



# PLUMMER

1107-001-01

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)  
Penitas Wastewater Treatment Facility (RN105624498)  
Application for Renewal of Texas Pollutant Discharge Elimination System (TPDES) Permit No.  
WQ0010681007

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 \$515.00 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](mailto: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: Jose Chavarria, City of Laredo  
Carl Scruggs, City of Laredo

RECEIVED  
MAR 04 2020  
Water Quality Applications Team

# 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: WQ0010681007

1. Check or Money Order Number: 109178
2. Check or Money Order Amount: \$515.00
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: Penitas Wastewater Treatment Facility

Physical Address of Project or Site: Approx. 9,865 feet west of the intersection of FM 3338 (Las Tiendas) and Rancho Penitas Rd in Webb County, Texas 78045

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



**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

109178

CHECK DATE

February 5, 2020

PAY

Five Hundred Fifteen and 00/100 Dollars

TO

Texas Commission on Environmental Quality

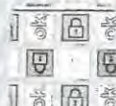
Attn: Cashier

PO Box 13088

Austin, 78711-3088

AMOUNT

515.00



*Paul Aull*  
AUTHORIZED SIGNATURE

Printed on Recycled Paper



## CITY OF LAREDO, TEXAS

### TPDES PERMIT NO. WQ0010681007 PENITAS WASTEWATER TREATMENT FACILITY TPDES PERMIT RENEWAL APPLICATION

SUBMITTED TO:

TEXAS COMMISSION  
ON ENVIRONMENTAL QUALITY

MARCH 2020



**PLUMMER**

1107-001-01

**CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION**

**TABLE OF CONTENTS**

**I. ADMINISTRATIVE REPORT**

Domestic Administrative Report 1.0  
Supplemental Permit Information Form (SPIF)

**II. TECHNICAL REPORT**

Domestic Technical Report 1.0  
Domestic Worksheet 2.0  
Domestic Worksheet 6.0

**III. ATTACHMENTS**

<b><u>No.</u></b>	<b><u>Description</u></b>	<b><u>Reference</u></b>
A	Core Data Form	Admin Rpt 1.0 Section 3.C
B	U.S. Geological Survey Map	Admin Rpt 1.0 Section 13
C	Process Flow Diagram	Tech Rpt. 1.0, Section 2.C
D	Site Drawing	Tech Rpt. 1.0, Section 4
E	Pollutant Analysis of Treated Effluent	Tech Rpt. 1.0 Section 7
F	Sludge Transportation Agreement	Tech Rpt. 1.0 Section 9.A
G	Effluent Parameters Above the MAL	Wksht 6.0 Section 2.C



**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
**DOMESTIC WASTEWATER PERMIT APPLICATION**  
**CHECKLIST**



Complete and submit this checklist with the application.

APPLICANT: City of Laredo

PERMIT NUMBER: W00010681007

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

	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**For TCEQ Use Only**

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
 Permit Number \_\_\_\_\_



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 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input checked="" type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00

**Payment Information:**

Mailed      Check/Money Order Number: 109178  
 Check/Money Order Amount: \$515.00  
 Name Printed on Check: Plummer

EPAY      Voucher Number: N/A

Copy of Payment Voucher enclosed?      Yes

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

- |   |   |
|---|---|
| <input type="checkbox"/> New TPDES                              | <input type="checkbox"/> New TLAP                               |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal    | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal    |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes     | <input type="checkbox"/> Minor Modification of permit           |

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

**For existing permits:**

Permit Number: WQ0010681007

EPA I.D. (TPDES only): TX0131776

Expiration Date: September 1, 2020

### Section 3. Facility Owner (Applicant) and Co-Applciant Information (Instructions Page 29)

**A. The owner of the facility must apply for the permit.**

What is the Legal Name of the entity (applicant) applying for this permit?

City of 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 Eads

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

Title: Interim Co-City Manager

**B. Co-applciant information.** Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applciant applying for this permit?

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-applciant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

<http://www15.tceq.texas.gov/crpub/>

CN: 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.: 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: Michael Rodgers  
Credential (P.E, P.G., Ph.D., etc.):  
Title: Assistant 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: mrodgers@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: 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

## **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. RN105624498

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):

Penitas Wastewater 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: 5816 Daugherty Ave.

City, State, Zip Code: Laredo, TX 78041

Phone No.: (956) 721-2000

E-mail Address: rmia@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: 27.6765

Longitude: -99.6257

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

Yes     No

If **yes**, indicate by a check mark if:

Authorization granted     Authorization pending

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

Attachment: 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, Plummer Associates, Inc.

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 See Attachment B
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.

- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify: 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: WQ0010681007

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: *[Handwritten Signature]* Date: 2/19/2020

(Use blue ink)

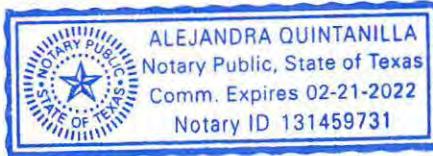
Subscribed and Sworn to before me by the said Robert A. Eads

on this 19 day of February, 20 20.

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

*[Handwritten Signature]*

Notary Public



[SEAL]

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 10681007

EPA ID No. TX 0131776

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

Located approximately 9,865 feet west of the intersection of Farm-to-Market Road 3338 (Las Tiendas) and Rancho Penitas Road in Webb County, Texas 78045

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: Riazul I. Mia

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

Title: Utilities Director

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

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.

To an unnamed tributary; thence to Santa Isabel Creek; thence to the 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.

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 - No proposed construction

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

Existing land use is typical of a wastewater 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:

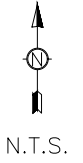
N/A

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

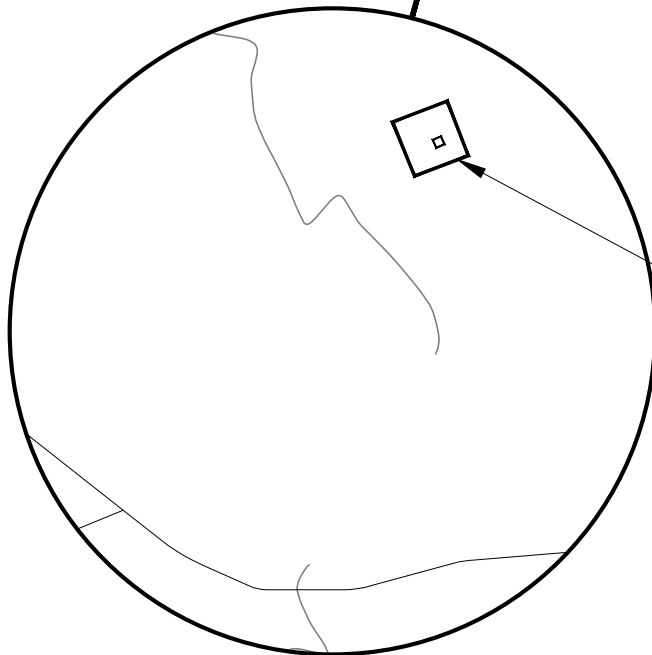
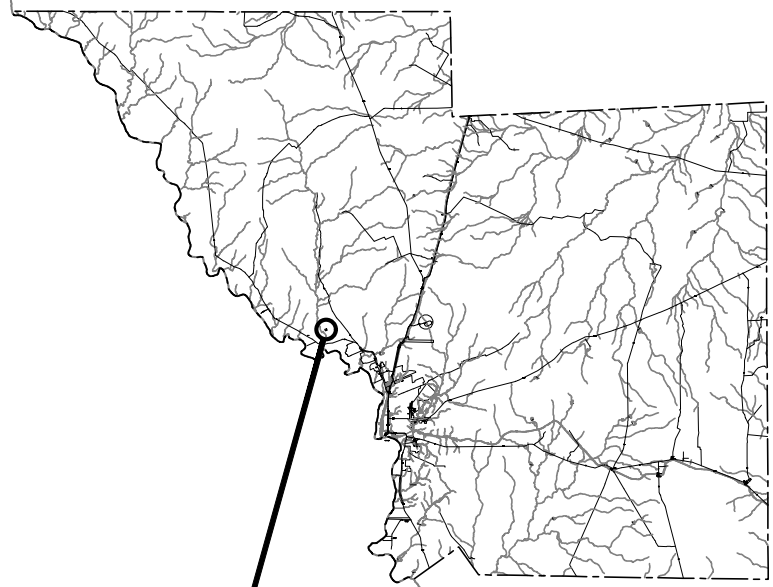
N/A



