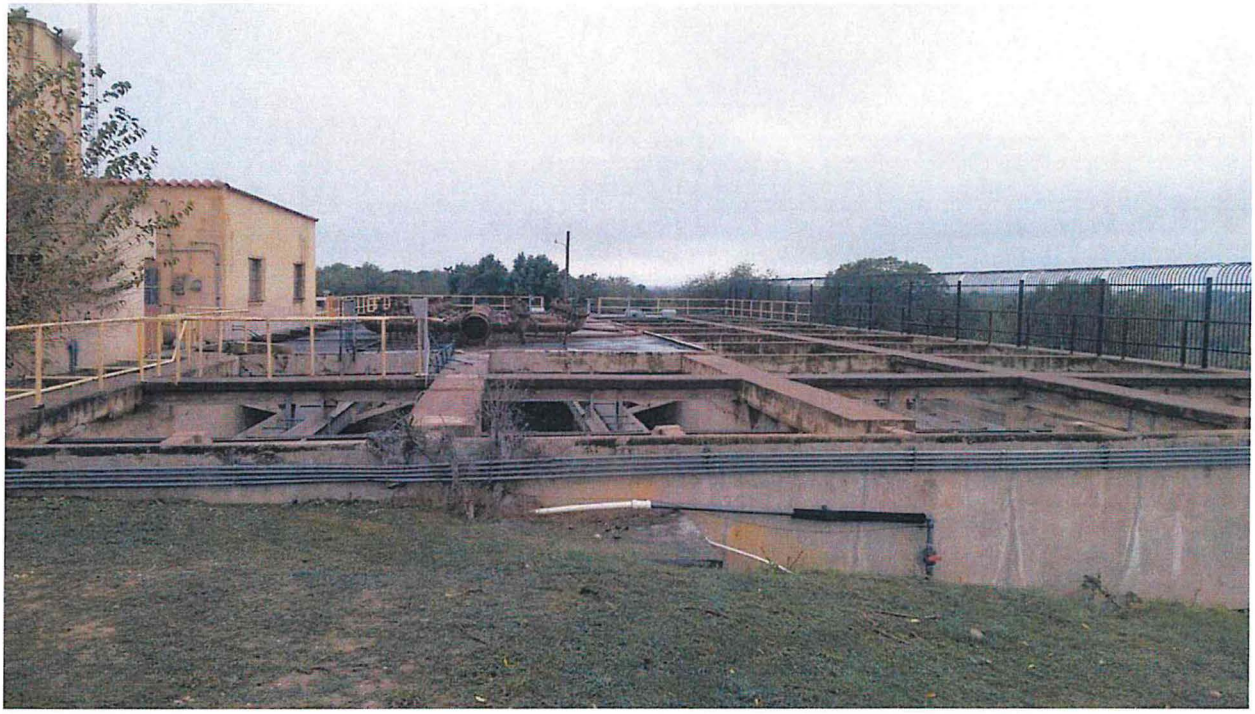


2014-12-19 (05) - One of two sedimentation basins in the lower plant. No longer in service.

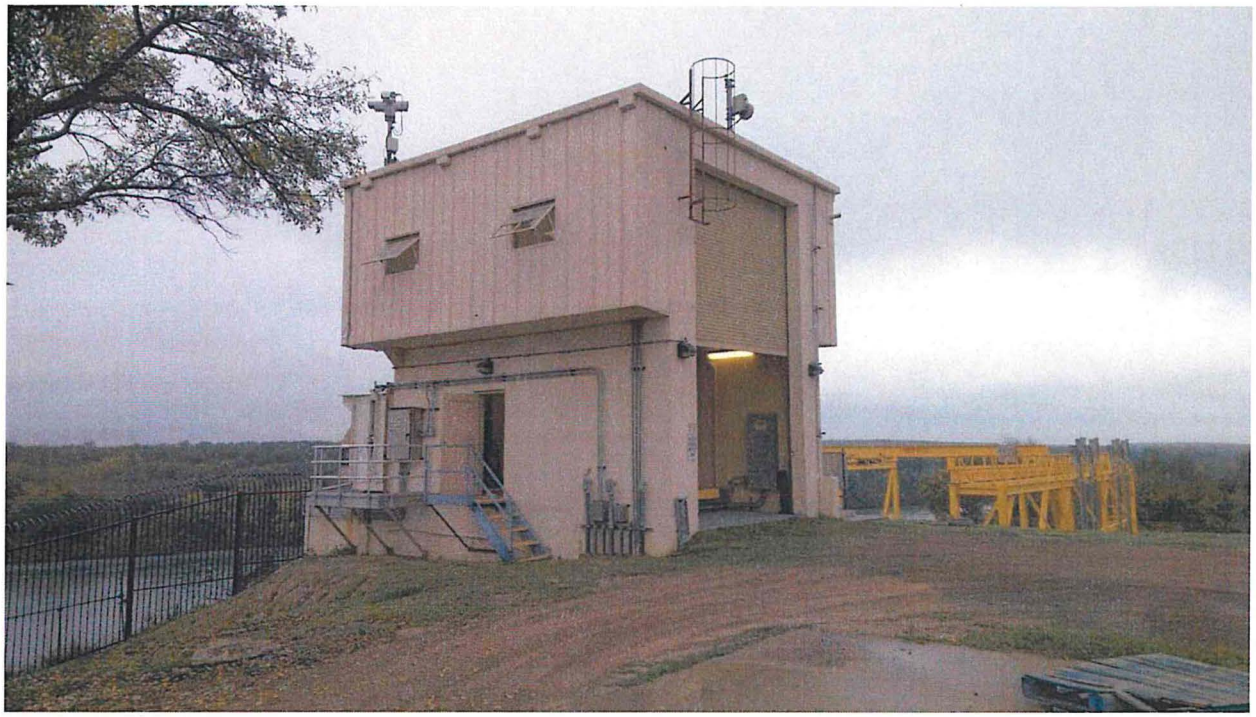
2014-12-19 (06) – Lower plant administration and filter building. No longer in service. Used for storage.



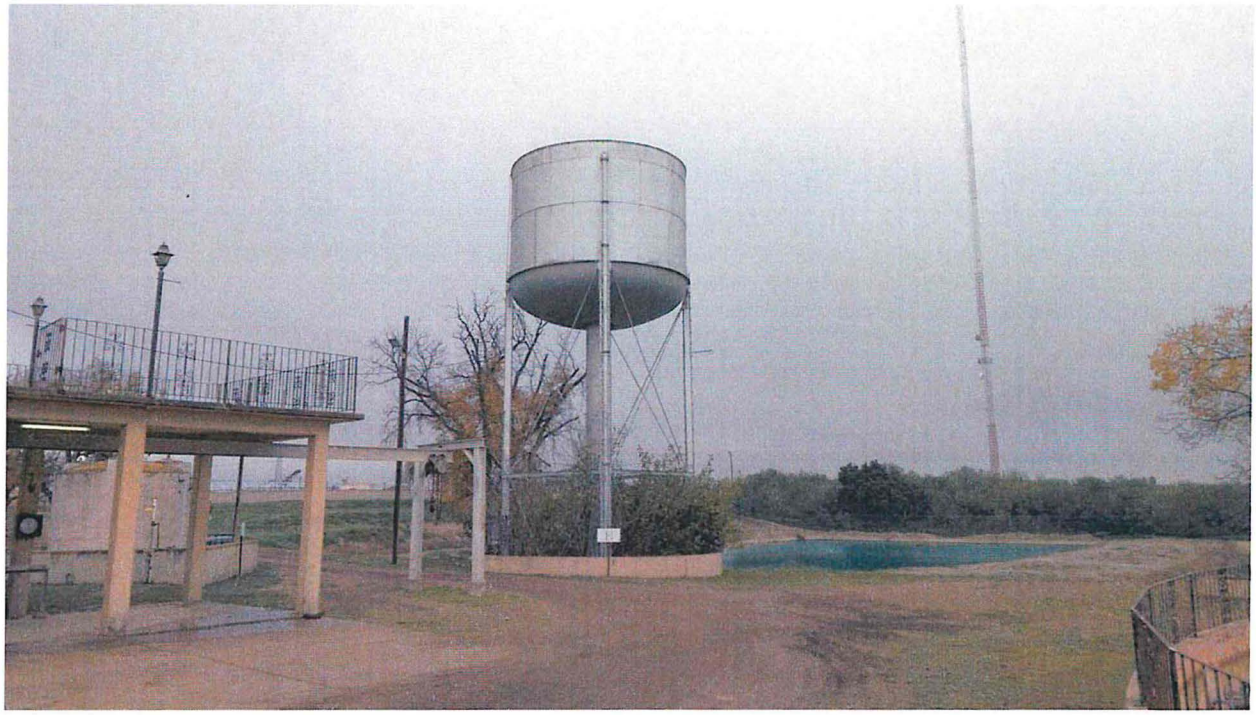
2014-12-19 (07) – Original lower plant pump house. No longer in service.



