



## WASTE CONTROL SPECIALISTS

January 28, 2020

Email and USPS

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

Re: Industrial Wastewater Discharge Permit Renewal Application  
(TPDES Permit No. WQ0004038000) - Waste Control Specialists LLC  
EPA ID No. TX0117005 (RN101702439) (CN600616890)

Dear Sir/Madam:

Waste Control Specialists LLC (WCS) is submitting the enclosed original and three copies of the above-referenced application. TPDES Permit No. WQ0004038000 was issued on May 31, 2005 and authorizes the treatment and discharge of industrial wastewater and the discharge of storm water associated with both industrial and construction activities at existing waste treatment, storage and disposal facilities owned and operated by Waste Control Specialists LLC (WCS).

In accordance with 30 Texas Administrative Code (TAC) §305.65, WCS is submitting a renewal application to TCEQ to meet the requirement that a renewal application be submitted at least 180 days prior to the permit expiration date of August 1, 2020. The enclosed application has been updated to include the latest facility information and utilize the most current application forms. The application fee was transmitted electronically to the TCEQ on January 24, 2020.

If you have any questions or need additional information, please call me or Ms. Jenny Caldwell at (432) 525-5105.

Sincerely,

Jay Cartwright, RSO  
Director ESH&Q

**Dallas Office**  
Waste Control Specialists LLC  
17101 Preston Road, Suite 115  
Dallas, TX 75248  
P. 682-503-0030  
F. 214-853-5720

**Andrews Facility**  
Waste Control Specialists LLC  
P.O. Box 1129  
Andrews, TX 79714  
P. 432-525-8500  
F. 432-203-2359

Enclosure

Electronic cc:

Dave Carlson, WCS  
Jay Britten, WCS  
Ryan Williams, WCS  
Ben Mason, WCS  
Greg DiCarlo, WCS  
WCS Regulatory Compliance  
WCS Records Management



WASTE CONTROL SPECIALISTS

**INDUSTRIAL WASTEWATER PERMIT  
RENEWAL APPLICATION**

**TPDES PERMIT NO. WQ0004038000**

**January 2020**

**Prepared by:**

Waste Control Specialists LLC  
P.O. Box 1129  
Andrews, TX 79714

## TABLE OF CONTENTS

### FORMS

---

- 1 Submission Checklist
- 2 Administrative Report 1.0
- 3 Supplemental Permit Information Form  
SPIF-1 Facility Topographic Map
- 4. Core Data Form
- 5 Technical Report 1.0
- 6 Worksheet 1.0
- 7 Worksheet 2.0
- 8 Worksheet 4.0
- 9 Worksheet 5.0
- 10 Worksheet 7.0

## LIST OF ATTACHMENTS

### ATTACHMENTS

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- A MAPS and FIGURES
  - A-1 Facility Topographic Map
  - A-2 Monitor Well Location Map
  - A-3 Facility Layout Map
  - A-4 Facility Drainage Area Boundaries
  - A-5 Wastewater & Storm Water General Process Flow Diagram
  - A-6 Industrial Wastewater Treatment Flow Schematic
- B SUPPLEMENTAL INFORMATION FOR TECHNICAL REPORT 1.0

## **SUBMISSION CHECKLIST**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

### INDUSTRIAL ADMINISTRATIVE REPORT

Complete and submit this checklist with the application.

APPLICANT NAME: Waste Control Specialists

PERMIT NUMBER: WQ0004038000

Check Y for each of the following items included in this application. If an item was not included, check N.

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 8.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Worksheet 9.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 10.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 4.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 5.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solids Management Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 7.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

**For Commission Use Only:**

Segment Number: \_\_\_\_\_ County: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Proposed/Current Permit Number: \_\_\_\_\_ Region: \_\_\_\_\_

# **INDUSTRIAL ADMINISTRATIVE REPORT 1.0**

# INDUSTRIAL ADMINISTRATIVE REPORT 1.0

The following information is **required** for **all** applications for TPDES permits and TLAPs.

## 1. TYPE OF APPLICATION AND FEES (Instructions, Page 21)

a. Permit No.: WQ0004038000      Expiration Date: 08/01/2020

EPA ID No.: TX0117005

b. Check the box next to the appropriate application type.

- |  |   |
|--|---|
| <input type="checkbox"/> New TPDES permit<br><input type="checkbox"/> Major amendment with renewal<br><input checked="" type="checkbox"/> Renewal with changes<br><input type="checkbox"/> Minor amendment without renewal<br><input type="checkbox"/> Stormwater only discharge | <input type="checkbox"/> New TLAP permit<br><input type="checkbox"/> Major amendment without renewal<br><input type="checkbox"/> Renewal without changes<br><input type="checkbox"/> Minor modification without renewal |
|--|---|

c. If applying for an **amendment** or **modification** of a permit, describe the request in detail: \_\_\_\_\_

d. Application Fee

**Check the box next to the amount submitted for the application fee:**

EPA Classification	New	Major Amendment (With or Without Renewal)	Renewal (With or Without Changes)	Minor Amendment/ Minor Modification (Without Renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input checked="" type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A *	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

\* All facilities are designated as minors until formally classified as a major by EPA.

e. **Payment Information:**

Mailed    Check or money order number: \_\_\_\_\_

Check or money order amount: \_\_\_\_\_

Named printed on check or money order: \_\_\_\_\_

ePAY      Voucher number: \_\_\_\_\_

Copy of voucher attached?  Yes      **Attachment:** \_\_\_\_\_

## 2. APPLICANT INFORMATION (Instructions, Pages 21-22)

### a. Facility Owner (Owner of the facility must apply for the permit.)

- Provide the legal name of the entity (applicant) applying for this permit: Waste Control Specialists LLC

*(The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.)*

- If the applicant is currently a customer with the TCEQ, provide the Customer Number, which can be located using the [TCEQ's Central Registry Customer Search](#)<sup>1</sup>: CN600616890
- Provide 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*.

Mr.  Ms.  First/Last Name: Jay Britten

Title: VP/Site General Manager

Credential: VP/Site General Manager

### b. Co-applicant Information

- Provide the legal name of the co-applicant applying for this permit, if applicable: N/A  
*(The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.)*
- If the co-applicant is currently a customer with the TCEQ, provide the Customer Number, which can be located using the [TCEQ's Central Registry Customer Search](#): CN
- Provide 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*.

Mr.  Ms.  First/Last Name: N/A

Title: N/A

Credential: 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 the Administrative Report.

**Attachment:** A

## 3. APPLICATION CONTACT INFORMATION (Instructions, Page 22)

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

a. Mr.  Ms.  First/Last Name: Jenny Caldwell

Credential: PG

Organization Name: Waste Control Specialists LLC

Title: Environmental Manager/Geologist

Mailing Address: P.O. Box 1129

City/State/ZIP Code: Andrews, TX 79714

Phone No.: 432-525-8625

Fax No.: 432-203-2359

E-mail: jcaldwell@wcstexas.com

Check one or both:  Administrative Contact

Technical Contact

<sup>1</sup> <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

b. Mr.  Ms.  First/Last Name: Jay Cartwright Credential: RSO  
Organization Name: Waste Control Specialists LLC Title: Director ESH & Q  
Mailing Address: P.O. Box 1129 City/State/ZIP Code: Andrews, TX 79714  
Phone No.: 432-525-8500 Fax No.: 432-203-2359 E-mail: jcartwright@wcstexas.com  
Check one or both:  Administrative Contact  Technical Contact  
**Attachment: N/A**

#### 4. PERMIT CONTACT INFORMATION (Instructions, Page 22)

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

a. Mr.  Ms.  First/Last Name: Jenny Caldwell Credential: PG  
Organization Name: Waste Control Specialists LLC Title: Environmental Manager/Geologist  
Mailing Address: P.O. Box 1129 City/State/ZIP Code: Andrews, TX 79714  
Phone No.: 432-525-8625 Fax No.: 432-203-2359 E-mail: jcaldwell@wcstexas.com

b. Mr.  Ms.  First/Last Name: Jay Cartwright Credential: RSO  
Organization Name: Waste Control Specialists LLC Title: Director ESH & Q  
Mailing Address: P.O. Box 1129 City/State/ZIP Code: Andrews, TX 79714  
Phone No.: 432-525-8500 Fax No.: 432-203-2359 E-mail: jcartwright@wcstexas.com  
**Attachment: N/A**

#### 5. BILLING CONTACT INFORMATION (Instructions, Page 22)

*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 (form TCEQ-20029).*

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Mr.  Ms.  First/Last Name: Jenny Caldwell Credential: PG  
Organization Name: Waste Control Specialists LLC Title: Environmental Manager/Geologist  
Mailing Address: P.O. Box 1129 City/State/ZIP Code: Andrews, TX 79714  
Phone No.: 432-525-8625 Fax No.: 432-203-2359 E-mail: jcaldwell@wcstexas.com

#### 6. DMR/MER CONTACT INFORMATION (Instructions, Page 22)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs.

Mr.  Ms.  First/Last Name: Jimmy Abney Credential: N/A  
Organization Name: Waste Control Specialists LLC Title: Asst Environmental Manager  
Mailing Address: P.O. Box 1129 City/State/ZIP Code: Andrews, TX 79714  
Phone No.: 432-525-8621 Fax No.: 432-203-2359 E-mail: jabney@wcstexas.com

DMR data must be submitted through the [NetDMR](https://www.tceq.texas.gov/permitting/netdmr)<sup>2</sup> system. An electronic reporting account can be established once the facility has obtained the permit number.