**PLUMMER**



WEBB COUNTY

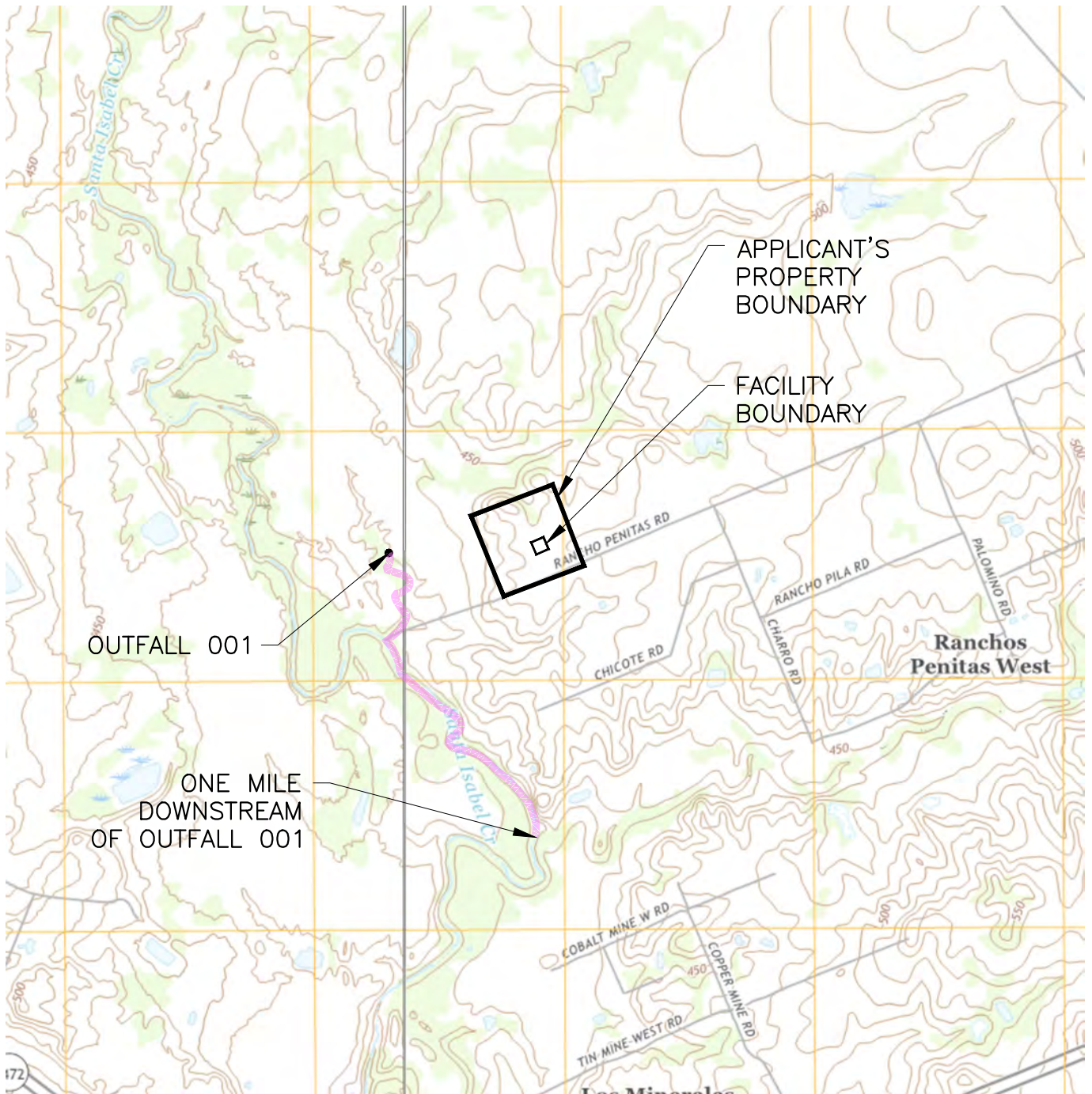


PROJECT SITE

**SPIF 1  
CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
GENERAL LOCATION MAP**



**PLUMMER**



OUTFALL 001

ONE MILE  
DOWNSTREAM  
OF OUTFALL 001

APPLICANT'S  
PROPERTY  
BOUNDARY

FACILITY  
BOUNDARY

Ranchos  
Penitas West

**SPIF 2  
CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
USGS MAP**



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
DOMESTIC WASTEWATER PERMIT APPLICATION

**DOMESTIC TECHNICAL REPORT 1.0**

The Following Is Required For All Applications  
Renewal, New, And Amendment

**Section 1. Permitted or Proposed Flows (Instructions Page 51)**

**A. Existing/Interim I Phase**

Design Flow (MGD): 0.072

2-Hr Peak Flow (MGD): 0.301

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

**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: 12/01/2010

**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:

Wastewater is pumped to a bar screen, then flows to aeration basin, thence to clarifier, thence to chlorine contact basin, thence to discharge point. Sludge is wasted to the aerobic digesters and then is hauled to the South Laredo WWTP for further processing or to the City of Laredo Landfill for disposal.

Port or pipe diameter at the discharge point, in inches: 8"

**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)
Aeration Basin	1	46' L x 19' W x 16' D
Clarifier	1	22' Dia x 12' SWD
Aerobic Digester	2	10' L x 12' W x 14' D
Chlorine Contact Basin	1	20' L x 4' W x 7' D

**C. Process flow diagrams**

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

**Attachment: C**



### 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: D**

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

Colonia/Ranchos Penitas West- 2.1 square miles; Population 573 (2010 Census);  
Los Minerales Colonia- 1.1 square miles; Population 20 (2010 Census)

### 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: 5/27/2009

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

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

**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**

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

Yes  No

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

Yes  No

If no to both of the above, then skip to Subsection F, Other Wastes Received.

## 2. MSGP coverage

Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?

Yes  No

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

TXR05 or TXRNE AQ84

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

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

<u>N/A</u>
------------

## 4. Existing coverage in individual permit

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

Yes  No

If yes, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

N/A

**5. Zero stormwater discharge**

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

Yes  No

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

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

**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<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> 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<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> 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

See Attachment E

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

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

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

**Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	2.00	2.00	1	Grab	12/18/2019 at 13:06
Total Suspended Solids, mg/l	7.00	7.00	1	Grab	12/18/2019 at 13:06
Ammonia Nitrogen, mg/l	0.0450	0.0450	1	Grab	12/18/2019 at 13:06
Nitrate Nitrogen, mg/l	27.3	27.3	1	Grab	12/18/2019 at 13:06
Total Kjeldahl Nitrogen, mg/l	0.984	0.984	1	Grab	12/18/2019 at 13:06
Sulfate, mg/l	228	228	1	Grab	12/18/2019 at 13:06
Chloride, mg/l	272	272	1	Grab	12/18/2019 at 13:06
Total Phosphorus, mg/l	4.30	4.30	1	Grab	12/18/2019 at 13:06
pH, standard units	6.28	6.28	1	Grab	12/13/2019 at 08:28

<b>Pollutant</b>	<b>Average Conc.</b>	<b>Max Conc.</b>	<b>No. of Samples</b>	<b>Sample Type</b>	<b>Sample Date/Time</b>
Dissolved Oxygen*, mg/l	7.89	7.89	1	Grab	12/13/2019 at 08:58
Chlorine Residual, mg/l	3.7	3.7	1	Grab	12/13/2019 at 08:35
<i>E.coli</i> (CFU/100ml) freshwater	<1.0	<1.0	1	Grab	12/13/2019 at 08:40
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	986	986	1	Grab	12/18/2019 at 13:06
Electrical Conductivity, $\mu$ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	1.3	1.3	1	Grab	12/18/2019 at 13:06
Alkalinity (CaCO <sub>3</sub> )*, mg/l	60.6	60.6	1	Grab	12/18/2019 at 13:06

\*TPDES permits only

†TLAP permits only

***Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities***

<b>Pollutant</b>	<b>Average Conc.</b>	<b>Max Conc.</b>	<b>No. of Samples</b>	<b>Sample Type</b>	<b>Sample Date/Time</b>
Total Suspended Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, mg/l	N/A	N/A	N/A	N/A	N/A

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Alkalinity (CaCO <sub>3</sub> ), mg/l	N/A	N/A	N/A	N/A	N/A

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

Facility Operator Name: Jose E. Chavarria

Facility Operator's License Classification and Level: Wastewater Class A

Facility Operator's License Number: WW0003855

## 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. See Attachment F

Other:

**B. Sludge disposal site**

Disposal site name: City of Laredo Landfill\*, South Laredo Wastewater Treatment Facility\*\*

TCEQ permit or registration number: 1693B\*, WQ0010681003\*\*

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:

<u>N/A</u>
------------

**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  $1 \times 10^{-7}$  cm/sec?

Yes  No

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

<u>N/A</u>
------------

**D. Site development plan**

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

<u>N/A</u>
------------

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:

Reclaimed Water Use Authorization No. R10681007

**B. Permittee enforcement status**

Is the permittee currently under enforcement for this facility?