2014-12-19 (08) – Lower plant aerator and flocculators. No longer in service.



2014-12-19 (09) – Lower plant pump house. In service.

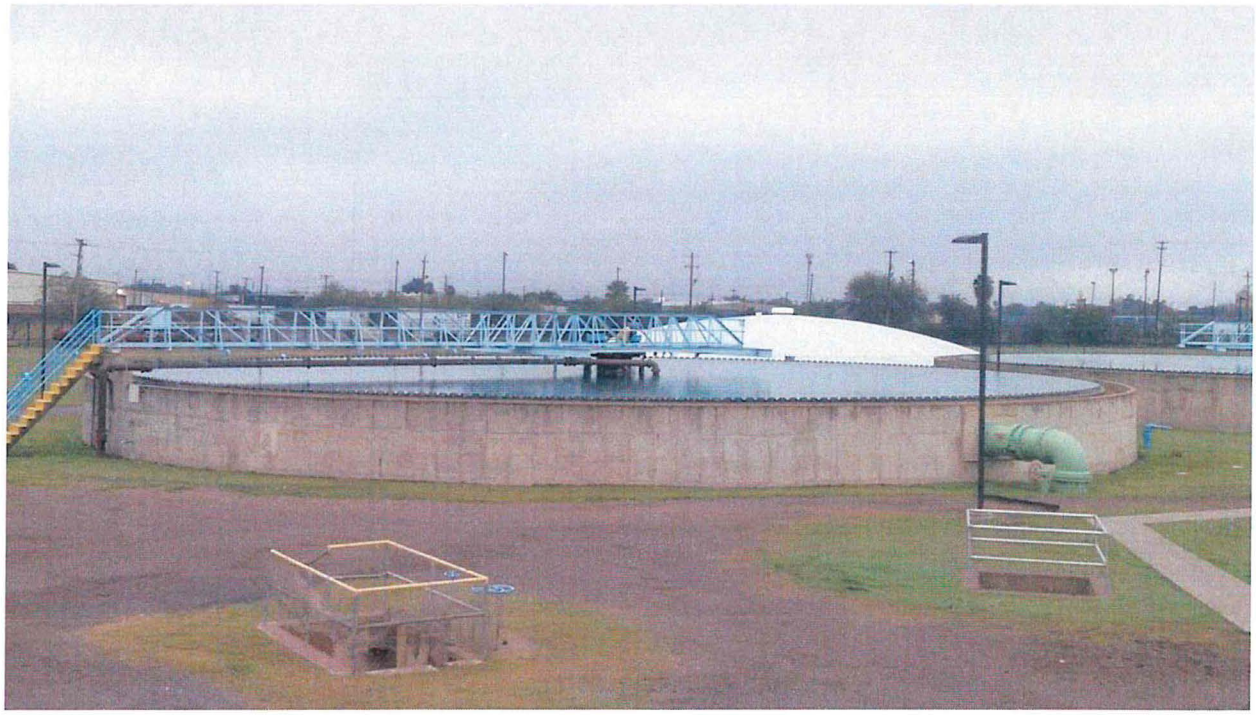


2014-12-19 (10) – Lower plant backwash tank. Not in service.

2014-12-19 (11) – Clarifier 4. In service.

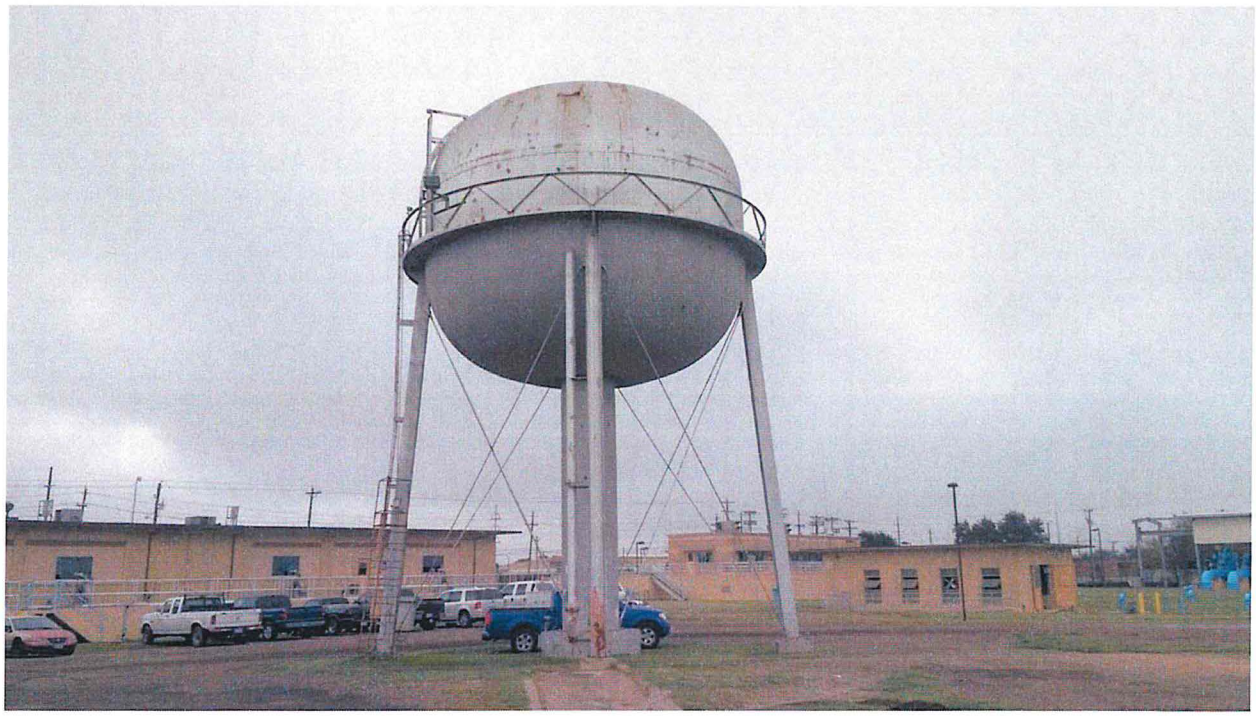
2014-12-19 (12) – Clarifier 3. In service.

2014-12-19 (13) – Flocculators (from left) 3A, 3B, 4A, 4B, all in service. Old chemical injection building, no longer functional, used for storage.



2014-12-19 (14) – North sludge thickener. In service.

2014-12-19 (15) – South sludge thickener. In service.



2014-12-19 (16) – Upper plant backwash tank. No longer in service.

2014-12-19 (17) – West High Service Pump House. In service.

2014-12-19 (18) – Clearwell 1 (underground). In service.

2014-12-19 (19) – Clearwell 2 (underground). In service.