<sup>2</sup> <https://www.tceq.texas.gov/permitting/netdmr>

## 7. NOTICE INFORMATION (Instructions, Pages 23-24)

### a. Individual Publishing the Notices

Mr.  Ms.  First/Last Name: Jenny Caldwell Credential: PG  
Organization Name: Waste Control Specialists LLC Title: Environmental Manager/Geologist  
Mailing Address: P.O. Box 1129 City/State/ZIP Code: Andrews, TX 79714  
Phone No.: 432-525-8625 Fax No.: 432-203-2359 E-mail: jcaldwell@wcstexas.com

### b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

E-mail: jcartwright@wcstexas.com

Fax: N/A

Regular Mail (USPS)

Mailing Address: P.O. Box 1129 City/State/ZIP Code: Andrews, TX 79714

### c. Contact in the Notice

Mr.  Ms.  First/Last Name: Jay Britten Credential: N/A  
Organization Name: Waste Control Specialists LLC Title: VP/Site General Manager  
Phone No.: 432-525-8500 Fax No.: 432-203-2359 E-mail: jbritten@wcstexas.com

### d. Public Place Information

*If the facility or outfall is located in more than one county, provide a public viewing place for each county.*

Public building name: Andrews County Library Location within the building: Shelves on NW side

Physical Address of Building: 109 NW 1st Street

City: Andrews, TX 79714

County: Andrews

### 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** Item 8 (REGULATED ENTITY AND PERMITTED SITE INFORMATION.)

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

Yes  No

3. Do the students at these schools attend a bilingual education program at another location?  
 Yes     No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?  
 Yes     No
5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

## 8. REGULATED ENTITY AND PERMITTED SITE INFORMATION (Instructions Pages 24-25)

If the site of your business is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. [Search the TCEQ's Central Registry](#)<sup>3</sup> to determine the RN or to see if the larger site may already be registered as a regulated site:

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

- a. TCEQ issued Regulated Entity Number (RN): RN101702439
- b. Name of project or site (the name known by the community where located): Waste Control Specialists LLC
- c. Is the location address of the facility in the existing permit the same?  
 Yes     No
- d. If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.
- e. Owner of treatment facility: Waste Control Specialists LLC  
Ownership of Facility:     Public     Private     Both     Federal

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

Mr.     Ms.     First/Last or Organization Name: Waste Control Specialists LLC

Mailing Address: P.O. Box 1129

City/State/ZIP Code: Andrews, TX 79714

Phone No.: 432-525-8500

Fax No.: 432-203-2359

E-mail: jbritten@wctexas.com

If not the same as the facility owner, there must be a long-term lease agreement in effect for at least six years. In some cases, a lease may not suffice - see instructions. **Attachment:** N/A

g. Owner of effluent TLAP disposal site (if applicable):

Mr.     Ms.     First/Last or Organization Name: N/A

Mailing Address: Click to enter text

City/State/ZIP Code: Click to enter text

Phone No.: Click to enter text

Fax No.: Click to enter text

E-mail: Click to enter text

If not the same as the facility owner, there must be a long-term lease agreement in effect for at least six years. **Attachment:** Click to enter text

<sup>3</sup> <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>

h. Owner of sewage sludge disposal site (if applicable):

Mr.  Ms.  First/Last or Organization Name: N/A

Mailing Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

If not the same as the facility owner, there must be a long-term lease agreement in effect for at least six years. **Attachment:** \_\_\_\_\_

(This information is required only if authorization is sought in the permit for sludge disposal on property owned or controlled by the applicant.)

## 9. **TD PES DISCHARGE/TLAP DISPOSAL INFORMATION** **(Instructions, Pages 25-28)**

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

Yes  No

b. Attach an **original** full size USGS Topographic Map (or an 8.5"×11" **reproduced** portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

One-mile radius and three-miles downstream information

Effluent disposal site boundaries

Applicant's property boundaries

All wastewater ponds

Treatment facility boundaries

Sewage sludge disposal site

Labeled point(s) of discharge and highlighted discharge route(s)

New and future construction

Attachment: A

c. Is the location of the sewage sludge disposal site in the existing permit accurate?

Yes  No  N/A

If **no**, or a **new** application, please give an accurate description: N/A

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

Yes  No  N/A

If **no**, or a **new or amendment** applications, provide an accurate description: N/A

e. City nearest the outfall(s): Eunice, New Mexico

f. County in which the outfalls(s) is/are located: Andrews

g. 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

- h. 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
- i. For **TLAPs**, is the location of the effluent disposal site in the existing permit accurate?  
 Yes  No  N/A  
 If **no**, or if this a **new or amendment** application, provide an accurate description: N/A
- j. City nearest the disposal site: Eunice, New Mexico
- k. County in which the disposal site is located: Andrews County
- l. Disposal Site Latitude: 32 degrees 26 minutes 07 seconds Longitude: 103 degrees 03 minutes 48 seconds
- m. For **TLAPs**, describe how effluent is/will be routed from the treatment facility to the disposal site: N/A
- n. For **TLAPs**, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

## 10. MISCELLANEOUS INFORMATION (Instructions, Page 28)

- a. 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: N/A
- b. Do you owe any fees to the TCEQ?  
 Yes  No  
 If **yes**, provide the following:
  - Acct. No.:
  - Amt. due:
- c. Do you owe any penalties to the TCEQ?  
 Yes  No  
 If **yes**, provide the following:
  - Enforcement Order No.:
  - Amt. due:

**11. SIGNATURE PAGE (Instructions, Page 29)**

Permit No: WQ0004308000

Applicant Name: Waste Control Specialists LLC

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.

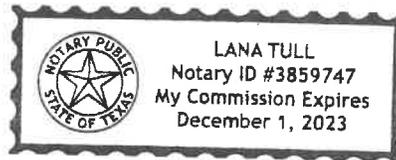
Signatory name (typed or printed): Jay Britten

Signatory title: Vice President/Site General Manager

Signature:  Date: 1/28/2020  
(Use blue ink)

Subscribed and Sworn to before me by the said Jay Britten  
on this 28<sup>th</sup> day of January, 2020.  
My commission expires on the 1<sup>st</sup> day of December, 2023.

  
Notary Public



[SEAL]

  
County, Texas

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

## **SUPPLEMENTAL PERMIT INFORMATION FORM**

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
**SUPPLEMENTAL PERMIT INFORMATION FORM**  
**(SPIF)**

**FOR AGENCIES REVIEWING INDUSTRIAL**  
**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 33)

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 Name: Waste Control Specialists LLC

2. Permit No.: WQ0004038000

EPA ID No.: TX00117005

3. Address of the project (location description that includes street/highway, city/vicinity, and county):  
9998 TX State Highway 176 West; Andrews County Texas; approximately 1.25 miles north of the intersection of Highway 176 West and the Texas/New Mexico state line

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

First/Last Name: Jay Britten

Title: VP/Site General Manager

Credential: N/A

Organization Name: Waste Control Specialists LLC

Mailing Address: P.O. Box 1129

City/State/ZIP Code: Andrews, TX 79714

Phone No.: 432-525-8500

Fax No.: 432-203-2359

E-mail: jbritten@wctexas.com

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

6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property: N/A
7. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in *30 TAC Chapter 307*). If known, please identify the classified segment number: To unnamed ditches in the State of Texas; thence to unnamed ditches in the State of New Mexico; thence to Monument Draw in the State of New Mexico; thence to Monument Draw in the State of Texas; and thence to the upper Pecos River in Segment No. 2311 of the Rio Grande Basin
8. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report.)