Yes  No

Is the permittee required to meet an implementation schedule for compliance or enforcement?

Yes  No

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

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: 2/19/2020

# 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: Unnamed Tributary of Santa Isabel Creek

**A. Receiving water type**

Identify the appropriate description of the receiving waters.

- Stream
- Freshwater Swamp or Marsh
- Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

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

- Man-made Channel or Ditch

- Open Bay
- Tidal Stream, Bayou, or Marsh
- Other, specify:

**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:

**C. Downstream perennial confluences**

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

<u>None</u>
-------------

**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.

Normally a dry stream bed

Date and time of observation: January 27, 2020. 2:57 PM

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.

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

**B. Waterbody uses**

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation     |
| <input type="checkbox"/> Irrigation withdrawal         | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing                       | <input type="checkbox"/> Navigation             |

- Domestic water supply
- Industrial water supply
- Park activities
- Other(s), specify

**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



**C. Treatment plant pass through**

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

Yes  No

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

N/A

**D. Pretreatment program**

Does your POTW have an approved pretreatment program?

Yes  No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes  No  N/A

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

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

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

**A. Substantial modifications**

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

Yes  No

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

N/A

**B. Non-substantial modifications**

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

Yes  No

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

N/A

**C. Effluent parameters above the MAL**

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

**Table 6.0(1) - Parameters Above the MAL**

<b>Pollutant</b>	<b>Concentration</b>	<b>MAL</b>	<b>Units</b>	<b>Date</b>
<u>See Attachment G</u>				

**D. Industrial user interruptions**

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

Yes  No

If yes, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

N/A

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

**A. General information**

Company Name: N/A

SIC Code: N/A

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

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

**B. Process information**

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

N/A

**C. Product and service information**

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

N/A

**D. Flow rate information**

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type:  Continuous  Batch  Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type:  Continuous  Batch  Intermittent

**E. Pretreatment standards**

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

Yes  No

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

Yes  No

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

Category: 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.

<u>N/A</u>
------------

**CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION**

**TABLE OF ATTACHMENTS**

<b><u>No.</u></b>	<b><u>Description</u></b>	<b><u>Reference</u></b>
A	Core Data Form	Admin Rpt 1.0 Section 3.C
B	U.S. Geological Survey Map	Admin Rpt 1.0 Section 13
C	Process Flow Diagram	Tech Rpt. 1.0, Section 2.C
D	Site Drawing	Tech Rpt. 1.0, Section 4
E	Pollutant Analysis of Treated Effluent	Tech Rpt. 1.0 Section 7
F	Sludge Transportation Agreement	Tech Rpt. 1.0 Section 9.A
G	Effluent Parameters Above the MAL	Wksht 6.0 Section 2.C

**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 <i>(If other is checked please describe in space provided.)</i>		
<input type="checkbox"/> New Permit, Registration or Authorization <i>(Core Data Form should be submitted with the program application.)</i>		
<input checked="" type="checkbox"/> Renewal <i>(Core Data Form should be submitted with the renewal form)</i>		<input type="checkbox"/> Other
2. Customer Reference Number <i>(if issued)</i>	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	3. Regulated Entity Reference Number <i>(if issued)</i>
CN 600131908		RN 105624498

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<i>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).</i>			
6. Customer Legal Name <i>(If an individual, print last name first: eg: Doe, John)</i>		<i>If new Customer, enter previous Customer below:</i>	
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 <i>(if applicable)</i>
N/A	N/A	N/A	N/A
11. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government:	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – <i>as it relates to the Regulated Entity listed on this form. Please check one of the following:</i>			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	1110 Houston Street		
	City	Laredo	State TX ZIP 78040 ZIP + 4 8019
16. Country Mailing Information <i>(if outside USA)</i>		17. E-Mail Address <i>(if applicable)</i>	
N/A		reads@ci.laredo.tx.us	
18. Telephone Number	19. Extension or Code	20. Fax Number <i>(if applicable)</i>	
( 956 ) 721-7302		( 956 ) 721-7498	

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)</i>	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<i>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.)</i>	
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i>	
Penitas Wastewater Treatment Facility	



23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	N/A						
	City	N/A	State		ZIP		ZIP + 4
24. County	Webb						

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

25. Description to Physical Location:	Approximately 9,865 ft west of the intersection of FM 3338 (Las Tiendas) and Rancho Penitas Rd							
26. Nearest City	Laredo				State	TX	Nearest ZIP Code	78045
27. Latitude (N) In Decimal:	27.6765			28. Longitude (W) In Decimal:	-99.6257			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)					
4952		221320						
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>								
This facility primarily treats domestic wastewater.								
34. Mailing Address:	5816 Daugherty Ave.							
	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.

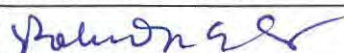
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	TXRNEAQ84			
	WQ0010681007 R10681007			

**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.

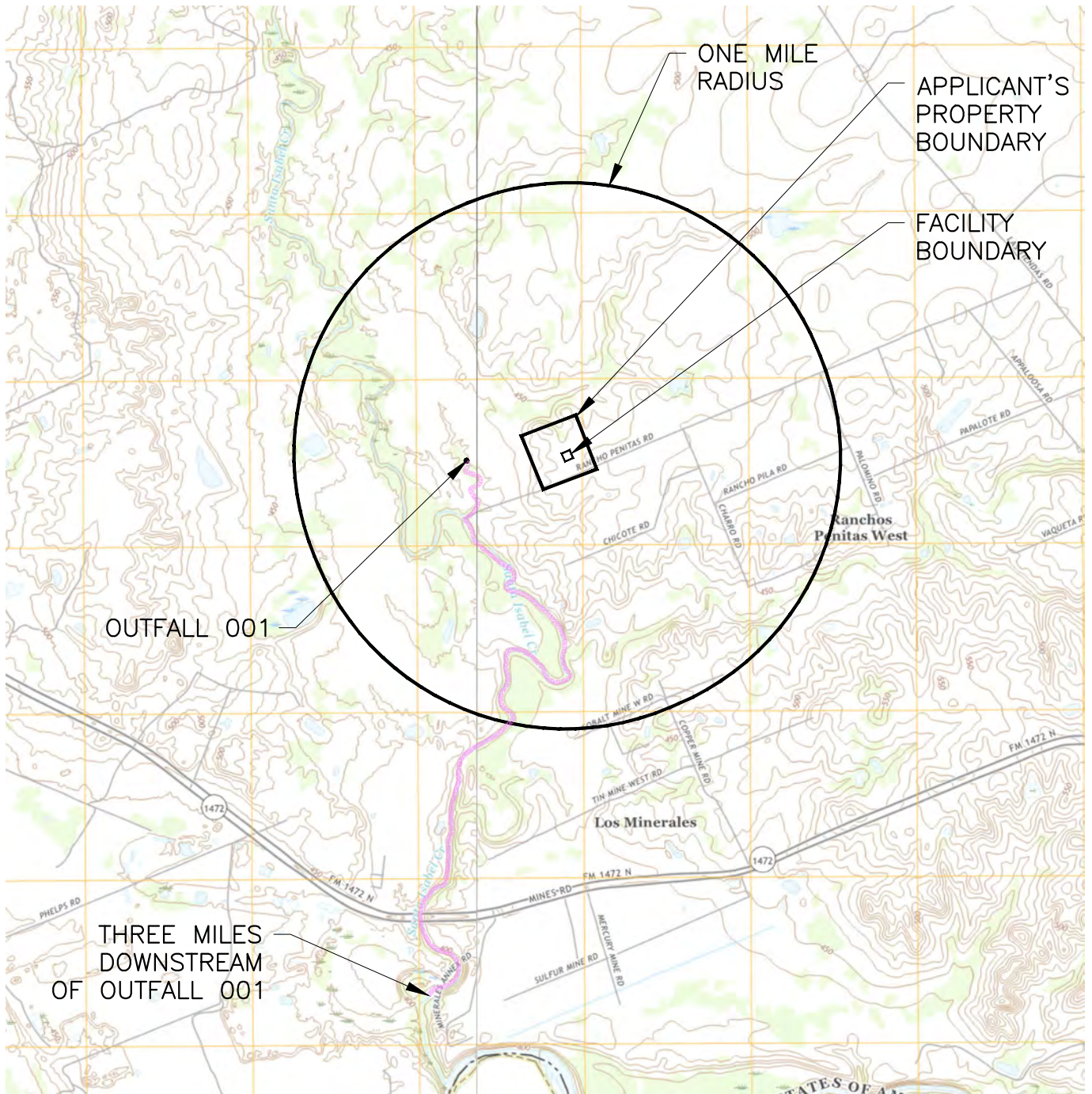
Company:	City of Laredo	Job Title:	Interim Co-City Manager
Name (In Print) :	Robert A. Eads, ICMA-CM	Phone:	( 956 ) 791-7302
Signature:		Date:	2/19/2020