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): 4.1

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

Estimated construction start date: N/A - Existing Phase

Estimated waste disposal start date: N/A - Existing Phase

**B. Interim II Phase**

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

**C. Final Phase**

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

**D. Current operating phase: Existing**

Provide the startup date of the facility: 1954

## 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 C |

Port or pipe diameter at the discharge point, in inches: 6"

### 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 D | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

### C. Process flow diagrams

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

**Attachment**: E

## 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**: F

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

The Jefferson Water Treatment Facility serves the area within the Laredo City limits

## 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 ☐ N/A

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

N/A

## Section 5. Closure Plans (Instructions Page 53)

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

Yes ☐ No ☒

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

Yes ☐ No ☐ N/A

**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: 1999

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

N/A

### B. Buffer zones

Have the buffer zone requirements been met?

Yes ☐ No ☐ N/A

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

N/A - No buffer zone 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*.

N/A

**D. Grit and grease treatment**

## *1. Acceptance of grit and grease waste*

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

Yes ☐ No ☒

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

## *2. Grit and grease processing*

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

N/A

## *3. Grit disposal*

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

Yes ☐ No ☐ N/A

**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* N/A - this application is for a water treatment plant

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

Yes ☐ No ☐ N/A

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

Yes ☐ No ☐ N/A

**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 ☐ N/A

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

TXR05 or TXRNE

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

Yes ☐ No ☐ N/A

## *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 ☐ N/A

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

N/A

## *4. Existing coverage in individual permit*

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

Yes ☐ No ☐ N/A

**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.

N/A

## *5. Zero stormwater discharge*

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

Yes ☐ No ☐ N/A

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

N/A

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 ☐ N/A

**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.

N/A

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 ☐ N/A

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

Yes ☐ No ☐ N/A

**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 | N/A - Water Treatment Facility | | | | |
| Total Suspended Solids, mg/l | | | | | |
| Ammonia Nitrogen, mg/l | | | | | |
| Nitrate Nitrogen, mg/l | | | | | |
| Total Kjeldahl Nitrogen, mg/l | | | | | |
| Sulfate, mg/l | | | | | |
| Chloride, mg/l | | | | | |
| Total Phosphorus, mg/l | | | | | |
| pH, standard units | | | | | |
| Dissolved Oxygen*, mg/l | | | | | |
| Chlorine Residual, mg/l | | | | | |
| *E.coli* (CFU/100ml) freshwater | | | | | |
| Entercocci (CFU/100ml) | | | | | |

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|---|---|---|---|---|---|
| saltwater | | | | | |
| Total Dissolved Solids, mg/l | | | | | |
| Electrical Conductivity, µmohs/cm, † | | | | | |
| Oil & Grease, mg/l | | | | | |
| Alkalinity ($CaCO_3$)*, mg/l | | | | | |

*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 | 5.0 | 5.0 | 1 | Grab | 01/28/20 13:40 |
| Total Dissolved Solids, mg/l | 600 | 600 | 1 | Grab | 01/28/20 13:40 |
| pH, standard units | 7.8 | 7.8 | 1 | Grab | 01/28/20 13:50 |
| Fluoride, mg/l | 0.65 | 0.65 | 1 | Grab | 01/28/20 13:50 |
| Aluminum, mg/l | 0.45 | 0.45 | 1 | Grab | 01/28/20 13:45 |
| Alkalinity ($CaCO_3$), mg/l | 120 | 120 | 1 | Grab | 01/28/20 13:50 |

## Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: See Attachment H

Facility Operator's License Classification and Level:

Facility Operator's License Number:

## 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:

### B. Sludge disposal site

Disposal site name: City of Laredo Landfill

TCEQ permit or registration number: 1693B

County where disposal site is located: Webb

### C. Sludge transportation method

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

Name of the hauler: City of Laredo

Hauler registration number: 21804

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 ☐ N/A

**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 ☐ N/A

### 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 ☐ N/A

## 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**: N/A

- USDA Natural Resources Conservation Service Soil Map:

  **Attachment**: N/A

- Federal Emergency Management Map:

  **Attachment**: N/A

- Site map:

  **Attachment**: N/A

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**: N/A

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: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

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

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

### C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum

hydraulic conductivity of $1x10^{-7}$ cm/sec?

Yes ☐ No ☐

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

| |
|---|
| N/A |

### D. Site development plan

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

| |
|---|
| N/A |

Attach the following documents to the application.

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

  **Attachment**: N/A
- Copy of the closure plan

  **Attachment**: N/A
- Copy of deed recordation for the site

  **Attachment**: N/A
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  **Attachment**: N/A
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  **Attachment**: N/A
- Procedures to prevent the occurrence of nuisance conditions

  **Attachment**: N/A

### 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: N/A

## 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:

N/A

### 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 ☐ N/A

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

N/A

## 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: N/A

## 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: Robert A. Eads, ICMA-CM

Title: Interim Co-City Manager

Signature: _____

Date: 2/24/2020

# 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: N/A

Distance and direction to the intake: N/A

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

**Attachment**: N/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: N/A

### 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).

N/A

### 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).

N/A

## 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: N/A

### A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: N/A

Average depth of the entire water body, in feet: N/A

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: N/A

### 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: N/A

### C. Downstream perennial confluences

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

N/A

### 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.

N/A

### E. Normal dry weather characteristics

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

N/A

Date and time of observation: N/A

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 N/A

### 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 N/A

### 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

# 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 - Application is for a water treatment plant

### 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 - Application is for a water treatment plant

### 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 ☐ N/A

**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 ☐ N/A

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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### 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 ☐ N/A

**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

N/A - No industrial users

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: N/A
Subcategories: N/A

Category: N/A
Subcategories: N/A

Category: N/A
Subcategories: N/A

Category: N/A
Subcategories: N/A

Category: N/A
Subcategories: N/A

## 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 - Application is for a water treatment plant

**CITY OF LAREDO**
**JEFFERSON WATER TREATMENT FACILITY**
**TPDES PERMIT RENEWAL APPLICATION**

## TABLE OF ATTACHMENTS

| No. | Description | Reference |
|---|---|---|
| A | Core Data Form | Admin Rpt 1.0 Section 3.C |
| B | U.S. Geological Survey Map | Admin Rpt 1.0 Section 13 |
| C | Treatment Process Description | Tech Rpt. 1.0, Section 2.A |
| D | List of Treatment Units | Tech Rpt. 1.0, Section 2.C |
| E | Process Flow Diagram | Tech Rpt. 1.0, Section 2.C |
| F | Site Drawing | Tech Rpt. 1.0, Section 4 |
| G | Pollutant Analysis of Treated Effluent | Tech Rpt. 1.0 Section 7 |
| H | Facility Operators | Tech Rpt. 1.0 Section 8 |

**ATTACHMENT A**

**Core Data Form**
**Admin Rpt 1.0 Section 3.C**

TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)*

☐ 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 **600131908** | | RN **101608545** |

## SECTION II: Customer Information

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

☐ 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:*

City of Laredo

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

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☒ City ☐ County ☐ Federal ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

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: 1110 Houston Street

| City | Laredo | State | TX | ZIP | 78040 | ZIP + 4 | 8019 |
|---|---|---|---|---|---|---|---|

| 16. Country Mailing Information *(if outside USA)* | 17. E-Mail Address *(if applicable)* |
|---|---|
| N/A | reads@ci.laredo.tx.us |

| 18. Telephone Number | 19. Extension or Code | 20. Fax Number *(if applicable)* |
|---|---|---|
| ( 956 ) 721-2000 | | ( 956 ) 721-2001 |

## 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.)*

Jefferson Water Treatment Facility

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 23. Street Address of the Regulated Entity: *(No PO Boxes)* | 2519 Jefferson Street | | | | | | | |
| | City | Laredo | State | TX | ZIP | 78040 | ZIP + 4 | 1721 |
| 24. County | Webb | | | | | | | |

**Enter Physical Location Description if no street address is provided.**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 25. Description to Physical Location: | N/A | | | | | | | |

| 26. Nearest City | State | Nearest ZIP Code |
|---|---|---|
| Laredo | TX | 78040 |

| 27. Latitude (N) In Decimal: | | | 28. Longitude (W) In Decimal: | | |
|---|---|---|---|---|---|
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| 27 | 31 | 22.36 | -99 | 31 | 28.67 |

| 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 | 1623 | 221310 | 325180 |