**Attachment:** See Figure SPIF-1

9. Provide original photographs of any structures 50 years or older on the property.

**Attachment:** N/A

10. 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

11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features): N/A
12. Describe existing disturbances, vegetation, and land use: Existing disturbances include an excavated landfill, ditches, and berms as well as a concrete secondary containment structure for two contact water tanks

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

13. List construction dates of all buildings and structures on the property: N/A
14. Provide a brief history of the property, and name of the architect/builder, if known: N/A

# WATER QUALITY PERMIT PAYMENT SUBMITTAL FORM

**Use this form to submit the Application Fee, if 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    Permit No: WQ0004038000**

1. Check or Money Order Number:
2. Check or Money Order Amount:
3. Date of Check or Money Order:
4. Name on Check or Money Order:

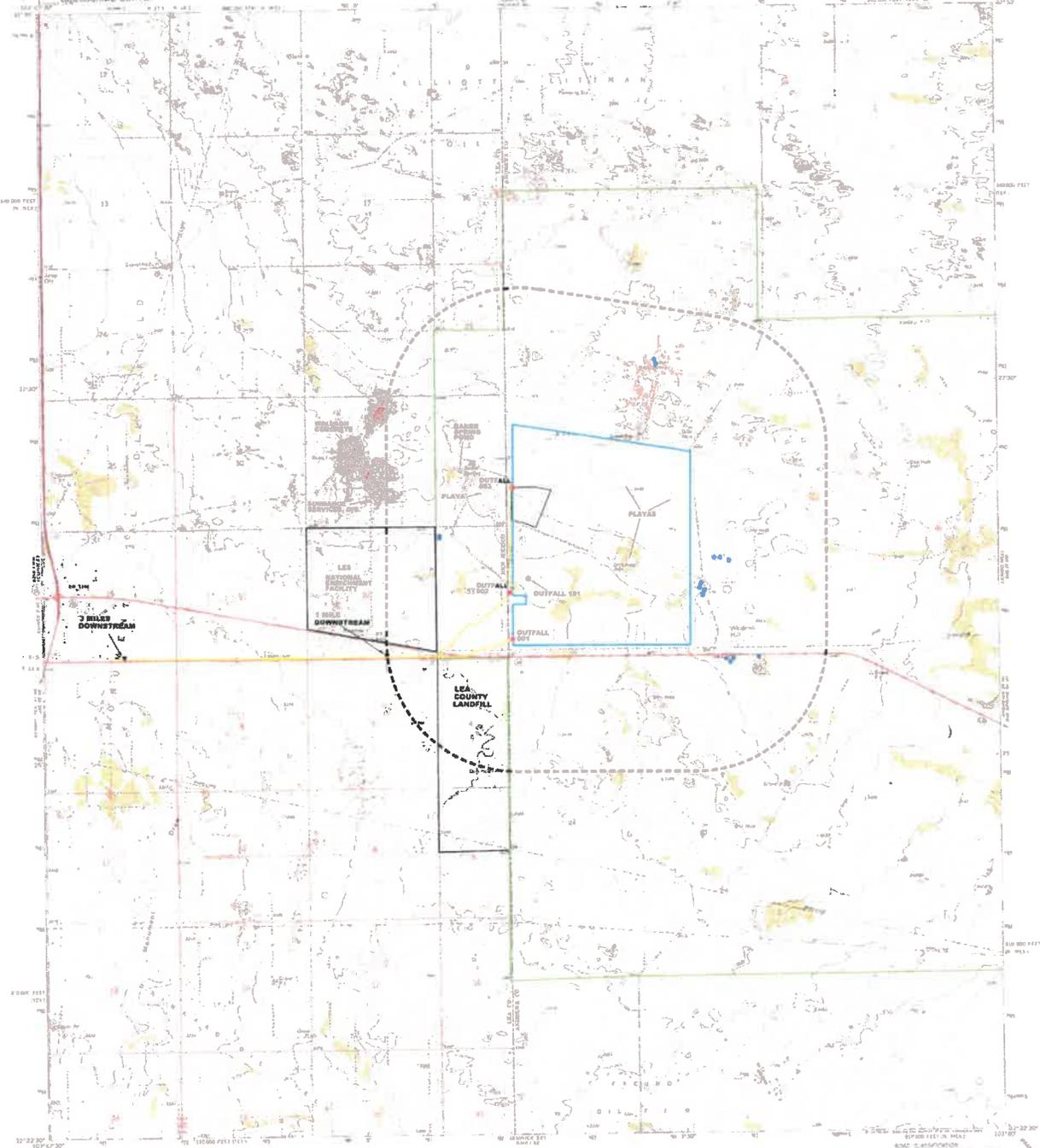
**5. APPLICATION INFORMATION**

Name of Project or Site: Waste Control Specialists LLC

Physical Address of Project or Site: 9998 TX State Highway 176 West

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

**Staple Check or Money Order in This Space**



Map scale, not used, and published by the Geological Survey  
Scale: 1:24,000  
CONTOUR INTERVAL: 5 FEET  
NATIONAL GRID: NAD 83 DATUM OF 1983  
EUNICE NE, TEX., N. MEX. 4122 74-11000-7.5  
2002 104

- LEGEND**
- PROPOSED LLRW FACILITY (REFERENCE PENDING TLAP PERMIT NO. W00004948000)
  - WCS FACILITY BY-PRODUCT MATERIAL DISPOSAL FACILITY (TPDES PERMIT NO. W00004857000)
  - BOUNDARY OF WCS FACILITIES
  - BOUNDARY OF PROPERTY OWNED BY WCS OR ANDREWS COUNTY
  - ONE MILE RADIUS
  - DISCHARGE ROUTE
  - EXISTING WASTEWATER OUTFALL
  - WATER WELLS
  - STORMWATER OUTFALLS

REV.	DATE	DESCRIPTION	DR BY	APP BY

**WASTE CONTROL SPECIALISTS LLC**

**COOK-JOYCE INC.**  
ENGINEERING AND CONSULTING  
110 WEST ELEVENTH  
AUSTIN, TEXAS 78701  
TEXAS REGISTERED ENGINEERING FIRM 7-883

PROJECT:  
WASTE CONTROL SPECIALISTS LLC  
ANDREWS COUNTY, TEXAS

SHEET TITLE:  
FACILITY TOPOGRAPHIC MAP

DES BY	JAG	SCALE:	SEE BAR SCALE
DR BY	SOB	PROJECT NO.	09052.01
CHK BY	JAC	CS NO.	09052037
APP BY	KLM	SHEETS	1 OF 1

DATE ISSUED: 04-12-2011      FIGURE NO.      SPIF-1

## CORE DATA



# TCEQ Core Data Form

TCEQ Use Only

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

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in <a href="#">Central Registry**</a>	3. Regulated Entity Reference Number (if issued)
CN 600616890		RN 101702439

## 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	
<b>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).</b>			
6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)		If new Customer, enter previous Customer below:	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer: <input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<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 type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other:			
15. Mailing Address:			
City	State	ZIP	ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
18. Telephone Number		19. Extension or Code	
( ) -			
		20. Fax Number (if applicable)	
		( ) -	

## SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
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)		

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:							
	City		State		ZIP		ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code			38. Fax Number (if applicable)		
( ) -					( ) -		

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

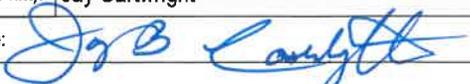
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

**SECTION IV: Preparer Information**

40. Name: Jay Cartwright	41. Title: Director of ESH&QA/RSO		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 432 ) 525 - 8500		( 432 ) 203 - 2359	jcartwright@wctexas.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: Waste Control Specialists LLC	Job Title: Director of ESH&QA/RSO
Name (In Print): Jay Cartwright	Phone: ( 432 ) 525 - 8500
Signature: 	Date: 1/28/2020

# **INDUSTRIAL TECHNICAL REPORT 1.0**

# TECHNICAL REPORT 1.0

## INDUSTRIAL

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For additional information or clarification on the requested information, refer to the [Instructions for Completing the Industrial Wastewater Permit Application](#)<sup>1</sup> available on the TCEQ website.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

**NOTE:** This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

### 1. FACILITY/SITE INFORMATION (Instructions, Pages 34-35)

- a. Describe the general nature of the business and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

The WCS Facility provides comprehensive treatment, storage, and disposal of radioactive waste including Low-Level Radioactive Waste and Mixed Low-Level Radioactive Waste. SIC Codes: 4953. NAICS Code: 562211.

- b. Describe all wastewater-generating processes at the facility.

See Attachment B

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<sup>1</sup> [https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES\\_industrial\\_wastewater\\_steps.html](https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html)



## 2. TREATMENT SYSTEM (Instructions, Page 35)

- a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

Please see Attachment B

- b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

**Attachment:** Attachment A, Figures A-5 and A-6

## 3. IMPOUNDMENTS (Instructions, Pages 35-37)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

Yes  No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 35-37, for additional information on the attachments required by Items 3.a – 3.e.

- a. Complete the table with the following information for each existing, new, or proposed impoundment:

**Use Designation:** Indicate the use designation for each impoundment as Treatment (**T**), Disposal (**D**), Containment (**C**), or Evaporation (**E**).

**Associated Outfall Number:** Provide an outfall number if a discharge occurs or will occur.

**Liner Type:** Indicate the liner type as Compacted clay liner (**C**), In-situ clay liner (**I**), Synthetic/plastic/rubber liner (**S**), or Alternate liner (**A**). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (**A**) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

**Leak Detection System:** If any leak detection systems are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no.

**Groundwater Monitoring Wells and Data:** If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

**Dimensions:** Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

**Compliance with 40 CFR Part 257, Subpart D:** If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter **Y** for yes. Otherwise, enter **N** for no.