**ATTACHMENT B**

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



**PLUMMER**



OUTFALL 001

THREE MILES  
DOWNSTREAM  
OF OUTFALL 001

ONE MILE  
RADIUS

APPLICANT'S  
PROPERTY  
BOUNDARY

FACILITY  
BOUNDARY

Rancho  
Penitas West

Los Mineraleas

**ATTACHMENT B  
CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
USGS MAP**

TEXAS REGISTERED ENGINEERING FIRM F-13  
3/3/2020 1:44 PM m:\Projects\1107\001-01\2-0 wrk prod\2-1 ACAD\FIGURES\Penitas\FIGURES\Fig-USGS.dwg Briand

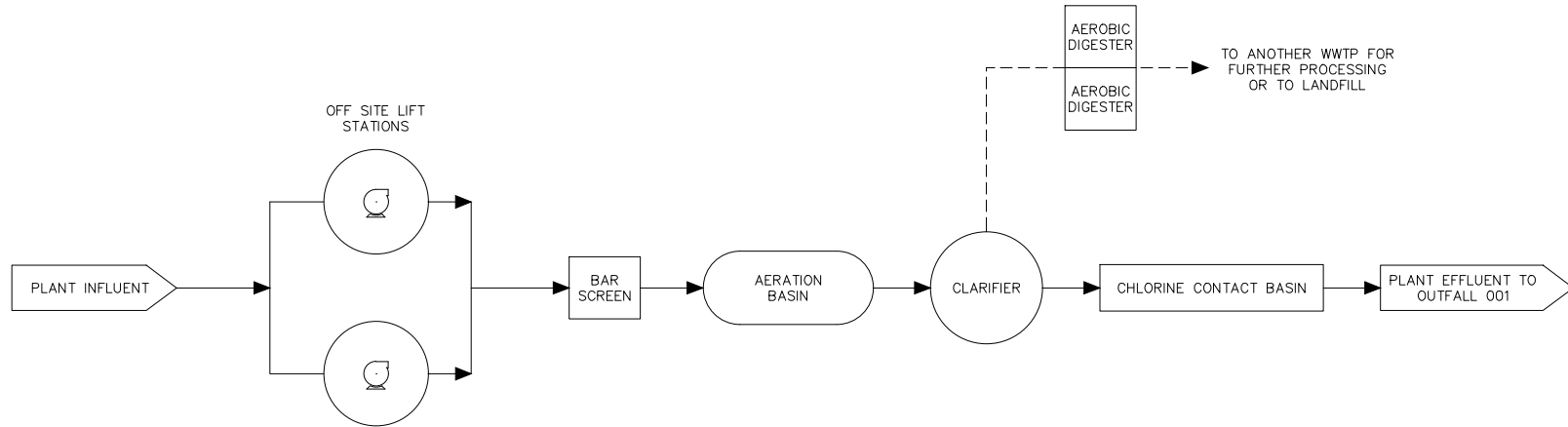
**ATTACHMENT C**

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



**PLUMMER**

KEY:  
----- SOLID  
----- LIQUID



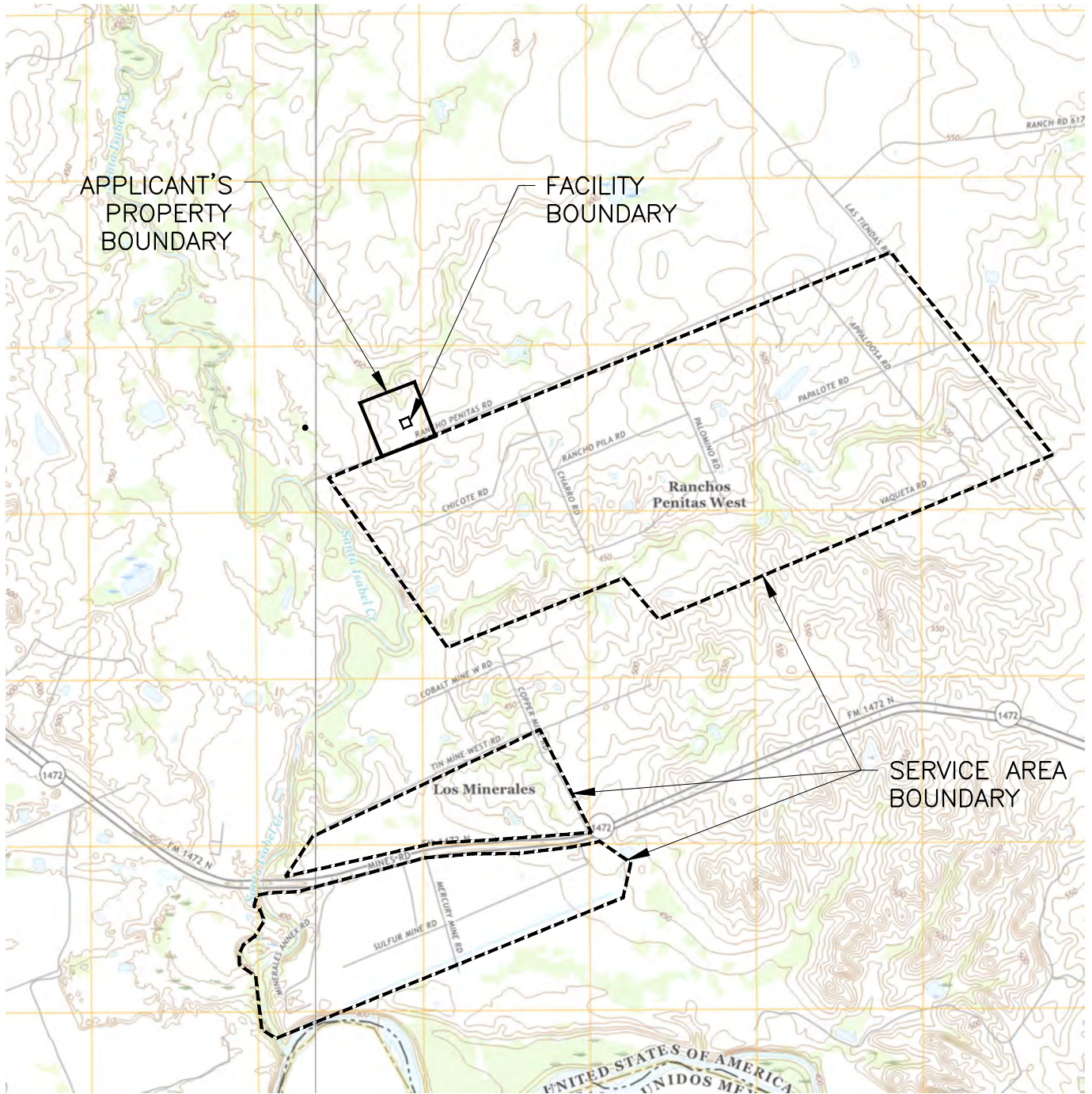
ATTACHMENT C  
CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
PROCESS FLOW DIAGRAM