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

This faciltiy treats and supplies water.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 34. Mailing Address: | 5816 Daugherty Avenue | | | | | | | |
| | City | Laredo | State | TX | ZIP | 78041 | ZIP + 4 | 3337 |

| 35. E-Mail Address: | rmia@ci.laredo.tx.us |
|---|---|

| 36. Telephone Number | 37. Extension or Code | 38. Fax Number *(if applicable)* |
|---|---|---|
| ( 956 ) 721-2000 | | ( 956 ) 721-2001 |

**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 |
| | | | | 37307 |
| ☐ Municipal Solid Waste | ☐ New Source Review Air | ☐ OSSF | ☐ Petroleum Storage Tank | ☐ PWS |
| | | | | |
| ☐ Sludge | ☐ Storm Water | ☐ Title V Air | ☐ Tires | ☐ Used Oil |
| | | | | |
| ☐ Voluntary Cleanup | ☒ Waste Water | ☐ Wastewater Agriculture | ☐ Water Rights | ☐ Other: |
| | WQ0010681001 | | | |

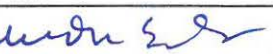
## SECTION IV: Preparer Information

| 40. Name: | Jenni English | 41. Title: | Engineer in Training |
|---|---|---|---|

| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
|---|---|---|---|
| ( 512 ) 687-2193 | | ( 512 ) 452-2325 | jenglish@plummer.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.

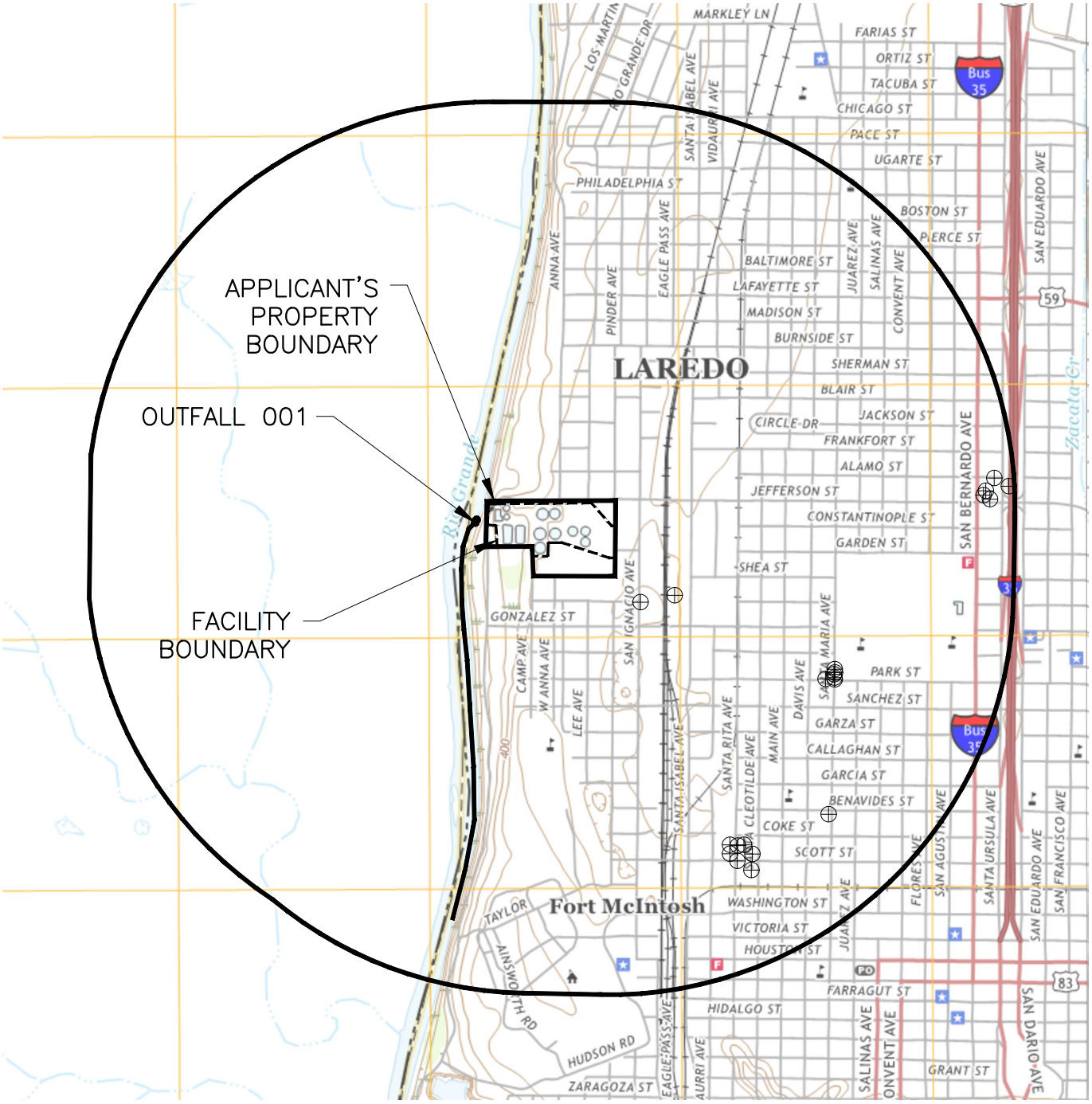
| Company: | City of Laredo | Job Title: | Interim Co-City Manager | |
|---|---|---|---|---|
| Name*(In Print)* : | Robert A. Eads | | Phone: | ( 956 ) 791-7302 |
| Signature: |  | | Date: | 2/24/2020 |

**ATTACHMENT B**

**U.S. Geological Survey Map**
**Admin Rpt 1.0 Section 13**

PLUMMER

FEET
0 2000




LEGEND

⊕ EXISTING WELL

# ATTACHMENT B
# CITY OF LAREDO
# JEFFERSON WATER TREATMENT FACILITY
# TPDES PERMIT RENEWAL APPLICATION
# USGS MAP

# ATTACHMENT C

## Treatment Process Description
## Tech Rpt. 1.0, Section 2.A

**ATTACHMENT C**
**CITY OF LAREDO**
**JEFFERSON WATER TREATMENT FACILITY**
**TPDES PERMIT RENEWAL APPLICATION**

## TREATMENT PROCESS DESCRIPTION

The City of Laredo Jefferson Water Treatment Facility (JWTF) has the capacity to treat 65.0 million gallons per day (MGD). Raw water from the Rio Grande River is conveyed to the JWTF via a raw water pump station. Once reaching the plant, the raw water enters a flash mixer/flow splitting structure. From this point the treated water flows to the flocculators followed by the clarifiers. The treated water is then blended back together and piped to the twelve multi-media gravity filters. Following the filters, the effluent flows through three clearwells, operated in series, before being pumped into distribution via two high service pump stations.

Settled sludge from the clarifiers is thickened in gravity thickeners. The thickened sludge is dewatered by a belt filter press, and the dewatered sludge (cake) is disposed of at the landfill. The gravity thickener decant and the belt filter press filtrate are combined with sludge from the flocculators and the filter backwash water. This combined flow is then conveyed to the lagoon for treatment. The lagoon effluent is returned to the head of the plant and mixed with the influent water.

Chlorine ($Cl_2$) is injected in the raw water line just upstream of the flash mixer, followed by an injection of liquid ammonia sulfate (LAS) in the clarifier influent lines. A final injection of LAS and $Cl_2$ is performed into the filter effluent line prior to the effluent reaching the clearwells. There are also optional disinfection injection points (the first located in the raw water line and the second in the flocculator influent lines) that the plant can utilize on an as-needed basis.