**Date of Construction:** Enter the date construction of the impoundment commenced (mm/dd/yy).

**Impoundment Information**

<b>Parameter</b>	<b>Pond #CWF Sed</b>	<b>Pond #FWF Sed</b>	<b>Pond #CWF EV</b>	<b>Pond #FWF EV</b>	<b>Pond #NC EVAP</b>
Use Designation: (T) (D) (C) or (E)					
Associated Outfall Number					
Liner Type (C) (I) (S) or (A)					
Alt. Liner Attachment Reference					
Leak Detection System, Y/N					
Groundwater Monitoring Wells, Y/N					
Groundwater Monitoring Data Attachment					
Pond Bottom Located Above The Seasonal High-Water Table, Y/N					
Length (ft)					
Width (ft)					
Max Depth From Water Surface (ft), Not Including Freeboard					
Freeboard (ft)					
Surface Area (acres)					
Storage Capacity (gallons)					
<i>40 CFR Part 257, Subpart D, Y/N</i>					
Date of Construction					

**Impoundment Information**

<b>Parameter</b>	<b>Pond #</b>				
Use Designation: (T) (D) (C) or (E)					
Associated Outfall Number					
Liner Type (C) (I) (S) or (A)					
Alt. Liner Attachment Reference					
Leak Detection System, Y/N					
Groundwater Monitoring Wells, Y/N					
Groundwater Monitoring Data Attachment					
Pond Bottom Located Above The Seasonal High-Water Table, Y/N					
Length (ft)					
Width (ft)					
Max Depth From Water Surface (ft), not including freeboard					
Freeboard (ft)					
Surface Area (acres)					
Storage Capacity (gallons)					
<i>40 CFR Part 257, Subpart D, Y/N</i>					

Parameter	Pond #				
Date of Construction					

**Attachment:** [REDACTED]

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.

i. Liner data

Yes     No     Not yet designed

ii. Leak detection system or groundwater monitoring data

Yes     No     Not yet designed

iii. Groundwater impacts

Yes     No     Not yet designed

**NOTE:** Item b.iii is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

**Attachment:** [REDACTED]

**For TLAP applications: Items 3.c – 3.e are not required,** continue to Item 4.

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within 1/2-mile of the impoundments.

**Attachment:** [REDACTED]

d. Attach copies of State Water Well Reports (e.g., driller’s logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

**Attachment:** [REDACTED]

e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

**Attachment:** [REDACTED]

**4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 38-39)**

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge operations and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/or numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

**For TLAP applications:** Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).



### Outfall Latitude and Longitude

Outfall Number	Latitude-decimal degrees	Longitude-decimal degrees
101	32.43639	103.06139
001	32.42944	103.06389
002	32.43528	103.06333
003	32.44722	103.06389

### Outfall Location Description

Outfall Number	Location Description
101	At the effluent accumulation tank discharge point beyond the secondary containment wall
001	Storm water outfall at southwest corner of facility
002	Drainage ditch exiting facility on wets, just north of access road
003	End-of-pipe discharge from LSA pad storm water diversion structure

### Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point

### Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
101	0.02	0.06	0.02	0.06	NA
001	NA	NA	NA	NA	NA
002	NA	NA	NA	NA	NA
003	NA	NA	NA	NA	NA

### Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
101	Y	N	Meter/tank gauge
001	N	Y	None
002	N	Y	None
003	N	Y	None

### Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
101	Y	N	N	NA	NA	NA

<b>Outfall Number</b>	<b>Intermittent Discharge? Y/N</b>	<b>Continuous Discharge? Y/N</b>	<b>Seasonal Discharge? Y/N</b>	<b>Discharge Duration (hrs/day)</b>	<b>Discharge Duration (days/mo)</b>	<b>Discharge Duration (mo/yr)</b>
001	Y	N	N	NA	NA	NA
002	Y	N	N	NA	NA	NA
003	Y	N	N	NA	NA	NA

### Wastestream Contributions

#### Outfall No.: 101

<b>Contributing Wastestreams</b>	<b>Volume (MGD)</b>	<b>% of Total Flow</b>
Landfill Wastewater (please see Attachment B)	NA	~99%
Storm water from fuel tank and misc. oil-containing equipment secondary containment structures	NA	<1%
RCRA empty waste container wash water	NA	<1%
Spill cleanup wastewater from miscellaneous facility support areas	NA	<1%

#### Outfall No.: 001

<b>Contributing Wastestreams</b>	<b>Volume (MGD)</b>	<b>% of Total Flow</b>
Non-contact industrial storm water	NA	~99%
Treated effluent from Outfall 101	NA	<1%

#### Outfall No.: 102

<b>Contributing Wastestreams</b>	<b>Volume (MGD)</b>	<b>% of Total Flow</b>
Non-contact industrial storm water	NA	~99%
Previously monitored effluents and non-contact industrial storm water from byproduct Material Disposal Facility	NA	<1%

Contributing Wastestreams	Volume (MGD)	% of Total Flow
<b>Outfall No.: 103</b>		
Non-contact Industrial Storm water	NA	100%

**Attachment:** None

**5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Page 39)**

a. Does the facility use/propose to use any cooling towers which discharge blowdown or other wastestreams to the outfall(s)?

Yes  No

**NOTE:** If the facility uses or plans to use cooling towers, Item 12 is required.

b. Does the facility use or plan to use any boilers that discharge blowdown or other wastestreams to the outfall(s)?

Yes  No

c. Does or will the facility discharge once-through cooling water to the outfall(s)?

Yes  No

**NOTE:** If the facility uses or plans to use once-through cooling water, Item 12 is required.

d. If yes to Items 5.a, 5.b, or 5.c, attach the SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

Attach a summary of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

**Attachment:** No chemicals are added to cooling water.

e. Cooling Towers and Boilers

If yes to either Item 5.a or 5.b, complete the following table.

**Cooling Towers and Boilers**

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers	2	N/A	N/A
Boilers	0		

**6. STORMWATER MANAGEMENT (Instructions, Pages 39-40)**

Are there any existing/proposed outfalls which discharge stormwater associated with industrial activities, as defined at 40 CFR § 122.26(b)(14), commingled with any other wastestream?

Yes  No

If yes, briefly describe the industrial processes and activities that occur outdoors or in some manner which may result in exposure of the activities or materials to stormwater: Please see Attachment B

## 7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Page 40)

- a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.
- Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. **Complete Item 7.b.**
  - Domestic sewage is disposed of by an on-site septic tank and drainfield system. **Complete Item 7.b.**
  - Domestic and industrial treatment sludge **ARE commingled** prior to use or disposal.
  - Industrial wastewater and domestic sewage are treated separately, and the respective sludge **IS NOT commingled** prior to sludge use or disposal. **Complete Worksheet 5.0.**
  - Facility is a POTW. **Complete Worksheet 5.0.**
  - Domestic sewage is not generated on-site.
  - Other (e.g., portable toilets), specify and **Complete Item 7.b:** \_\_\_\_\_
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

### Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
City of Andrews Wastewater Treatment Plant	TPDES# WQ00101199001
Hauler: Falcon Septic Systems	TCEQ Trans. No. 22665

## 8. IMPROVEMENTS OR COMPLIANCE/ENFORCEMENT REQUIREMENTS (Instructions, Page 40)

- a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?
- Yes       No
- b. Has the permittee completed or planned for any improvements or construction projects?
- Yes       No
- c. If **yes** to either 8.a or 8.b, provide a brief summary of the requirements and a status update: \_\_\_\_\_

## 9. TOXICITY TESTING (Instructions, Page 41)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

- Yes       No

If **yes**, identify the tests and describe their purposes: \_\_\_\_\_

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA.

**Attachment:** \_\_\_\_\_

## 10. OFF-SITE/THIRD PARTY WASTES (Instructions, Page 41)

a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?

Yes       No

If **no**, proceed to Item 11. If **yes**, provide responses to Items 10.b through 10.d below.

b. Attach the following information to the application:

- List of wastes received (including volumes, characterization, and capability with on-site wastes).
- Identify the sources of wastes received (including the legal name and addresses of the generators).
- Description of the relationship of waste source(s) with the facility's activities.

**Attachment:** [REDACTED]

c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?

Yes       No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

**Attachment:** [REDACTED]

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

Yes       No

If **yes**, **Worksheet 6.0** of this application **is required**.

## 11. RADIOACTIVE MATERIALS (Instructions, Pages 41-42)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

Yes       No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

**Radioactive Materials Mined, Used, Stored, or Processed**

Radioactive Material	Concentration (pCi/L)
The facility receives, processes, and stores radioactive waste in accordance with Radioactive Materials License No. RO4100. No wastewater containing regulated radioactive materials is managed in the wastewater treatment system.	N/A

Radioactive Material	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

Yes       No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

**Radioactive Materials Present in the Discharge**

Radioactive Material	Concentration (pCi/L)

**12. COOLING WATER (Instructions, Pages 42-43)**

a. Does the facility use or propose to use water for cooling purposes?

Yes       No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

Yes       No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

i. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

**Cooling Water Intake Structure(s) Owner(s) and Operator(s)**

CWIS ID				
Owner				
Operator				

ii. Cooling water is/will be obtained from a Public Water Supplier (PWS)

Yes       No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: NM3521513

iii. Cooling water is/will be obtained from an Independent Supplier

Yes       No

If **no**, proceed to Item 12.d. If **yes**, contact the Industrial Permits Team to determine what application materials are required. Attach copies of the correspondence with the TCEQ and any required application materials, as stipulated in the correspondence with the TCEQ.