**ATTACHMENT D**

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



**PLUMMER**



TEXAS REGISTERED ENGINEERING FIRM F-13  
12/16/2019 11:38 AM M:\BusDev\Proposals\2019\2019-343-00\_Laredo\_regulatory\Temporary ACAD\Penitas\FIGURES\FIG-SITE.dwg Briand

**ATTACHMENT D  
CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
SITE DRAWING**

**ATTACHMENT E**

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



CITY OF LAREDO UTILITIES LABORATORY FIELD ANALYSIS WORKSHEET  
PEÑITAS WWTF

DATE (Sampling & Analysis): 12-13-2019

**pH ANALYSIS (Standard Methods (4500-H+pH Value))**

pH SAMPLE INFORMATION			
Sample Identification	Sampling Point	Sample Collection Time	Sampled By
Final Effluent	collected at end of chlorine contact chamber	08:40	Jessica Oviedo

pH ANALYSIS INFORMATION					pH Result (SU) <u>6.28</u>
Analysis Time	1st Reading Sample		2nd Reading Sample		Analyzed By
	Temp. C°	pH (SU)	Temp. C°	pH (SU)	
08:58	7.3	6.28	7.3	6.23	Jessica Oviedo

pH METER INFORMATION		
ID #	Brand	Model #
PA-11	Orion	230A

pH METER CALIBRATION INFORMATION								
Time	Buffer 4		Buffer 7		Buffer 10		% Slope	Calibrated By
	Temp. (C°)	Cal Point (SU)	Temp. (C°)	Cal Point (SU)	Temp. (C°)	Cal Point (SU)		
08:48	19.2	4.01	19.2	7.02	N/A	N/A	94.0%	Jessica Oviedo
	Expiration Date 4/2020		Expiration Date 4/2020		Expiration Date 5/2020			

**TOTAL CHLORINE RESIDUAL ANALYSIS (Adapted Standard Methods DPD (Hach 8167 Method))**

TOTAL CHLORINE RESIDUAL SAMPLE INFORMATION			
Sample Identification	Sampling Point	Sample Collection Time	Sampled By
Final Effluent	collected at end of chlorine contact chamber	08:40	Jessica Oviedo

Meter Check (2ppm Potassium Permanganate Standard)		Total Chlorine Residual (mg/L) <u>3.7</u>	Result
Date: <u>12-11-2019</u>	Time: <u>8:35</u>		
DPD FAS Titration Method <u>1.95</u> mg/L			
Meter Reading <u>2.0</u> (mg/L)	% Diviation: <u>1.27%</u>		

TOTAL CHLORINE RESIDUAL INFORMATION					
Analysis Time	Meter ID	Range Used (High or Low)	Sample Reading (mg/l)	Duplicate Sample Reading (mg/l)	Analyzed By
08:40	CL-09	High Range	3.7	3.7	Jessica Oviedo

**DISSOLVED OXYGEN ANALYSIS (Standard Methods (4500-OG. Membrane Electrode Method))**

DISSOLVED OXYGEN SAMPLE INFORMATION			
Sample Identification	Sampling Point (in situ)	Sample Collection Time	Sampled By
Final Effluent	at end of chlorine contact chamber	N/A	N/A

DISSOLVED OXYGEN ANALYSIS INFORMATION			DO Result (mg/L) <u>7.89</u>
Analysis Time	in situ Meter Reading		Analyzed By
	Temp. C°	DO (mg/L)	
08:28	14.7	7.89	Jessica Oviedo

DO METER INFORMATION		
ID #	Brand	Model #
DO-025	YSI	PRO-20

DISSOLVED OXYGEN METER CALIBRATION INFORMATION							
Time	Initial Reading mg/L	Calibration Temp C°	Altitude	Barometer Reading (mmHg)	Salinity (PPT)	Calibrated Reading mg/L	Calibrated By :
8:10	9.86	11.4	500 ft.	752.6	0	8.89	Jessica Oviedo

Probe Standardization To Winkler Method Date: 12-6-2019 ±% Deviation: 2.44% By: M. Villarreal/J. Garza



**CITY OF LAREDO HEALTH DEPARTMENT**  
**Laboratory - Environmental Division**  
**2600 Cedar St.**  
**Laredo, TX 78040**  
**TCEQ ID: T 10474638 - 08 TX**

Phone: (956) 795 - 4908 x 4693

Fax: (956) 795 - 2188



Chain of Custody # 20191213

**Quanti-tray E.coli and Chain of Custody Form**  
**EL02 APPENDIX DD**

CLIENT NAME: <u>City of Laredo</u>	COUNTY: <u>Webb</u>	SAMPLE TYPE: <u>Grab</u>
ADDRESS: <u>Springfield &amp; Aldama St</u>	PHONE: <u>956-795-2720</u>	FAX: <u>956-795-2723</u>
CITY/STATE/ZIP CODE: <u>Laredo, TX 78041</u>		
CONTACT:		

<b>Circle One:</b> <u>Water Source</u>	Facility Name: <u>Penitas Wastewater Treatment Facility</u>
<u>Effluent</u>	Facility ID #: <u>TPDES EPA ID# TX 0131776</u>

Sample ID:	Sampling Point	Disinfection Type	Chlorine Residual	Test Requested	Total Coliform Results (MPN/100mL)	E. Coli Results (MPN/100mL)
Final Effluent	End of chlorine contact chamber	Chlorine	<u>3.7</u>	IDEXX Laboratories Colifert	NA	<u>&lt; 1.0</u>
				E. coli (enumeration)		

Sampled by: <u>Jessie Diviolo</u>	Date: <u>12.13.19</u>	Time: <u>8:40</u>	Received by: <u>Jessie Diviolo</u>	Date: <u>12.13.19</u>	Time: <u>8:40</u>
Relinquished by: <u>Jessie Diviolo</u>	Date: <u>12.13.19</u>	Time: <u>9:10</u>	Received by: Lab <u>Julia V. Rendon</u>	Date: <u>12-13-19</u>	Time: <u>9:10</u>

**Laboratory:**

Sample Arrival Condition: ICED      Sample Arrival Volume: 100 mL      Sample arrival temp. observed/condition: 50°F/ice

Sample Accepted:       Sample Rejected:       Chlorine Residual: 0.00      CI Strip Lot # & Exp. Date: 9091 1/2022

Date & Time Analysis Started: 12/13/19 @ 9:22 AM      Date & Time Analysis Finished: 12/14/19 @ 9:22 AM

Date & Time Results Reported to: \_\_\_\_\_      Reported By: Julia V. Rendon

The test results on this report meets all NELAC requirements:      Acceptable:       Not Acceptable:

Laboratory Contact: Ms. Rebeca I. Castro, Technical Director - (956) 795 - 4908 x 4693

Remarks / Lab ID #: <u>393159</u>			
<b>Unsuitable Sx Analysis</b>	1) Sx. Exceeds 8 hrs Holding Time <input type="checkbox"/>	3) Excessive chlorine Residual (> 10 mg/L) <input type="checkbox"/>	5) Form Incomplete, not Filled accordingly/Date Discrepancy <input type="checkbox"/>
<b>Rejection Criteria</b>	2) Insufficient Sx Volume (100 ml) <input type="checkbox"/>	4) Heavy Turbidity Present / Excessive Material <input type="checkbox"/>	6) Other: <input type="checkbox"/>

Rev: #2-9/28/12 ; #3-2/6/19; #4-11/19/19; Effective: 11/19/19

## ANALYTICAL REPORT

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

Laboratory Job ID: 560-84023-1

Client Project/Site: Penitas WWTP TPDES Application 12/18/19

**For:**

City of Laredo  
5816 Daugherty Avenue  
Laredo, Texas 78041

Attn: Saad Hassoun



---

Authorized for release by:  
1/16/2020 9:06:33 AM

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

### LINKS

Review your project  
results through  
**TotalAccess**

Have a Question?



Visit us at:  
[www.testamericainc.com](http://www.testamericainc.com)

*The test results in this report meet all 2003 NELAC and 2009 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.*

*This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.*

*Results relate only to the items tested and the sample(s) as received by the laboratory.*

# Definitions/Glossary

Client: City of Laredo

Job ID: 560-84023-1

Project/Site: Penitas WWTP TPDES Application 12/18/19

## Qualifiers

### General Chemistry

Qualifier	Qualifier Description
*	LCS or LCSD is outside acceptance limits.
B	Compound was found in the blank and sample.
F1	MS and/or MSD Recovery is outside acceptance limits.
H	Sample was prepped or analyzed beyond the specified holding time
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.
U	Indicates the analyte was analyzed for but not detected.