**ATTACHMENT D**

**List of Treatment Units**
**Tech Rpt. 1.0, Section 2.C**

**ATTACHMENT D**
**CITY OF LAREDO**
**JEFFERSON WATER TREATMENT FACILITY**
**TPDES PERMIT RENEWAL APPLICATION**

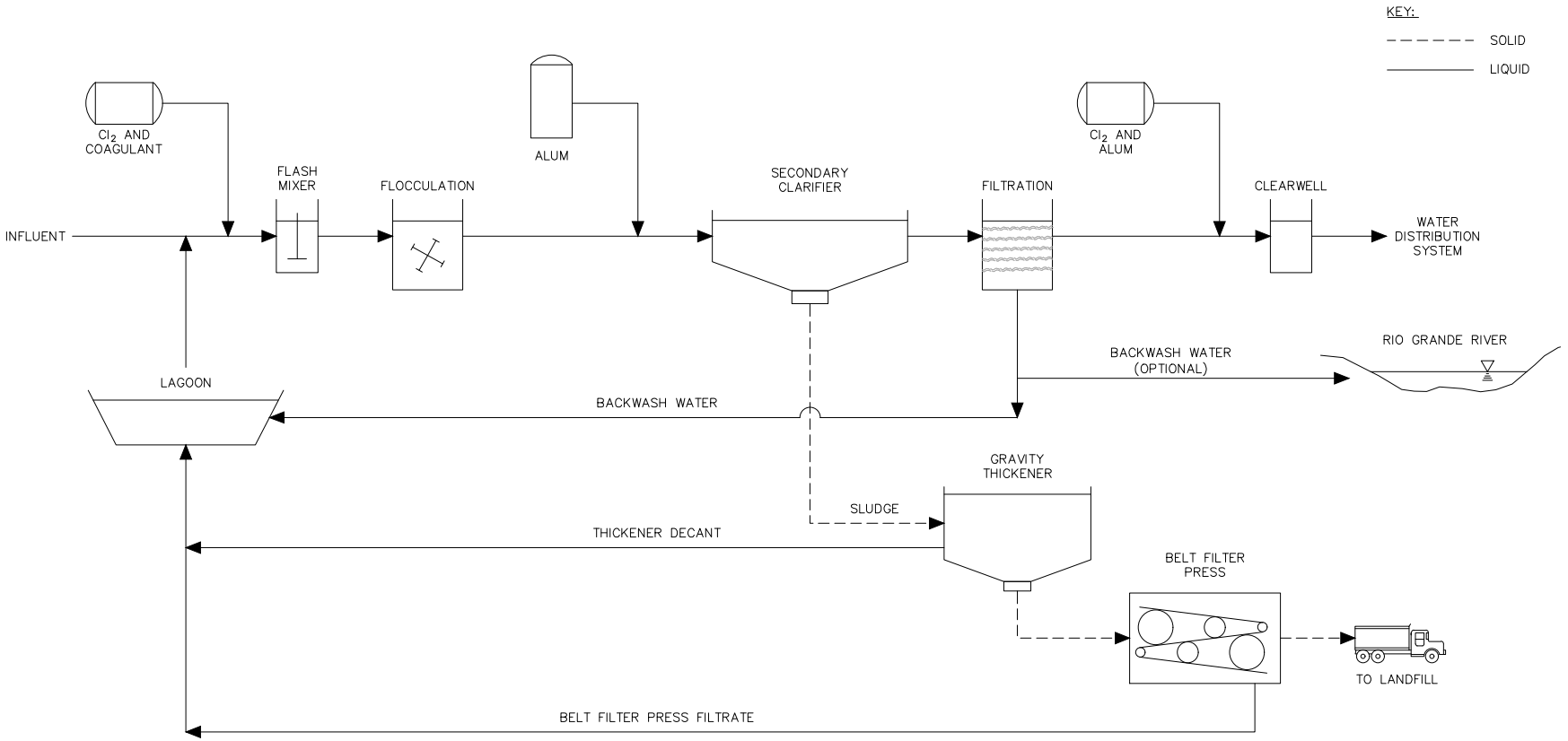
**LIST OF TREATMENT UNITS**

| Treatment Unit Type | No. of Units | Dimensions |
|---|---|---|
| Raw Water Pipe | 1 | 60” Dia. x 47’ L |
| Flash Mix/Flow Splitter | 1 | 51.2’ L x 16’ W x 17.2’ SWD |
| Flocculator 1 | 1 | 87’ L x 56’ W x 15’ SWD |
| Flocculators 3A-5B | 6 | 84’ L x 14’ W x 14.24’ SWD |
| Clarifiers 1-5 | 5 | 145’ Dia. X 14.3’ SWD x 20.3’ CWD |
| Filters 1-12 | 12 | 30’ L x 30’ W x 3.8’ Media Depth x 4.8’ Depth over Media |
| Clearwell 3 | 1 | 133’ Dia. X 9.8’ SWD |
| Clearwell 2 | 1 | 152’ L x 152’ W x 12’ SWD |
| Clearwell 1 | 1 | 111’ L x 111’ W x 11’ SWD |

**ATTACHMENT E**

**Process Flow Diagram**
**Tech Rpt. 1.0, Section 2.C**

PLUMMER




# ATTACHMENT E
# CITY OF LAREDO
# JEFFERSON WATER TREATMENT FACILITY
# TPDES PERMIT RENEWAL APPLICATION
# PROCESS FLOW DIAGRAM

**ATTACHMENT F**

**Site Drawing**
**Tech Rpt. 1.0, Section 4**

PLUMMER

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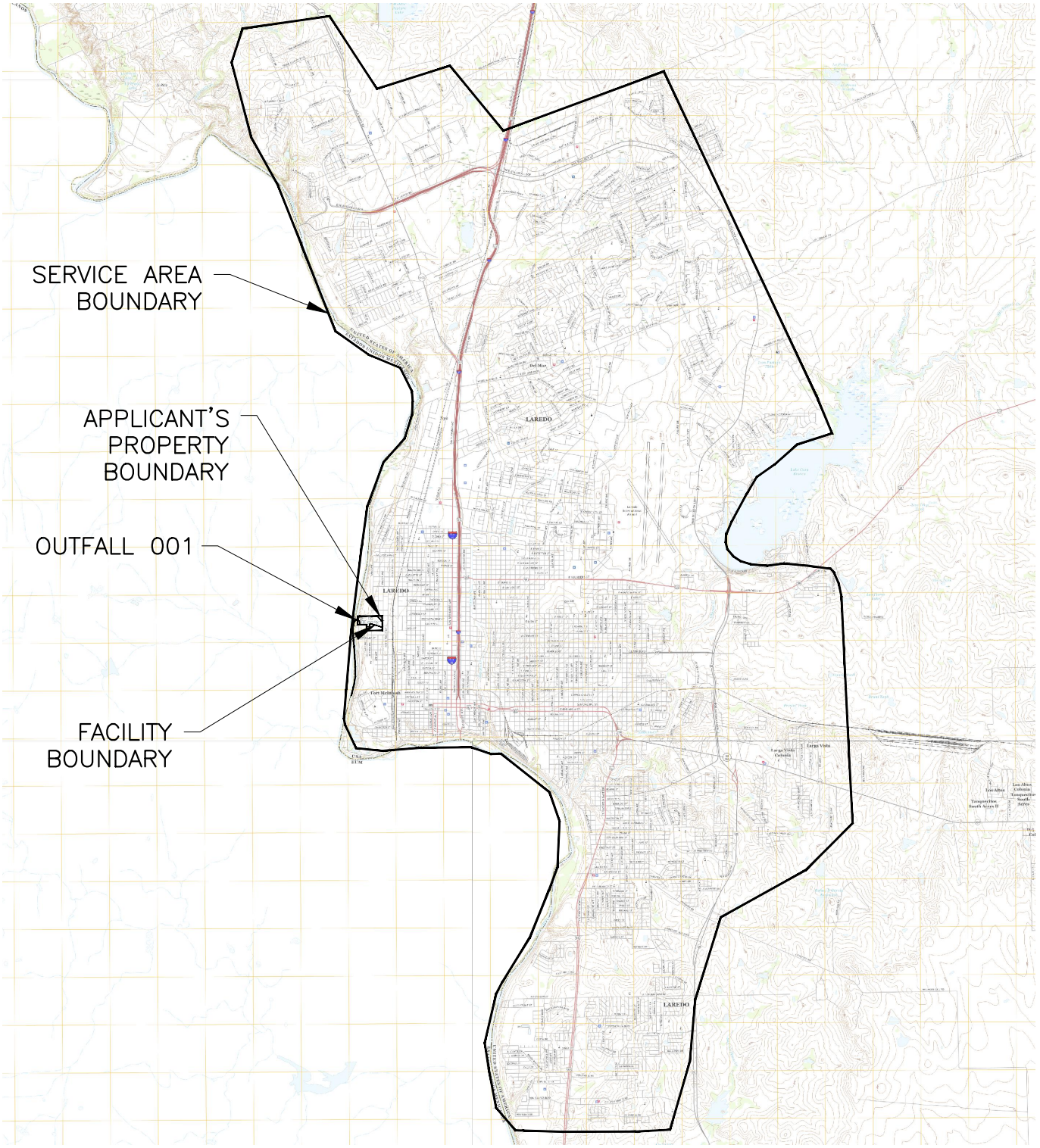