**Attachment:** [REDACTED]

d. 316(b) General Criteria

i. The CWIS(s) have or will have a cumulative design intake flow of 2 MGD or greater

Yes  No

ii. At least 25% of the total water withdrawn by the CWIS is/will be used exclusively for cooling purposes on an annual average basis

Yes  No

iii. The facility withdraws/proposes to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

Yes  No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: Municipal Water is used

If **yes** to all three questions in Item 12.d, the facility is subject to 316(b). Proceed to Item 12.f.

If **no** to any of the questions in Item 12.d, the facility does not meet the minimum criteria to be subject to the full requirements of 316(b). Proceed to Item 12.e.

e. The facility is **not subject** to 316(b) and **uses/proposes to use cooling towers**.

Yes  No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ.

f. Phase I vs Phase II Facilities

i. Existing facility (Phase II)

Yes  No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable. Otherwise, continue.

ii. New Facility – (Phase I)

Yes  No

If **yes**, check the box next to the facility's compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2:

- Track I - AIF greater than 2 MGD, but less than 10 MGD
  - Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.
- Track I - AIF greater than 10 MGD
  - Attach information required by *40 CFR § 125.86(b)*.
- Track II
  - Attach information required by *40 CFR § 125.86(c)*.

**Attachment:** [REDACTED]



## **WORKSHEET 1.0**

# WORKSHEET 1.0

## EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet is **required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

### 1. CATEGORICAL INDUSTRIES (Instructions, Pages 47-48)

Is this facility subject to any of the 40 CFR categorical ELGs outlined on page 52 of the instructions?

Yes       No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information in the table below.

#### 40 CFR Effluent Guidelines

Industry	40 CFR Part
Landfills, RCRA Subtitle C Hazardous Waste Landfill	445

### 2. PRODUCTION/PROCESS DATA (Instructions, Page 48)

#### a. Production Data

Provide the appropriate data for effluent guidelines with production-based effluent limitations.

#### Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units
NA			

#### b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

#### Percentages of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metal	Appendix A – Cyanide
NA			

**c. Refineries (40 CFR Part 419)**

Provide the applicable subcategory and a brief justification.

NA

**3. PROCESS/NON-PROCESS WASTEWATER FLOWS (Instructions, Page 48)**

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

Please see Attachment A Figure A-5

**4. NEW SOURCE DETERMINATION (Instructions, Page 48)**

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

**Wastewater-generating Processes Subject to Effluent Guidelines**

<b>Process</b>	<b>EPA Guideline: Part</b>	<b>EPA Guideline: Subpart</b>	<b>Date Process/Construction Commenced</b>
RCRA Subtitle C Hazardous Waste Landfill	445	A	1996
Wastewater generation			

<b>Process</b>	<b>EPA Guideline: Part</b>	<b>EPA Guideline: Subpart</b>	<b>Date Process/ Construction Commenced</b>

## **WORKSHEET 2.0**

## WORKSHEET 2.0 POLLUTANT ANALYSES REQUIREMENTS

Worksheet 2.0 **is required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

### 1. LABORATORY ACCREDITATION (Instructions, Page 49)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

- a. The laboratory is an in-house laboratory and is:
  - i. periodically inspected by the TCEQ; or
  - ii. located in another state and is accredited or inspected by that state; or
  - iii. performing work for another company with a unit located in the same site; or
  - iv. performing pro bono work for a governmental agency or charitable organization.
- b. The laboratory is accredited under federal law.
- c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

  
\_\_\_\_\_  
(Signature)

### 2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 49-51)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): No samples collected in the previous 12 months due to no discharge during normal operating hours.
- b.  Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** \_\_\_\_\_

### 3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 51-62)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** \_\_\_\_\_

**Table 1 for Outfall No.: 001/002/003**Samples are (check one):  Composite  Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO <sub>3</sub> )				
Temperature (°F)				
pH (standard units)				

**Table 2 for Outfall No.: 001/002/003**Samples are (check one):  Composites  Grabs

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

**TABLE 3 (Instructions, Page 50)**

**Completion** of Table 3 is required for all **external outfalls** which discharge process wastewater.

**Partial completion** of Table 3 is required for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

**Table 3 for Outfall No.: 001/002/003**

**Samples are (check one):**  Composites  Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10
2,4,5-Trichlorophenol					50
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

(\*) Indicate units if different from µg/L.

(\*\*) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

**TABLE 4 (Instructions, Pages 50-51)**

Partial completion of Table 4 is **required** for each **external outfall** based on the conditions below.

**a. Tributyltin**

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

Yes       No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

- Manufacturers and formulators of tributyltin or related compounds.
- Painting of ships, boats and marine structures.
- Ship and boat building and repairing.
- Ship and boat cleaning, salvage, wrecking and scaling.
- Operation and maintenance of marine cargo handling facilities and marinas.
- Facilities engaged in wood preserving.
- Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

**b. Enterococci (discharge to saltwater)**

i. This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

Yes       No

ii. Domestic wastewater is/will be discharged.

Yes       No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

**c. E. coli (discharge to freshwater)**

i. This facility discharges/proposes to discharge directly into freshwater receiving waters **and E. coli** bacteria are expected to be present in the discharge based on facility processes.

Yes       No

ii. Domestic wastewater is/will be discharged.

Yes       No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

**Table 4 for Outfall No.: N/A**

**Samples are (check one):**     **Composites**       **Grabs**

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
E. coli (cfu or MPN/100 mL)					N/A

**TABLE 5 (Instructions, Page 51)**

**Completion of Table 5 is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters which may contain pesticides or herbicides, check N/A.

N/A

**Table 5 for Outfall No.:** XXXXXXXXXX

**Samples are (check one):**  **Composites**  **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090
Endosulfan I ( <i>alpha</i> )					0.01
Endosulfan II ( <i>beta</i> )					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane ( <i>alpha</i> )					0.05
Hexachlorocyclohexane ( <i>beta</i> )					0.05
Hexachlorocyclohexane ( <i>gamma</i> ) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

\* Indicate units if different from µg/L.

**TABLE 6 (Instructions, Page 52)**

Completion of Table 6 is required for all external outfalls.

Table 6 for Outfall No.: 001/002/003

Samples are (check one):  Composites  Grabs

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfite (as SO <sub>3</sub> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Boron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.3
Iron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					7
Magnesium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Manganese, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.5
Molybdenum, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					30

\* Indicate units if different from µg/L.

**TABLE 7 (Instructions, Page 52)**

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

N/A

**Table 7 for Applicable Industrial Categories**

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Ore Mining - Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Organic Chemicals Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Paint and Ink Formulation	446,447	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

\* Test if believed present.

**TABLES 8, 9, 10, and 11 (Instructions, Page 52)**

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

**Table 8 for Outfall No.: 001 : Volatile Compounds**

**Samples are (check one):**  Composites  Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [ Trichloroethene]					10
Vinyl chloride					10

\* Indicate units if different from µg/L.

**Table 9 for Outfall No.: 001 : Acid Compounds**Samples are (check one):  Composites  Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
2-Chlorophenol					10
2,4-Dichlorophenol					10
2,4-Dimethylphenol					10
4,6-Dinitro-o-cresol					50
2,4-Dinitrophenol					50
2-Nitrophenol					20
4-Nitrophenol					50
p-Chloro-m-cresol					10
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

\* Indicate units if different from µg/L.

**Table 10 for Outfall No.: 001 : Base/Neutral Compounds**Samples are (check one):  Composites  Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Diethyl phthalate					10
Dimethyl phthalate					10
Di-n-butyl phthalate					10
2,4-Dinitrotoluene					10
2,6-Dinitrotoluene					10
Di-n-octyl phthalate					10
1,2-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

\* Indicate units if different from µg/L.

**Table 11 for Outfall No.: 001 : Pesticides**

**Samples are (check one):**  Composites  Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-Hexachlorocyclohexane]					0.05
Chlordane					0.2
4,4'-DDT					0.02
4,4'-DDE					0.1
4,4'-DDD					0.1
Dieldrin					0.02
Endosulfan I (alpha)					0.01
Endosulfan II (beta)					0.02
Endosulfan sulfate					0.1

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Endrin					0.02
Endrin aldehyde					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

\* Indicate units if different from µg/L.

**Attachment:** [REDACTED]

**TABLE 12 (DIOXINS/FURAN COMPOUNDS)**

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 53-54)

a. Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- o,o-dimethyl o-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CASRN 299-84-3
- 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- hexachlorophene (HCP) CASRN 70-30-4
- None of the above

Description: [REDACTED]

b. Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

- Yes  No

Description: [REDACTED]

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 12 for Outfall No.: **XXXXXXXXXX**

Samples are (check one):  Composites  Grabs

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.03					50
2,3,4,7,8-PeCDF	0.3					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

**TABLE 13 (HAZARDOUS SUBSTANCES)**

Complete Table 13 is required for all external outfalls as directed below. (Instructions, Page 54)

a. Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

Yes  No

b. Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

Yes  No

If yes to either Items a or b, complete Table 13 as instructed.