## 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: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

---

## Job ID: 560-84023-1

---

Laboratory: Eurofins TestAmerica, Corpus Christi

### Narrative

---

#### Job Narrative 560-84023-1

#### Comments

No additional comments.

#### Receipt

The sample was received on 12/19/2019 8:30 AM; the sample arrived in good condition, properly preserved and, where required, on ice. The temperature of the cooler at receipt was 2.8° C.

#### General Chemistry

Method SM5210B CBOD: The glucose-glutamic acid standard recovered outside the recovery limits specified in the method in batch 560-170028 .

Methods 300.0, 9056: The following samples were diluted due to the nature of the sample matrix: Penitas WWTP (560-84023-1), (560-83999-A-1 ^25), (560-83999-A-1 MS) and (560-83999-A-1 MSD). Elevated reporting limits (RLs) are provided.

Method 300.0: The following sample was analyzed outside of analytical holding time due to system outages. Penitas WWTP (560-84023-1)

Method 300.0: The instrument blank for analytical batch 560-170350 contained NO3 greater than the method detection limit (MDL), and were not reanalyzed because recovery was less than the RL. The data have been qualified and reported.

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: 560-84023-1

Project/Site: Penitas WWTP TPDES Application 12/18/19

**Client Sample ID: Penitas WWTP**

**Lab Sample ID: 560-84023-1**

Analyte	Result	Qualifier	RL	MDL	Unit	Dil	Fac	D	Method	Prep Type
Chloride	272		10.0	1.92	mg/L	10			300.0	Total/NA
Nitrate as N	27.3	H B	5.00	1.03	mg/L	10			300.0	Total/NA
Sulfate	228		10.0	3.77	mg/L	10			300.0	Total/NA
Nitrogen, Kjeldahl	0.984	J F1	1.00	0.432	mg/L	1			351.2	Total/NA
Total Alkalinity as CaCO3	60.6		5.00	5.00	mg/L	1			SM 2320B	Total/NA
Total Dissolved Solids	986		20.0	20.0	mg/L	1			SM 2540C	Total/NA
Total Suspended Solids	7.00		2.00	2.00	mg/L	1			SM 2540D	Total/NA
Total Phosphorus	4.30		0.500	0.210	mg/L	10			SM4500 P E-1999	Total/NA

This Detection Summary does not include radiochemical test results.

Eurofins TestAmerica, Corpus Christi

# Client Sample Results

Client: City of Laredo  
 Project/Site: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

**Client Sample ID: Penitas WWTP**

**Lab Sample ID: 560-84023-1**

Date Collected: 12/18/19 13:06

Matrix: Water

Date Received: 12/19/19 08:30

## General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Oil & Grease (HEM)	1.3	U	4.8	1.3	mg/L			12/20/19 09:05	1
<b>Chloride</b>	<b>272</b>		10.0	1.92	mg/L			12/31/19 19:08	10
<b>Nitrate as N</b>	<b>27.3</b>	<b>H B</b>	5.00	1.03	mg/L			12/31/19 19:08	10
<b>Sulfate</b>	<b>228</b>		10.0	3.77	mg/L			12/31/19 19:08	10
<b>Nitrogen, Kjeldahl</b>	<b>0.984</b>	<b>J F1</b>	1.00	0.432	mg/L			01/09/20 10:08	1
<b>Total Alkalinity as CaCO3</b>	<b>60.6</b>		5.00	5.00	mg/L			12/27/19 13:45	1
<b>Total Dissolved Solids</b>	<b>986</b>		20.0	20.0	mg/L			12/24/19 14:50	1
<b>Total Suspended Solids</b>	<b>7.00</b>		2.00	2.00	mg/L			12/20/19 11:15	1
Ammonia as N	0.0450	U	0.200	0.0450	mg/L			12/23/19 16:10	1
<b>Total Phosphorus</b>	<b>4.30</b>		0.500	0.210	mg/L		01/14/20 10:00	01/15/20 13:35	10
Carbonaceous Biochemical Oxygen Demand	2.00	U *	2.00	2.00	mg/L			12/19/19 10:20	1

# QC Sample Results

Client: City of Laredo  
 Project/Site: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

## Method: 1664A - HEM and SGT-HEM

Lab Sample ID: MB 560-170094/1  
 Matrix: Water  
 Analysis Batch: 170094

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

Analyte	MB	MB	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
	Result	Qualifier							
Oil & Grease (HEM)	1.4	U	5.0	1.4	mg/L			12/20/19 09:05	1

Lab Sample ID: LCS 560-170094/2  
 Matrix: Water  
 Analysis Batch: 170094

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

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec.
							Limits
Oil & Grease (HEM)	39.9	32.90		mg/L		82	78 - 114

## Method: 300.0 - Anions, Ion Chromatography

Lab Sample ID: MB 560-170350/3  
 Matrix: Water  
 Analysis Batch: 170350

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

Analyte	MB	MB	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
	Result	Qualifier							
Chloride	0.192	U	1.00	0.192	mg/L			12/31/19 12:26	1
Nitrate as N	0.2040	J	0.500	0.103	mg/L			12/31/19 12:26	1
Sulfate	0.377	U	1.00	0.377	mg/L			12/31/19 12:26	1

Lab Sample ID: LCS 560-170350/4  
 Matrix: Water  
 Analysis Batch: 170350

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

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec.
							Limits
Chloride	10.0	10.02		mg/L		100	90 - 110
Nitrate as N	5.00	5.031		mg/L		101	90 - 110
Sulfate	20.0	20.37		mg/L		102	90 - 110

## Method: 351.2 - Nitrogen, Total Kjeldahl

Lab Sample ID: MB 600-284844/12  
 Matrix: Water  
 Analysis Batch: 284844

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

Analyte	MB	MB	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
	Result	Qualifier							
Nitrogen, Kjeldahl	0.432	U	1.00	0.432	mg/L			01/09/20 09:54	1

Lab Sample ID: LCS 600-284844/13  
 Matrix: Water  
 Analysis Batch: 284844

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

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec.
							Limits
Nitrogen, Kjeldahl	10.0	9.576		mg/L		96	90 - 110



# QC Sample Results

Client: City of Laredo  
 Project/Site: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

## Method: 351.2 - Nitrogen, Total Kjeldahl (Continued)

Lab Sample ID: 560-84023-1 MS  
 Matrix: Water  
 Analysis Batch: 284844

Client Sample ID: Penitas WWTP  
 Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec. Limits
Nitrogen, Kjeldahl	0.984	J F1	10.0	8.856	F1	mg/L		79	90 - 110

Lab Sample ID: 560-84023-1 MSD  
 Matrix: Water  
 Analysis Batch: 284844

Client Sample ID: Penitas WWTP  
 Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Nitrogen, Kjeldahl	0.984	J F1	10.0	8.421	F1	mg/L		74	90 - 110	5	20

Lab Sample ID: MB 600-285256/15  
 Matrix: Water  
 Analysis Batch: 285256

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

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrogen, Kjeldahl	0.432	U	1.00	0.432	mg/L			01/14/20 16:36	1

Lab Sample ID: LCS 600-285256/16  
 Matrix: Water  
 Analysis Batch: 285256

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

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Nitrogen, Kjeldahl	10.0	9.592		mg/L		96	90 - 110

Lab Sample ID: 560-84023-1 MS  
 Matrix: Water  
 Analysis Batch: 285256

Client Sample ID: Penitas WWTP  
 Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec. Limits
Nitrogen, Kjeldahl	1.31	F1	10.0	9.394	F1	mg/L		81	90 - 110

Lab Sample ID: 560-84023-1 MSD  
 Matrix: Water  
 Analysis Batch: 285256

Client Sample ID: Penitas WWTP  
 Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Nitrogen, Kjeldahl	1.31	F1	10.0	8.537	F1	mg/L		72	90 - 110	10	20

## Method: SM 2320B - Alkalinity

Lab Sample ID: MB 560-170269/1  
 Matrix: Water  
 Analysis Batch: 170269

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

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Alkalinity as CaCO3	5.00	U	5.00	5.00	mg/L			12/27/19 13:45	1