# ATTACHMENT F
# CITY OF LAREDO
# JEFFERSON WATER TREATMENT FACILITY
# TPDES PERMIT RENEWAL APPLICATION
# SITE DRAWING

TEXAS REGISTERED ENGINEERING FIRM F-13
1/22/2020 11:20 AM M:\Projects\1107\001-01\2-0 Wrk Prod\2-1 ACAD\FIGURES\Jefferson WTP\FIGURES\FIG-SITE.dwg Briand

# ATTACHMENT G

## Pollutant Analysis of Treated Effluent
## Tech Rpt. 1.0 Section 7

eurofins | Environment Testing TestAmerica

# ANALYTICAL REPORT

Eurofins TestAmerica, Corpus Christi
1733 N. Padre Island Drive
Corpus Christi, TX 78408
Tel: (361)289-2673

Laboratory Job ID: 560-84735-1
Client Project/Site: City of Laredo Jefferson WTP 1/28/20

For:
City of Laredo
5816 Daugherty Avenue
Laredo, Texas 78041

Attn: Mr. Wenceslao Barberena

*Authorized for release by:*
*2/8/2020 6:41:48 AM*

Lindy Maingot, Project Manager I
(210)344-9751
lindy.maingot@testamericainc.com

# Definitions/Glossary

Client: City of Laredo
Job ID: 560-84735-1
Project/Site: City of Laredo Jefferson WTP 1/28/20

## Qualifiers

### General Chemistry

| Qualifier | Qualifier Description |
|---|---|
| HF | Field parameter with a holding time of 15 minutes. Test performed by laboratory at client's request. |

## Glossary

| Abbreviation | These commonly used abbreviations may or may not be present in this report. |
|---|---|
| ¤ | Listed under the "D" column to designate that the result is reported on a dry weight basis |
| %R | Percent Recovery |
| CFL | Contains Free Liquid |
| CNF | Contains No Free Liquid |
| DER | Duplicate Error Ratio (normalized absolute difference) |
| Dil Fac | Dilution Factor |
| DL | Detection Limit (DoD/DOE) |
| DL, RA, RE, IN | Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample |
| DLC | Decision Level Concentration (Radiochemistry) |
| EDL | Estimated Detection Limit (Dioxin) |
| LOD | Limit of Detection (DoD/DOE) |
| LOQ | Limit of Quantitation (DoD/DOE) |
| MDA | Minimum Detectable Activity (Radiochemistry) |
| MDC | Minimum Detectable Concentration (Radiochemistry) |
| MDL | Method Detection Limit |
| ML | Minimum Level (Dioxin) |
| NC | Not Calculated |
| ND | Not Detected at the reporting limit (or MDL or EDL if shown) |
| PQL | Practical Quantitation Limit |
| QC | Quality Control |
| RER | Relative Error Ratio (Radiochemistry) |
| RL | Reporting Limit or Requested Limit (Radiochemistry) |
| RPD | Relative Percent Difference, a measure of the relative difference between two points |
| TEF | Toxicity Equivalent Factor (Dioxin) |
| TEQ | Toxicity Equivalent Quotient (Dioxin) |

# Case Narrative

Client: City of Laredo
Project/Site: City of Laredo Jefferson WTP 1/28/20

Job ID: 560-84735-1

## Job ID: 560-84735-1

### Laboratory: Eurofins TestAmerica, Corpus Christi

**Narrative**

**Job Narrative**
**560-84735-1**

**Comments**
No additional comments.

**Receipt**
The samples were received on 1/29/2020 8:30 AM; the samples arrived in good condition, properly preserved and, where required, on ice. The temperature of the cooler at receipt was 0.6º C.

**Metals**
No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

**General Chemistry**
Methods 9040C, SM 4500 H+ B: This analysis is normally performed in the field and has a method-defined holding time of 15 minutes. The following sample has been qualified with the "HF" flag to indicate analysis was performed in the laboratory outside the 15 minute timeframe: JWTP Recycle 2 (560-84735-2).

No additional analytical or quality issues were noted, other than those described above or in the Definitions/Glossary page.

# Detection Summary

Client: City of Laredo
Job ID: 560-84735-1
Project/Site: City of Laredo Jefferson WTP 1/28/20

## Client Sample ID: Jefferson WTP Recycle 1 — Lab Sample ID: 560-84735-1

| Analyte | Result | Qualifier | RL | MDL | Unit | Dil Fac | D | Method | Prep Type |
|---|---|---|---|---|---|---|---|---|---|
| Aluminum | 450 | | 50 | 23 | ug/L | 1 | | 200.8 | Total/NA |

## Client Sample ID: JWTP Recycle 2 — Lab Sample ID: 560-84735-2

| Analyte | Result | Qualifier | RL | RL | Unit | Dil Fac | D | Method | Prep Type |
|---|---|---|---|---|---|---|---|---|---|
| Total Alkalinity as CaCO3 | 120 | | 5.0 | 5.0 | mg/L | 1 | | SM 2320B | Total/NA |
| Bicarbonate Alkalinity as CaCO3 | 120 | | 5.0 | 5.0 | mg/L | 1 | | SM 2320B | Total/NA |
| Fluoride | 0.65 | | 0.10 | 0.020 | mg/L | 1 | | SM 4500 F C | Total/NA |
| pH | 7.8 | HF | 0.1 | 0.1 | SU | 1 | | SM 4500 H+ B | Total/NA |

## Client Sample ID: JWTP Recycle 3 — Lab Sample ID: 560-84735-3

| Analyte | Result | Qualifier | RL | RL | Unit | Dil Fac | D | Method | Prep Type |
|---|---|---|---|---|---|---|---|---|---|
| Total Dissolved Solids | 600 | | 10 | 10 | mg/L | 1 | | SM 2540C | Total/NA |
| Total Suspended Solids | 5.0 | | 2.0 | 2.0 | mg/L | 1 | | SM 2540D | Total/NA |

This Detection Summary does not include radiochemical test results.