Table 13 for Outfall No.: **XXXXXXXXXX**

Samples are (check one):  Composites  Grabs

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

## **WORKSHEET 4.0**

## WORKSHEET 4.0 RECEIVING WATERS

This worksheet is **required** for all TPDES permit applications.

### 1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 74)

- a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

Yes       No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

i. The legal name of the owner of the drinking water supply intake: \_\_\_\_\_

v. The distance and direction from the outfall to the drinking water supply intake: \_\_\_\_\_

- b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

Check this box to confirm the above requested information is provided.

### 2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 74)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

a. Width of the receiving water at the outfall: \_\_\_\_\_ feet

- b. Are there oyster reefs in the vicinity of the discharge?

Yes       No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: \_\_\_\_\_

- c. Are there sea grasses within the vicinity of the point of discharge?

Yes       No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: \_\_\_\_\_

### 3. CLASSIFIED SEGMENT (Instructions, Page 74)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

Yes       No

If **yes**, stop here. It is not necessary to complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

#### 4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Page 75)

a. Name of the immediate receiving waters: Unnamed Dry Drainage Ditch in the State of Texas

b. Check the appropriate description of the immediate receiving waters:

- |   |  |
|---|--|
| <input type="checkbox"/> Lake or Pond   | <input checked="" type="checkbox"/> Man-Made Channel or Ditch        |
| • Surface area (acres): <u>                    </u>   | <input type="checkbox"/> Stream or Creek                             |
| • Average depth of the entire water body (feet): <u>                    </u>                                      | <input type="checkbox"/> Freshwater Swamp or Marsh                   |
| • Average depth of water body within a 500-foot radius of the discharge point (feet): <u>                    </u> | <input type="checkbox"/> Tidal Stream, Bayou, or Marsh               |
|   | <input type="checkbox"/> Open Bay                                    |
|   | <input type="checkbox"/> Other, specify: <u>                    </u> |

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

- Intermittent (dry for at least one week during most years)
- Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)
- Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

- USGS flow records
- personal observation
- historical observation by adjacent landowner(s)
- other, specify:

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: None

e. 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**, describe how:                     

f. General observations of the water body during normal dry weather conditions: Dry

Date and time of observation: There is no receiving water based on numerous observations since March 2000.

g. The water body was influenced by stormwater runoff during observations.

- Yes       No

If **yes**, describe how:

**5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 75)**

- a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):
- |   |  |
|---|--|
| <input type="checkbox"/> oil field activities           | <input checked="" type="checkbox"/> other, specify: <u>There is no receiving water. Previously monitored effluent and non-contact industrial storm water discharges from the adjacent WCS Byproduct Material Disposal Facility (TPDES Permit No. WQ0004857000) commingle with non-contact industrial storm water discharged via Outfall 002.</u> |
| <input type="checkbox"/> agricultural runoff            |  |
| <input checked="" type="checkbox"/> upstream discharges |  |
| <input type="checkbox"/> urban runoff                   |  |
| <input type="checkbox"/> septic tanks                   |  |
- b. Uses of water body observed or evidence of such uses (check all that apply):
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> livestock watering     | <input type="checkbox"/> fishing                 | <input type="checkbox"/> picnic/park activities                 |
| <input type="checkbox"/> non-contact recreation | <input type="checkbox"/> industrial water supply | <input checked="" type="checkbox"/> other, specify: <u>none</u> |
| <input type="checkbox"/> domestic water supply  | <input type="checkbox"/> irrigation withdrawal   |   |
| <input type="checkbox"/> contact recreation     | <input type="checkbox"/> navigation              |   |
- c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):
- Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
  - Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
  - Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid
  - Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

## WORKSHEET 5.0

# WORKSHEET 5.0

## SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

### 1. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 78)

a. Is this a new permit application or an amendment permit application?

Yes       No

b. Does or will the facility discharge in the Lake Houston watershed?

Yes       No

If **yes** to either Item 1.a or 1.b, attach a solids management plan.

**Attachment:** \_\_\_\_\_

### 2. SEWAGE SLUDGE MANAGEMENT AND DISPOSAL (Instructions, Pages 78-79)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

- Permitted landfill
- Marketing and distribution by the permittee, attach Form TCEQ-00551
- Registered land application site, attach Form TCEQ-00565
- Processed by the permittee, attach Form TCEQ-00744
- Surface disposal site (sludge monofill), attach Form TCEQ-00744
- Transported to another WWTP
- Beneficial land application, attach Form TCEQ-10451
- Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

**Attachment:** \_\_\_\_\_

b. Provide the following information for each disposal site:

Disposal site name: \_\_\_\_\_

TCEQ Permit/Registration Number: \_\_\_\_\_

County where disposal site is located: \_\_\_\_\_

c. Method of sewage sludge transportation:  truck  train  pipe  other: \_\_\_\_\_

TCEQ Hauler Registration Number: \_\_\_\_\_

Sludge is transported as a:  liquid  semi-liquid  semi-solid  solid

- d. Purpose of land application:  reclamation  soil conditioning  N/A
- e. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

**Attachment:** [REDACTED]

### **3. AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL (Instructions, Page 79)**

- a. If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

- Marketing and distribution by the permittee, attach Form TCEQ-00551
- Processed by the permittee, attach Form TCEQ-00744
- Surface disposal site (sludge monofill), attach Form TCEQ-00744
- Beneficial land application, attach Form TCEQ-10451
- Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application

**Attachment:** [REDACTED]

**NOTE:** New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit.** New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

## **WORKSHEET 7.0**

# WORKSHEET 7.0

## STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet is **required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

### 1. APPLICABILITY (Instructions, Page 83)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

Yes       No

If **no**, stop here. If **yes**, proceed as directed.

### 2. STORMWATER OUTFALL COVERAGE (Instructions, Page 84)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

**Authorization coverage**

Outfall	Authorized Under MSGP	Authorized Under Individual Permit
<b>001</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>002</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>003</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, stop here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit**, proceed.

**NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application.**

### 3. SITE MAP (Instructions, Page 84)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in 30 TAC § 327.4) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

Check the box to confirm all the above information was provided on the facility site map(s).

**Attachment:** Attachment A

### 4. FACILITY/SITE INFORMATION (Instructions, Pages 84-85)

- a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

**Impervious Surfaces**

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)
001	None	See Attachment A Figure A-4
002	None	See Attachment A Figure A-4
003	None	See Attachment A Figure A-4

- b. Provide the following local area rainfall information and the source of the information.

Wettest month: July

Average rainfall for wettest month (total inches): 1.31

25-year, 24-hour rainfall (inches): 3.62

Source: WCS Weather Station July 2009 through December 2015

- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** Attachment B
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** Attachment B
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Attachment B

## 5. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 85)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

- a. The laboratory is an in-house laboratory and is:
  - i. periodically inspected by the TCEQ; or
  - ii. located in another state and is accredited or inspected by that state; or
  - iii. performing work for another company with a unit located in the same site; or
  - vi. performing pro bono work for a governmental agency or charitable organization.
- b. The laboratory is accredited under federal law.
- c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

(Signature)

## 6. POLLUTANT ANALYSIS (Instructions, Pages 85-88)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): No samples collected in the previous 12 months due to no discharge during normal operating hours.
- b.  Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 90 of the Instructions.



Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

\* Taken during first 30 minutes of storm event

\*\* Flow-weighted composite sample

**Attachment:** [REDACTED]

## 7. STORM EVENT DATA (Instructions, Page 88)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: [REDACTED]

Duration of storm event (minutes): [REDACTED]

Total rainfall during storm event (inches): [REDACTED]

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): [REDACTED]

Maximum flow rate during rain event (gallons/minute): [REDACTED]