# QC Sample Results

Client: City of Laredo  
 Project/Site: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

## Method: SM 2320B - Alkalinity (Continued)

Lab Sample ID: LCS 560-170269/2  
 Matrix: Water  
 Analysis Batch: 170269

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	90.00		mg/L		90	85 - 115

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

Lab Sample ID: MB 560-170228/1  
 Matrix: Water  
 Analysis Batch: 170228

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

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Dissolved Solids	10.0	U	10.0	10.0	mg/L			12/24/19 14:50	1

Lab Sample ID: LCS 560-170228/2  
 Matrix: Water  
 Analysis Batch: 170228

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	2120		mg/L		94	90 - 110

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

Lab Sample ID: MB 560-170084/1  
 Matrix: Water  
 Analysis Batch: 170084

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

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	2.00	U	2.00	2.00	mg/L			12/20/19 11:15	1

Lab Sample ID: LCS 560-170084/2  
 Matrix: Water  
 Analysis Batch: 170084

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	195.5		mg/L		98	80 - 120

## Method: SM 4500 NH3 G - Ammonia

Lab Sample ID: MB 560-170181/3  
 Matrix: Water  
 Analysis Batch: 170181

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

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia as N	0.0450	U	0.200	0.0450	mg/L			12/23/19 14:42	1

Lab Sample ID: LCS 560-170181/4  
 Matrix: Water  
 Analysis Batch: 170181

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

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Ammonia as N	2.50	2.556		mg/L		102	90 - 110

Eurofins TestAmerica, Corpus Christi

# QC Sample Results

Client: City of Laredo  
 Project/Site: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

## Method: SM4500 P E-1999 - Phosphorus

Lab Sample ID: MB 600-285202/3-A  
 Matrix: Water  
 Analysis Batch: 285330

Client Sample ID: Method Blank  
 Prep Type: Total/NA  
 Prep Batch: 285202

Analyte	MB	MB	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
	Result	Qualifier							
Total Phosphorus	0.0210	U	0.0500	0.0210	mg/L		01/14/20 10:00	01/15/20 13:35	1

Lab Sample ID: LCS 600-285202/4-A  
 Matrix: Water  
 Analysis Batch: 285330

Client Sample ID: Lab Control Sample  
 Prep Type: Total/NA  
 Prep Batch: 285202

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec.
							Limits
Total Phosphorus	0.500	0.4736		mg/L		95	90 - 110

## Method: SM5210B CBOD - Carbonaceous BOD, 5 Day

Lab Sample ID: USB 560-170028/1  
 Matrix: Water  
 Analysis Batch: 170028

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

Analyte	USB	USB	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
	Result	Qualifier							
Carbonaceous Biochemical Oxygen Demand	2.00	U	2.00	2.00	mg/L			12/19/19 10:20	1

Lab Sample ID: USB 560-170028/2  
 Matrix: Water  
 Analysis Batch: 170028

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

Analyte	USB	USB	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
	Result	Qualifier							
Carbonaceous Biochemical Oxygen Demand	2.00	U	2.00	2.00	mg/L			12/19/19 10:20	1

Lab Sample ID: LCS 560-170028/3  
 Matrix: Water  
 Analysis Batch: 170028

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

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec.
							Limits
Carbonaceous Biochemical Oxygen Demand	198	160.5	*	mg/L		81	84.6 - 115.4

Lab Sample ID: 560-84023-1 DU  
 Matrix: Water  
 Analysis Batch: 170028

Client Sample ID: Penitas WWTP  
 Prep Type: Total/NA

Analyte	Sample	Sample	DU	DU	Unit	D	RPD	RPD
	Result	Qualifier	Result	Qualifier				Limit
Carbonaceous Biochemical Oxygen Demand	2.00	U *	2.00	U *	mg/L		NC	20

# Accreditation/Certification Summary

Client: City of Laredo  
Project/Site: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

## 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
SM 2540C		Water	Total Dissolved Solids
SM5210B CBOD		Water	Carbonaceous Biochemical Oxygen Demand

## Laboratory: Eurofins TestAmerica, Houston

The accreditations/certifications listed below are applicable to this report.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704223-19-25	10-31-20

# Method Summary

Client: City of Laredo

Job ID: 560-84023-1

Project/Site: Penitas WWTP TPDES Application 12/18/19

Method	Method Description	Protocol	Laboratory
1664A	HEM and SGT-HEM	1664A	TAL CC
300.0	Anions, Ion Chromatography	MCAWW	TAL CC
351.2	Nitrogen, Total Kjeldahl	MCAWW	TAL HOU
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 NH3 G	Ammonia	SM	TAL CC
SM4500 P E-1999	Phosphorus	SM	TAL HOU
SM5210B CBOD	Carbonaceous BOD, 5 Day	SM	TAL CC
SM 4500 P B	Sample Preparation for Total and Ortho Phosphorus	SM	TAL HOU

**Protocol References:**

1664A = EPA-821-98-002

MCAWW = "Methods For Chemical Analysis Of Water And Wastes", EPA-600/4-79-020, March 1983 And Subsequent Revisions.

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

TAL HOU = Eurofins TestAmerica, Houston, 6310 Rothway Street, Houston, TX 77040, TEL (713)690-4444

# Sample Summary

Client: City of Laredo  
Project/Site: Penitas WWTP TPDES Application 12/18/19

Job ID: 560-84023-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
560-84023-1	Penitas WWTP	Water	12/18/19 13:06	12/19/19 08:30	

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

# 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

<b>Client Information</b>	Sampler:	Lab PM:	Carrier Tracking No(s):	COC No:
	Client Contact:	Maingot, Lindy	Loc: 560	560-30731-5056.1
	Phone:	E-Mail:	<b>84023</b>	Page 1 of 1
		lindy.maingot@testamericainc.com		Job #: <b>84023</b>

Company: City of Laredo		<b>Analysis Request</b>	
Address: 5816 Daugherty Avenue		Field Filtered Sample (Yes or No) Perform MS/MSD (Yes or No) SM4500NH3_G - Local Method 2320B 2540C_Calcd 1664A_NP - Local Method 351.2_NP_4500_P_E 2540D SMS210B_CBOD_5D 300	
City: Laredo			
State, Zip: TX, 78041			
Phone: 956-795-2720(Tel)			
Email: shassoun@ci.laredo.tx.us			
Due Date Requested:	TAT Requested (days):		
PO #: Pre-Payment by CC Required	WO #:		
Project #: 56007965	SSOW#:		

- 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, Orwaste/soil, BT=Tissue, A=Air)	Analysis Request								Total Number of containers	Special Instructions/Note:	
<b>Peñitas WWTP</b>	12-18-19	1306	G	Water	S	N	N	A	S					18	<b>ALL TEST MUST MEET THE MAL STANDARD METHODS</b>
					X	X	X	X	X	X	X	X	X		
				Water											



<b>Possible Hazard Identification</b> <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological	<b>Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)</b> <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> 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: Saad Hassoun	Date/Time: 12/18/19-1400	Company:	Received by:	Date/Time: 12/19/19 8:30	Company: ETA
Relinquished by:	Date/Time:	Company:	Received by:	Date/Time:	Company:
Relinquished by:	Date/Time:	Company:	Received by:	Date/Time:	Company:
Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks: 30 IR13 28 CP			