Client: City of Laredo
Job ID: 560-84735-1
Project/Site: City of Laredo Jefferson WTP 1/28/20

## Client Sample ID: Jefferson WTP Recycle 1
**Lab Sample ID: 560-84735-1**
**Date Collected: 01/28/20 13:45**
**Matrix: Water**
**Date Received: 01/29/20 08:30**

### Method: 200.8 - Metals (ICP/MS)

| Analyte | Result | Qualifier | RL | MDL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| **Aluminum** | **450** | | 50 | 23 | ug/L | | 01/29/20 11:17 | 01/29/20 16:04 | 1 |

## Client Sample ID: JWTP Recycle 2
**Lab Sample ID: 560-84735-2**
**Date Collected: 01/28/20 13:50**
**Matrix: Water**
**Date Received: 01/29/20 08:30**

### General Chemistry

| Analyte | Result | Qualifier | RL | MDL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| **Fluoride** | **0.65** | | 0.10 | 0.020 | mg/L | | | 02/03/20 14:30 | 1 |

| Analyte | Result | Qualifier | RL | RL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| **Total Alkalinity as CaCO3** | **120** | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| **Bicarbonate Alkalinity as CaCO3** | **120** | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| Carbonate Alkalinity as CaCO3 | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| Hydroxide Alkalinity | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| Phenolphthalein Alkalinity | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| **pH** | **7.8** | **HF** | 0.1 | 0.1 | SU | | | 02/06/20 14:45 | 1 |

## Client Sample ID: JWTP Recycle 3
**Lab Sample ID: 560-84735-3**
**Date Collected: 01/28/20 13:40**
**Matrix: Water**
**Date Received: 01/29/20 08:30**

### General Chemistry

| Analyte | Result | Qualifier | RL | RL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| **Total Dissolved Solids** | **600** | | 10 | 10 | mg/L | | | 01/29/20 14:30 | 1 |
| **Total Suspended Solids** | **5.0** | | 2.0 | 2.0 | mg/L | | | 01/30/20 08:55 | 1 |

Client: City of Laredo
Project/Site: City of Laredo Jefferson WTP 1/28/20

Job ID: 560-84735-1

## Method: 200.8 - Metals (ICP/MS)

**Lab Sample ID: MB 560-171147/1-A**
**Matrix: Water**
**Analysis Batch: 171181**

**Client Sample ID: Method Blank**
**Prep Type: Total/NA**
**Prep Batch: 171147**

| Analyte | MB Result | MB Qualifier | RL | MDL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| Aluminum | <23 | | 50 | 23 | ug/L | | 01/29/20 11:17 | 01/29/20 15:15 | 1 |

**Lab Sample ID: LCS 560-171147/2-A**
**Matrix: Water**
**Analysis Batch: 171181**

**Client Sample ID: Lab Control Sample**
**Prep Type: Total/NA**
**Prep Batch: 171147**

| Analyte | Spike Added | LCS Result | LCS Qualifier | Unit | D | %Rec | %Rec. Limits |
|---|---|---|---|---|---|---|---|
| Aluminum | 25000 | 22900 | | ug/L | | 92 | 85 - 115 |

## Method: SM 2320B - Alkalinity

**Lab Sample ID: MB 560-171475/1**
**Matrix: Water**
**Analysis Batch: 171475**

**Client Sample ID: Method Blank**
**Prep Type: Total/NA**

| Analyte | MB Result | MB Qualifier | RL | RL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| Total Alkalinity as CaCO3 | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| Bicarbonate Alkalinity as CaCO3 | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| Carbonate Alkalinity as CaCO3 | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| Hydroxide Alkalinity | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |
| Phenolphthalein Alkalinity | <5.0 | | 5.0 | 5.0 | mg/L | | | 02/07/20 15:10 | 1 |

**Lab Sample ID: LCS 560-171475/2**
**Matrix: Water**
**Analysis Batch: 171475**

**Client Sample ID: Lab Control Sample**
**Prep Type: Total/NA**

| Analyte | Spike Added | LCS Result | LCS Qualifier | Unit | D | %Rec | %Rec. Limits |
|---|---|---|---|---|---|---|---|
| Total Alkalinity as CaCO3 | 100 | 95.0 | | mg/L | | 95 | 85 - 115 |

## Method: SM 2540C - Solids, Total Dissolved (TDS)

**Lab Sample ID: MB 560-171164/1**
**Matrix: Water**
**Analysis Batch: 171164**

**Client Sample ID: Method Blank**
**Prep Type: Total/NA**

| Analyte | MB Result | MB Qualifier | RL | RL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| Total Dissolved Solids | <10 | | 10 | 10 | mg/L | | | 01/29/20 14:30 | 1 |

**Lab Sample ID: LCS 560-171164/2**
**Matrix: Water**
**Analysis Batch: 171164**

**Client Sample ID: Lab Control Sample**
**Prep Type: Total/NA**

| Analyte | Spike Added | LCS Result | LCS Qualifier | Unit | D | %Rec | %Rec. Limits |
|---|---|---|---|---|---|---|---|
| Total Dissolved Solids | 2250 | 2110 | | mg/L | | 94 | 90 - 110 |

Client: City of Laredo
Job ID: 560-84735-1
Project/Site: City of Laredo Jefferson WTP 1/28/20

## Method: SM 2540D - Solids, Total Suspended (TSS)

**Lab Sample ID: MB 560-171196/1**
**Matrix: Water**
**Analysis Batch: 171196**

**Client Sample ID: Method Blank**
**Prep Type: Total/NA**

| Analyte | MB Result | MB Qualifier | RL | RL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| Total Suspended Solids | <2.0 | | 2.0 | 2.0 | mg/L | | | 01/30/20 08:55 | 1 |

**Lab Sample ID: LCS 560-171196/2**
**Matrix: Water**
**Analysis Batch: 171196**

**Client Sample ID: Lab Control Sample**
**Prep Type: Total/NA**

| Analyte | Spike Added | LCS Result | LCS Qualifier | Unit | D | %Rec | %Rec. Limits |
|---|---|---|---|---|---|---|---|
| Total Suspended Solids | 200 | 180 | | mg/L | | 90 | 80 - 120 |

## Method: SM 4500 F C - Fluoride

**Lab Sample ID: MB 560-171301/3**
**Matrix: Water**
**Analysis Batch: 171301**

**Client Sample ID: Method Blank**
**Prep Type: Total/NA**

| Analyte | MB Result | MB Qualifier | RL | MDL | Unit | D | Prepared | Analyzed | Dil Fac |
|---|---|---|---|---|---|---|---|---|---|
| Fluoride | <0.020 | | 0.10 | 0.020 | mg/L | | | 02/03/20 14:30 | 1 |

**Lab Sample ID: LCS 560-171301/4**
**Matrix: Water**
**Analysis Batch: 171301**

**Client Sample ID: Lab Control Sample**
**Prep Type: Total/NA**

| Analyte | Spike Added | LCS Result | LCS Qualifier | Unit | D | %Rec | %Rec. Limits |
|---|---|---|---|---|---|---|---|
| Fluoride | 0.800 | 0.819 | | mg/L | | 102 | 85 - 115 |

## Method: SM 4500 H+ B - pH

**Lab Sample ID: LCS 560-171433/2**
**Matrix: Water**
**Analysis Batch: 171433**

**Client Sample ID: Lab Control Sample**
**Prep Type: Total/NA**

| Analyte | Spike Added | LCS Result | LCS Qualifier | Unit | D | %Rec | %Rec. Limits |
|---|---|---|---|---|---|---|---|
| pH | 5.00 | 5.1 | | SU | | 101 | 98 - 102 |

# Accreditation/Certification Summary

Client: City of Laredo
Job ID: 560-84735-1
Project/Site: City of Laredo Jefferson WTP 1/28/20

## Laboratory: Eurofins TestAmerica, Corpus Christi

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

| Authority | Program | Identification Number | Expiration Date |
|---|---|---|---|
| Texas | NELAP | T104704210-19-23 | 03-31-20 * |

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

| Analysis Method | Prep Method | Matrix | Analyte |
|---|---|---|---|
| 200.8 | 200.8 | Water | Aluminum |
| SM 2540C | | Water | Total Dissolved Solids |
| SM 2540D | | Water | Total Suspended Solids |
| SM 4500 F C | | Water | Fluoride |

* Accreditation/Certification renewal pending - accreditation/certification considered valid.