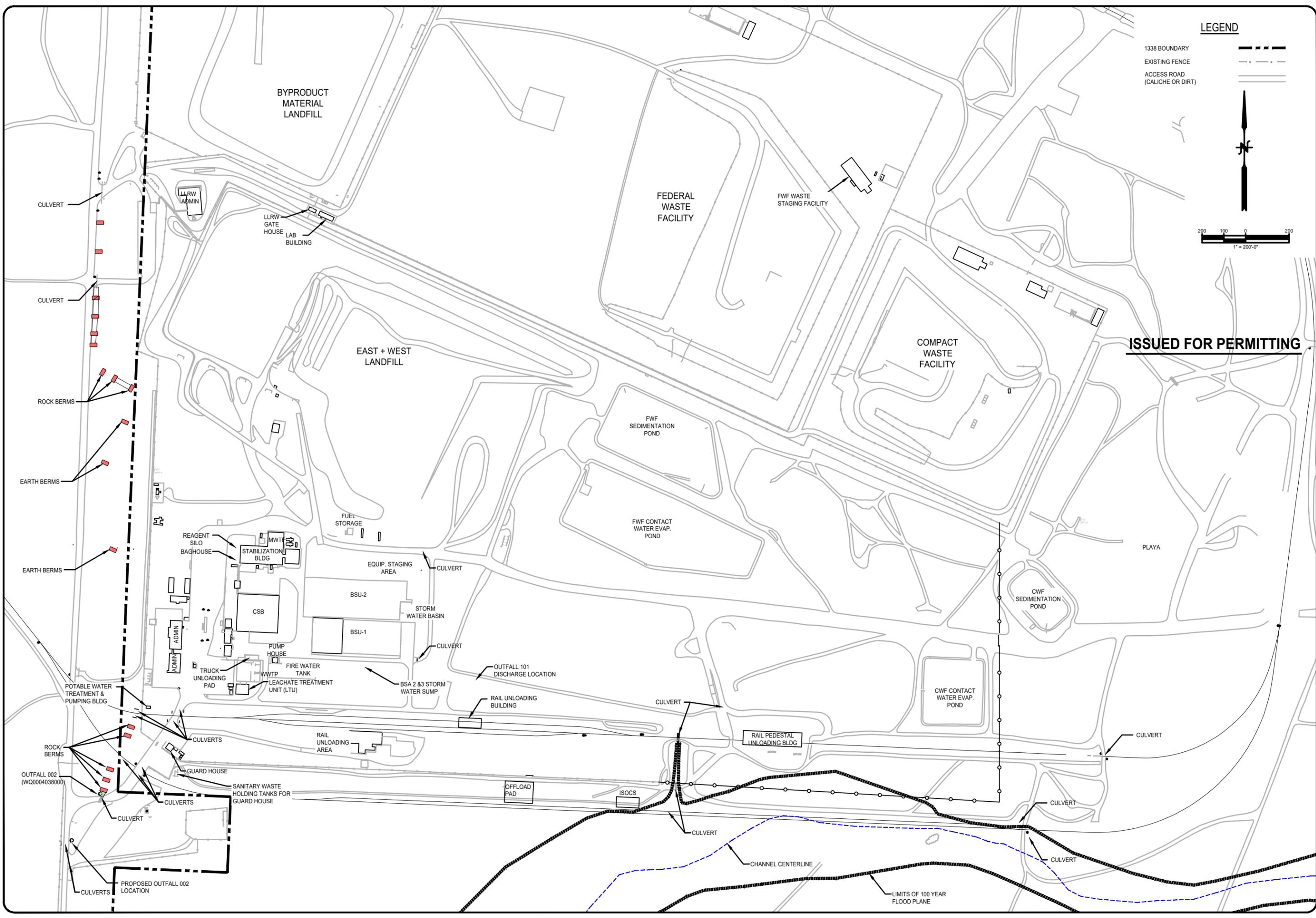
Total stormwater flow from rain event (gallons): [REDACTED]

Provide a description of the method of flow measurement or estimate: [REDACTED]

**ATTACHMENT A**  
**MAPS AND FIGURES**



**FIGURE 2 – NOT USED**



**LEGEND**

- 1338 BOUNDARY
- EXISTING FENCE
- ACCESS ROAD (CALICHE OR DIRT)



**ISSUED FOR PERMITTING**

**DRAWING RECORD**

REV.	ISSUED FOR REVIEW	DESCRIPTION	DATE	DRAWN	CHECK
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

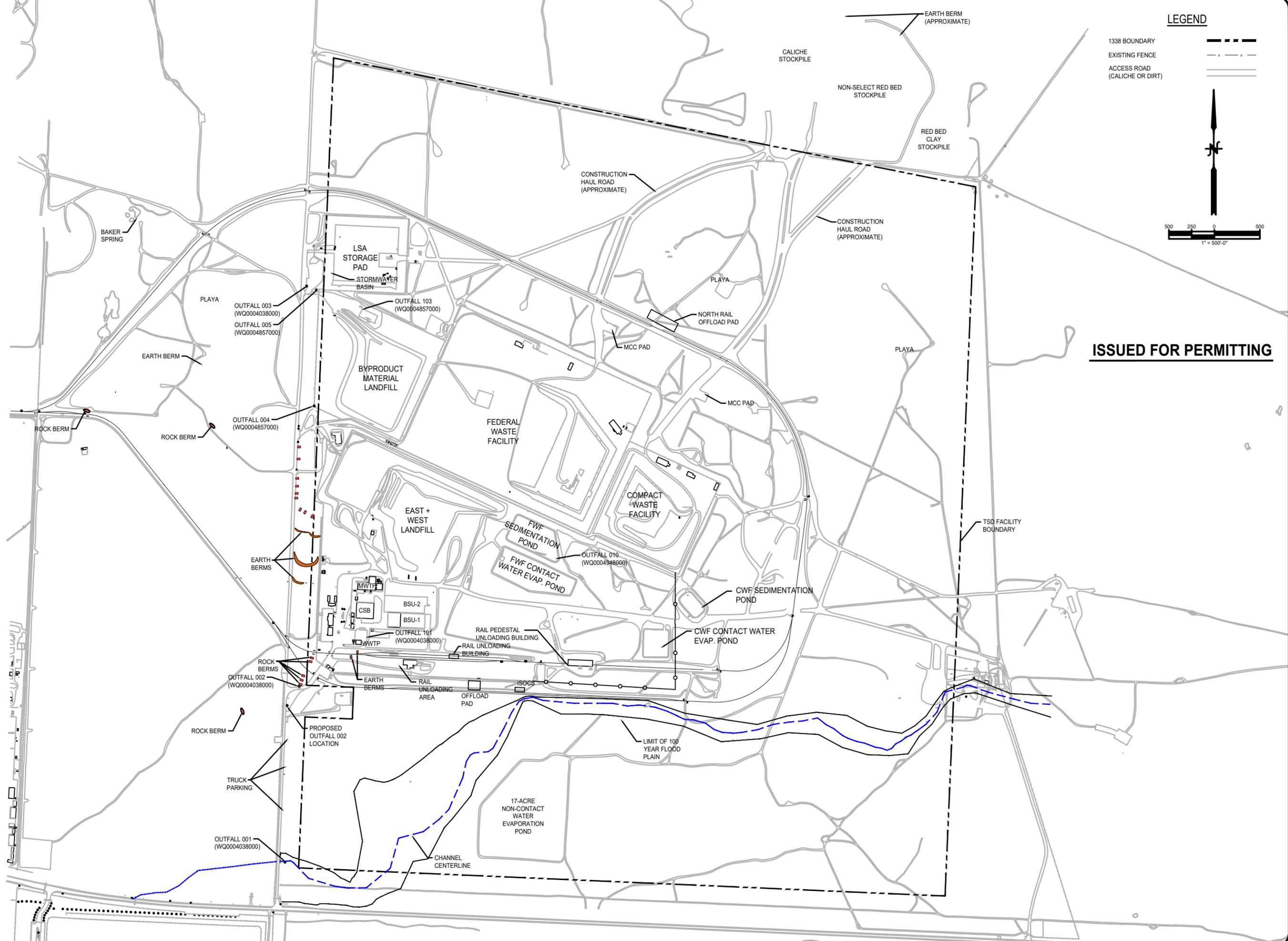


**WCS FACILITY LAYOUT MAP**  
WASTE CONTROL SPECIALISTS, ANDREWS TEXAS  
SITE PLAN

DESIGNED BY: G. HANBLIN	DATE: 12/13/19
DRAWN BY: G. HANBLIN	DATE: 12/13/19
CHECKED BY: B. MASON	DATE: 12/13/19
PROJECT ENG. NO.:	
ENGINEER:	
DOCUMENT CONTROL NO.:	
CONTROL COPIES:	
SHEET NUMBER:	

**A-03**

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**LEGEND**

- 1338 BOUNDARY (---)
- EXISTING FENCE (---)
- ACCESS ROAD (CALICHE OR DIRT) (—)

Scale: 1" = 500'-0"