Page 13 of 17

1/16/2020

**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**



<b>Client Information (Sub Contract Lab)</b>		Sampler: Maingot, Lindy		Lab PM: Maingot, Lindy		Carrier Tracking No(s):		COC No: 560-20662.1									
Client Contact: Shipping/Receiving		Phone:		E-Mail: lindy.maingot@testamericainc.com		State of Origin: Texas		Page: Page 1 of 1									
Company: TestAmerica Laboratories, Inc.				Accreditations Required (See note): NELAP - Texas				Job #: 560-84023-1									
Address: 6310 Rothway Street,		Due Date Requested: 1/3/2020		<b>Analysis Requested</b>				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)									
City: Houston		TAT Requested (days):															
State, Zip: TX, 77040		PO #:		Field Filtered Sample (Yes or No) Perform MS/MSD (Yes or No) 3512_NP 4500_P_E/SM4500_P_B		Total Number of containers		Other:									
Phone: 713-690-4444(Tel) 713-690-5646(Fax)		WO #:															
Email:		Project #: 56007965		Project Name: Penitas WWTP TPDES Application 12/18/19		SSOW#:		Site:									
<b>Sample Identification - Client ID (Lab ID)</b>		<b>Sample Date</b>		<b>Sample Time</b>		<b>Sample Type (C=comp, G=grab)</b>		<b>Matrix (W=water, S=solid, O=wastefoil, BT=Trace, A=Air)</b>		<b>Field Filtered Sample (Yes or No)</b>		<b>Perform MS/MSD (Yes or No)</b>		<b>Total Number of containers</b>		<b>Special Instructions/Note:</b>	
Penitas WWTP (560-84023-1)		12/18/19		13:06 Central		Water				X		X		2			
<p>560-84023 Chain of Custody</p>																	
Note: Since laboratory accreditations are subject to change, Eurofins TestAmerica places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins TestAmerica laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins TestAmerica attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins TestAmerica.																	
<b>Possible Hazard Identification</b>									<b>Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)</b>								
Unconfirmed									<input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months								
Deliverable Requested: I, II, III, IV, Other (specify)						Primary Deliverable Rank: 2			Special Instructions/QC Requirements:								
Empty Kit Relinquished by:						Date:			Time:			Method of Shipment:					
Relinquished by: <i>[Signature]</i>						Date/Time: 12/19/19 17:00			Company: ETA			Received by: <i>[Signature]</i>					
Relinquished by:						Date/Time:			Company:			Received by: <i>[Signature]</i>					
Relinquished by:						Date/Time:			Company:			Received by: <i>[Signature]</i>					
Custody Seals Intact: Yes    No			Custody Seal No.:			Cooler Temperature(s) °C and Other Remarks:											





### Sample Receipt Checklist

19 DEC 20 12:57

JOB NUMBER: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_  
CLIENT: IA-CORPUS

UNPACKED BY: LD

CARRIER/DRIVER: Fedex

Custody Seal Present:  YES  NO

Number of Coolers Received: 1

Cooler ID	Temp Blank	Trip Blank	Observed Temp (°C)	Therm ID	Therm CF	Corrected Temp (°C)
8542	Y / <u>N</u>	Y / <u>N</u>	0.5	676	+0.1	0.6
	Y / N	Y / N				
	Y / N	Y / N				
	Y / N	Y / N				
	Y / N	Y / N				
	Y / N	Y / N				

CF = correction factor

Samples received on ice?  YES  NO

LABORATORY PRESERVATION OF SAMPLES REQUIRED:  NO  YES

Base samples are >pH 12:  YES  NO

Acid preserved are <pH 2:  YES  NO

TX1005 samples frozen upon receipt:  YES

DATE & TIME PUT IN FREEZER: \_\_\_\_\_

pH paper Lot # \_\_\_\_\_

VOA headspace acceptable (5-6mm):  YES  NO  NA

Did samples meet the laboratory's standard conditions of sample acceptability upon receipt?  YES  NO

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Login Sample Receipt Checklist

Client: City of Laredo

Job Number: 560-84023-1

**Login Number: 84023**

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

**List Number: 1**

**Creator: Vela, Kathryn**

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").	True	
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.

## Login Sample Receipt Checklist

Client: City of Laredo

Job Number: 560-84023-1

**Login Number: 84023**

**List Number: 2**

**Creator: Taylor, Jacquelyn R**

**List Source: Eurofins TestAmerica, Houston**

**List Creation: 12/23/19 11:43 AM**

Question	Answer	Comment
Radioactivity wasn't checked or is <math>\leq</math> background as measured by a survey meter.	N/A	Lab does not accept radioactive samples.
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	0.6
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 <math><6\text{mm}</math> (1/4").	True	
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 F**

### **Sludge Transportation Agreement Tech Rpt. 1.0 Section 9.A**

The South Laredo Wastewater Treatment Facility is authorized to receive, process, and dispose of water treatment plant sludge from the Penitas Wastewater Treatment Facility. See Attached page from South Laredo WWTF TPDES Permit.

Systems. The permittee shall clearly show how the treatment system will meet the effluent limitations required on Page 2a of this permit. A copy of the summary transmittal letter shall be available at the plant site for inspection by authorized representatives of the TCEQ.

8. The permittee shall notify the TCEQ Regional Office (MC Region 16) and the Applications Review and Processing Team (MC 148) of the Water Quality Division, in writing at least forty-five (45) days prior to the completion of the Final phase facility on Notification of Completion Form 20007.
9. The permittee is authorized to receive, process, and dispose of the wastewater sludge generated at the Columbia Bridge Wastewater Treatment Plant (WWTP) (Permit No. WQ0010681006), Unitec WWTP (Permit No. WQ0010681005), North Laredo WWTP (Permit No. WQ0010681004), Webb County Detention Center WWTP (Permit No. WQ0012271001), El Cenizo WWTP (Permit No. WQ0013577001), Zacate Creek WWTP (Permit No. WQ0010681002), Penitas WWTP (Permit No. WQ0010681007), and Sombreretillo WWTP (Permit No. WQ0010681008). The permittee shall ensure that the appropriate sludge metals and toxicity characteristic leaching procedure (TCLP) analysis satisfies 30 TAC Chapter 312 rules for disposing of sewage sludge.
10. The permittee must maintain capacity in the South Laredo Wastewater Treatment Facility to treat the supernatant from the Zacate Creek digester. The permittee shall monitor the flow and five-day biochemical oxygen demand (BOD<sub>5</sub>) concentration of the supernatant.
11. The aerobic digester, if in use, shall be adequately lined to control seepage. The liner shall meet the requirements in 30 TAC Section 217.203, Design Criteria for Natural Treatment Facilities.

The permittee shall furnish certification by a Texas Licensed Professional Engineer that the completed pond lining meets the appropriate criteria above prior to use of the facilities. The certification shall be submitted to the TCEQ Regional Office (MC Region 16) and the Water Quality Compliance Monitoring Team (MC 224) of the Enforcement Division.

12. The expansion of this facility to 18 million gallons per day is designed to accommodate wastewater flow currently being treated at another facility (City of Laredo Zacate Creek WWTP, WQ0010681002). The Zacate Creek facility will be closed after its wastewater flow is diverted. The modeling analysis was performed assuming cessation of discharge from the Zacate Creek facility.

**ATTACHMENT G**

**Effluent Parameters Above the MAL  
Wksht 6.0 Section 2.C**

**ATTACHMENT G  
CITY OF LAREDO  
PENITAS WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION**

**EFFLUENT PARAMETERS ABOVE THE MAL**

<b>Pollutant</b>	<b>Concentration</b>	<b>MAL</b>	<b>Units</b>	<b>Date</b>
Arsenic, Total	1.8	0.5	µg/L	09/06/17
Copper, Total	4.6	2	µg/L	09/06/17
Nickel, Total	2.6	2	µg/L	09/06/17
Zinc, Total	15.0	5	µg/L	09/06/17
Dichlorobromomethane	10	10	µg/L	09/06/17
Barium	33.0	3	µg/L	09/06/17
Fluoride	550	500	µg/L	09/06/17
Nitrate-Nitrogen	2,700	100	µg/L	09/06/17
TTHM (Total Trihalomethanes)	24.0	10	µg/L	09/06/17
Arsenic, Total	1.2	0.5	µg/L	05/10/18
Copper, Total	3.1	2	µg/L	05/10/18
Nickel, Total	2.8	2	µg/L	05/10/18
Zinc, Total	35.0	5	µg/L	05/10/18
Chlorodibromomethane	14.0	10	µg/L	05/10/18
Chloroform	48.0	10	µg/L	05/10/18
Dibromochloromethane	34.0	10	µg/L	05/10/18
Aluminum	38.0	2.5	µg/L	05/10/18
Barium	23.0	3	µg/L	05/10/18
Nitrate-Nitrogen	19,000	100	µg/L	05/10/18
TTHM (Total Trihalomethanes)	99.0	10	µg/L	05/10/18
Dichlorobromomethane	22	10	µg/L	05/15/19
TTHM (Total Trihalomethanes)	53	10	µg/L	05/15/19
Arsenic, Total	1.6	0.5	µg/L	05/15/19
Copper, Total	2.5	2	µg/L	05/15/19
Nickel, Total	2.7	2	µg/L	05/15/19
Zinc, Total	41	5	µg/L	05/15/19
Aluminum	66	2.5	µg/L	05/15/19
Barium	38	3	µg/L	05/15/19