# Method Summary

Client: City of Laredo
Job ID: 560-84735-1
Project/Site: City of Laredo Jefferson WTP 1/28/20

| Method | Method Description | Protocol | Laboratory |
|---|---|---|---|
| 200.8 | Metals (ICP/MS) | EPA | TAL CC |
| SM 2320B | Alkalinity | SM | TAL CC |
| SM 2540C | Solids, Total Dissolved (TDS) | SM | TAL CC |
| SM 2540D | Solids, Total Suspended (TSS) | SM | TAL CC |
| SM 4500 F C | Fluoride | SM | TAL CC |
| SM 4500 H+ B | pH | SM | TAL CC |
| 200.8 | Preparation, Total Metals | EPA | TAL CC |

**Protocol References:**

EPA = US Environmental Protection Agency

SM = "Standard Methods For The Examination Of Water And Wastewater"

**Laboratory References:**

TAL CC = Eurofins TestAmerica, Corpus Christi, 1733 N. Padre Island Drive, Corpus Christi, TX 78408, TEL (361)289-2673

# Sample Summary

Client: City of Laredo
Job ID: 560-84735-1
Project/Site: City of Laredo Jefferson WTP 1/28/20

| Lab Sample ID | Client Sample ID | Matrix | Collected | Received | Asset ID |
|---|---|---|---|---|---|
| 560-84735-1 | Jefferson WTP Recycle 1 | Water | 01/28/20 13:45 | 01/29/20 08:30 | |
| 560-84735-2 | JWTP Recycle 2 | Water | 01/28/20 13:50 | 01/29/20 08:30 | |
| 560-84735-3 | JWTP Recycle 3 | Water | 01/28/20 13:40 | 01/29/20 08:30 | |

**Eurofins TestAmerica, Corpus Christi**
1733 N. Padre Island Drive
Corpus Christi, TX 78408
Phone (361) 289-2673 Fax (361) 289-2471

# Chain of Custody Record

San Antonio #239

eurofins | Environment Testing TestAmerica

Loc: 560
84735

| Client Information | Sampler: DAUN Delgado | Lab PM: Maingot, Lindy | Carrier Tracking No(s): | COC No: 560-31237-5179.1 |
|---|---|---|---|---|
| Client Contact: Mr. Wenceslao Barberena | Phone: 956 795 2620 | E-Mail: lindy.maingot@testamericainc.com | | Page: Page 1 of 1 |
| Company: City of Laredo | | | | Job #: 847 |
| Address: 5816 Daugherty Avenue | Due Date Requested: | | | |
| City: Laredo | TAT Requested (days): | | | |
| State, Zip: TX, 78041 | | | | |
| Phone: 956-795-2620(Tel) 956-795-2622(Fax) | PO #: 322082 | | | |
| Email: wbarberena@ci.laredo.tx.us | WO #: | | | |
| Project Name: City of Laredo Jefferson WTP | Project #: 56008055 | | | |
| Site: | SSOW#: | | | |

**Analysis Requested**

**Preservation Codes.**

| | |
|---|---|
| A - HCL | M - Hexane |
| B - NaOH | N - None |
| C - Zn Acetate | O - AsNaO2 |
| D - Nitric Acid | P - Na2O4S |
| E - NaHSO4 | Q - Na2SO3 |
| F - MeOH | R - Na2S2O3 |
| G - Amchlor | S - H2SO4 |
| H - Ascorbic Acid | T - TSP Dodecahydrate |
| I - Ice | U - Acetone |
| J - DI Water | V - MCAA |
| K - EDTA | W - pH 4-5 |
| L - EDA | Z - other (specify) |

Other:

| Sample Identification | Sample Date | Sample Time | Sample Type (C=Comp, G=grab) | Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air) | Field Filtered Sample (Yes or No) | Perform MS/MSD (Yes or No) | 2320B, 4500_F_C, SM4500_H+ | 200.8 - (MOD) Aluminum 200.8 | 2540C, 2540D | Total Number of containers | Special Instructions/Note: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Preservation Code: | | | | N | D | N | | |
| Jefferson WTP Recycle 1 | 1/28/20 | 1:45 | G | Water | | | | ✓ | | | |
| JWTP Recycle 2 | 1/28/20 | 1:50 | G | W | | | ✓ | | | | |
| JWTP Recycle 3 | 1/28/20 | 1:40 | G | W | | | | | ✓ | | |

560-84735 Chain of Custody

***Possible Hazard Identification***
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

***Sample Disposal ( A fee may be assessed if samples are retained longer than 1 month)***
☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months

Deliverable Requested: I, II, III, IV, Other (specify)

Special Instructions/QC Requirements:

| Empty Kit Relinquished by: | Date: | Time: | Method of Shipment: |
|---|---|---|---|

| | Relinquished by: | Date/Time: | Company | Received by: | Date/Time: | Company |
|---|---|---|---|---|---|---|
| 1 | [signature] | 1/28/20 14:00 | | [signature] | 1-29-20 0830 | EEA |
| 2 | Relinquished by: | Date/Time: | Company | Received by: | Date/Time: | Company |
| 3 | Relinquished by: | Date/Time: | Company | Received by: | Date/Time: | Company |

Custody Seals Intact: Δ Yes Δ No | Custody Seal No.:

Cooler Temperature(s) °C and Other Remarks: .8 IR13.6 CP

Ver: 01/16/2019

# Login Sample Receipt Checklist

Client: City of Laredo

Job Number: 560-84735-1

**Login Number: 84735**

**List Source: Eurofins TestAmerica, Corpus Christi**

**List Number: 1**

**Creator: Olson, Troy**

| Question | Answer | Comment |
|---|---|---|
| Radioactivity wasn't checked or is </= background as measured by a survey meter. | N/A | |
| The cooler's custody seal, if present, is intact. | True | |
| Sample custody seals, if present, are intact. | True | |
| The cooler or samples do not appear to have been compromised or tampered with. | True | |
| Samples were received on ice. | True | |
| Cooler Temperature is acceptable. | True | |
| Cooler Temperature is recorded. | True | |
| COC is present. | True | |
| COC is filled out in ink and legible. | True | |
| COC is filled out with all pertinent information. | True | |
| Is the Field Sampler's name present on COC? | True | |
| There are no discrepancies between the containers received and the COC. | True | |
| Samples are received within Holding Time (excluding tests with immediate HTs) | True | |
| Sample containers have legible labels. | True | |
| Containers are not broken or leaking. | True | |
| Sample collection date/times are provided. | True | |
| Appropriate sample containers are used. | True | |
| Sample bottles are completely filled. | True | |
| Sample Preservation Verified. | True | |
| There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs | True | |
| Containers requiring zero headspace have no headspace or bubble is <6mm (1/4"). | N/A | |
| Multiphasic samples are not present. | True | |
| Samples do not require splitting or compositing. | True | |
| Residual Chlorine Checked. | N/A | Check done at department level as required. |

**ATTACHMENT H**

**Facility Operators List**
**Tech Rpt. 1.0 Section 8**

**ATTACHMENT H**
**CITY OF LAREDO**
**JEFFERSON WATER TREATMENT FACILITY**
**TPDES PERMIT RENEWAL APPLICATION**

## FACILITY OPERATORS

| NAME | CLASSIFICATION AND LEVEL | LICENSE NUMBER |
|---|---|---|
| Barberena, Wenceslao | WATER OPERATOR A | WO0037394 |
| Barron, Jose D | SURFACE B | WS0008064 |
| Contreras, Omar | SURFACE B | WS0008911 |
| Gomez, Ricardo | SURFACE B | WS0011856 |
| Lerma, Felix | SURFACE B | WS0007208 |
| Limones, Daniel | WATER OPERATOR D | WO0044093 |
| Martinez, Ruperto A. | SURFACE C | WS0011857 |
| Moreno, Tony | WATER OPERATOR A | WO0034834 |
| Peche, Juan | SURFACE C | WS0012477 |
| Riojas, Henry | SURFACE B | WS0006972 |
| | GROUND C | WG0009691 |
| Taboada, Erik | SURFACE C | WS0012596 |
| Vasquez, Daniel | SURFACE C | WS0002444 |