North Arrow

**ISSUED FOR PERMITTING**

**DRAWING RECORD**

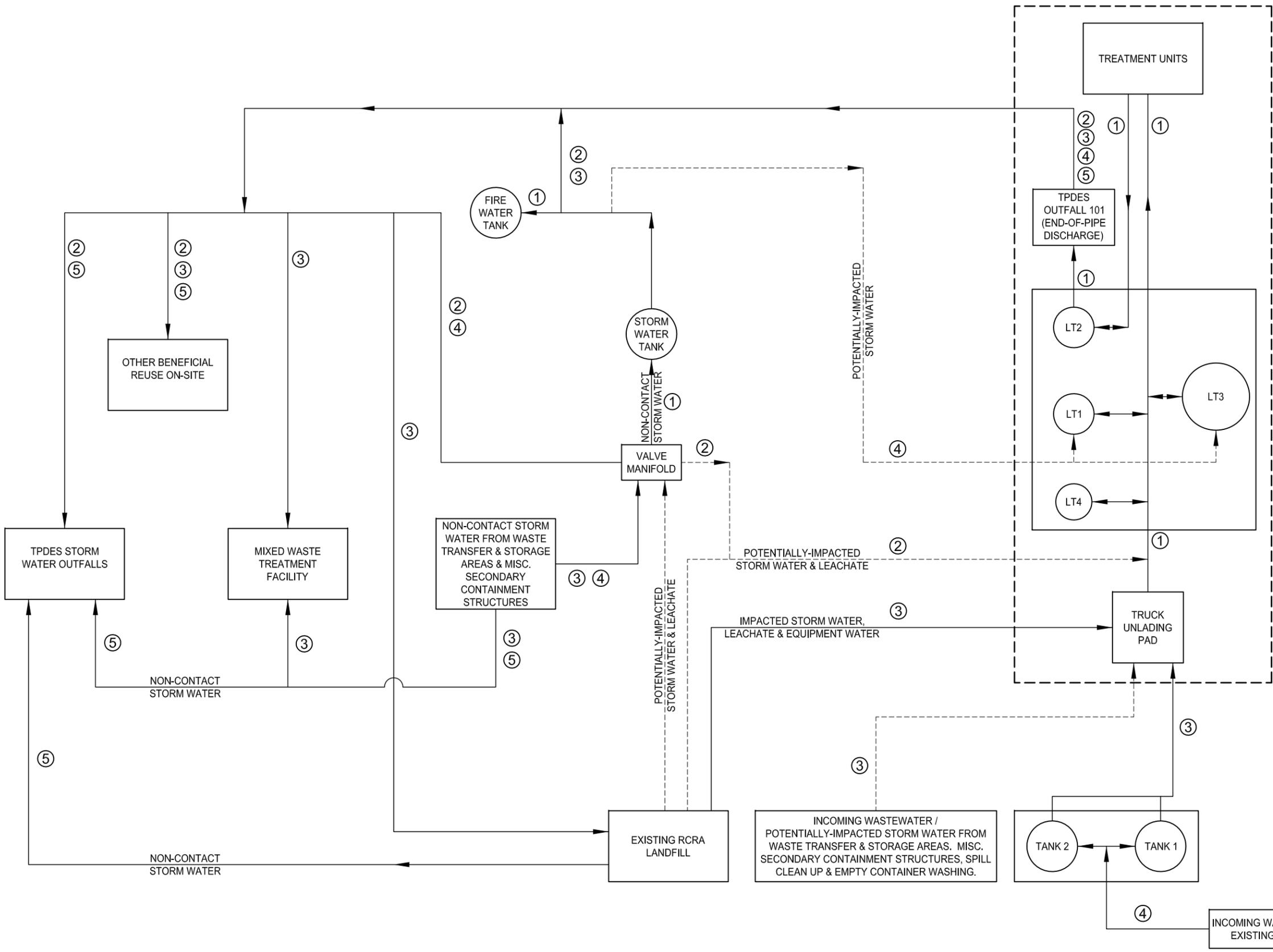
REV.	DESCRIPTION	DATE	DRAWN	CHECK
1	ISSUED FOR REVIEW		GMH	BM

**WCS**  
 WASTE CONTROL SPECIALISTS  
 9998 W. STATE HWY. 176, ANDREWS, TEXAS 79714  
 Ph: (432) 525-8500 WWW.WCSTEXAS.COM

STATE OF TEXAS  
 BENJAMIN S. MASON  
 113737  
 LICENSED PROFESSIONAL ENGINEER

**WCS FACILITY LAYOUT MAP**  
 WASTE CONTROL SPECIALISTS, ANDREWS TEXAS  
 SITE PLAN

DATE: 1/19/2021	PROJECT: Facility Layout Map/191201-A-004.dwg
DESIGNED BY: G. HANBLY	CHECKED BY: B. MASON
DRAWN BY: G. HANBLY	ENGINEER: B. MASON
PROJECT NO: 191201	DATE: 1/19/2021
SCALE: 1" = 200'-0"	SHEET NUMBER: A-04



- LEGEND**
- ROUTINE FLOW PATH ———
  - NON-ROUTINE FLOW PATH - - - - -
  - EXISTING ABOVE GRADE LINES ①
  - TEMPORARY TRANSFER LINES ②
  - TRUCK ③
  - EXISTING BELOW GRADE LINES ④
  - DITCH, TRENCH OR OTHER SURFACE DRAINAGE FEATURE ⑤

**ISSUED FOR PERMITTING**

**DRAWING RECORD**

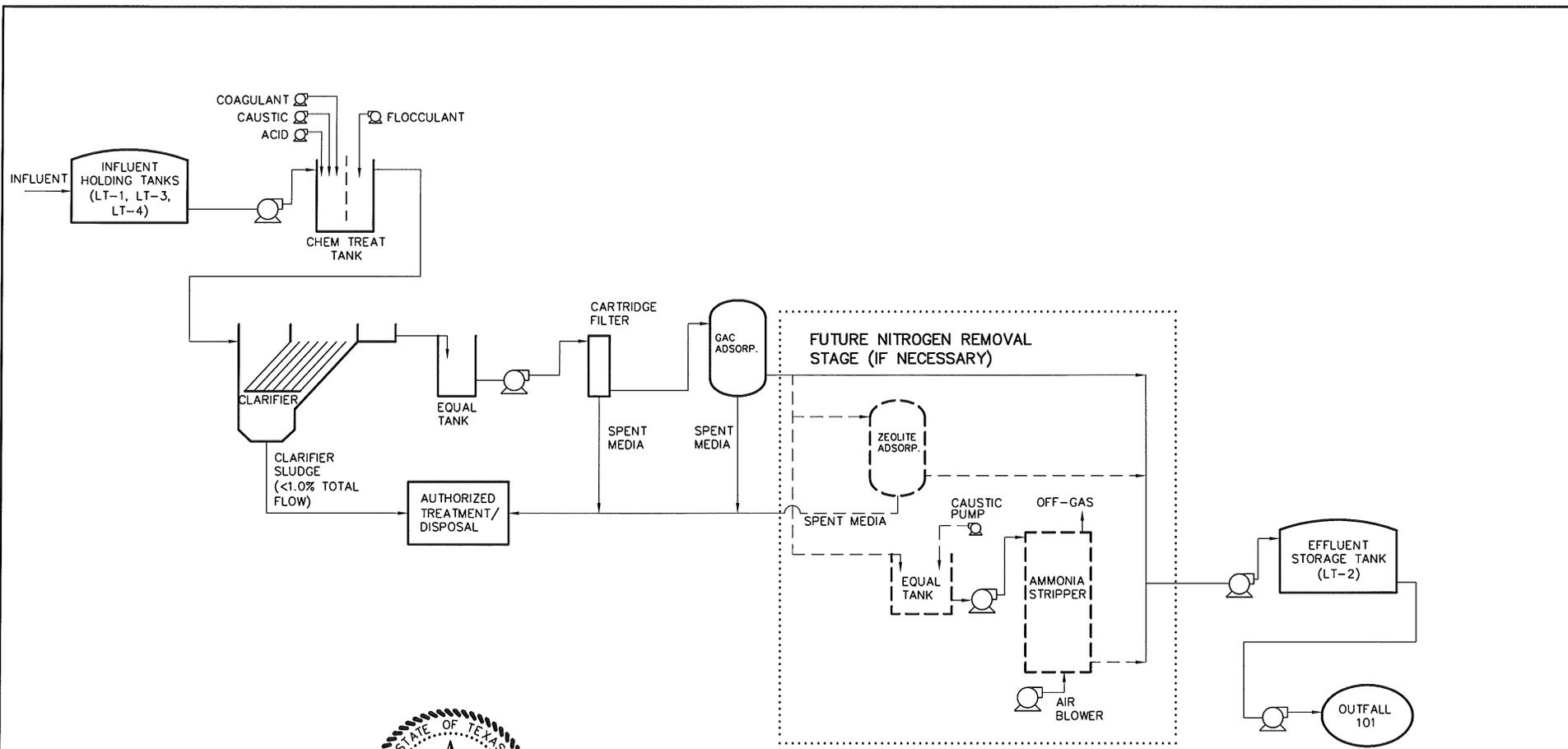
REV.	DESCRIPTION	DATE	DRAWN	CHECK



**WCS FACILITY LAYOUT MAP**  
 WASTE CONTROL SPECIALISTS, ANDREWS, TEXAS  
 WASTEWATER AND STORMWATER  
 GENERAL PROCESS FLOW DIAGRAM

DESIGNED BY: CHAMBERLIN	12/17/19
DRAWN BY: CHAMBERLIN	12/17/19
CHECKED BY: B. MASON	12/17/19
ENGINEER: CHAMBERLIN	12/17/19
ENGINEER DIRECTOR: CHAMBERLIN	12/17/19
DOCUMENT CONTROL NO.:	
CONTROL COPY NO.:	
DWG. SCALE:	NONE

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04/13/11

*J. Jeffrey Glaser*

THIS DRAWING IS ISSUED FOR TPDES PERMITTING PURPOSES ONLY. IT IS NOT INTENDED FOR BIDDING, CONSTRUCTION, OR OTHER USES.

REV.	DATE	DESCRIPTION	DR BY	APP BY	PROJECT:
					WASTE CONTROL SPECIALISTS ANDREWS COUNTY, TEXAS
					SHEET TITLE: INDUSTRIAL WASTEWATER TREATMENT FLOW SCHEMATIC
DES BY	JJG	1/16	SDB	SCALE:	SEE BAR SCALE
DR BY	SDB			PROJECT NO.	09052.01
CHK BY	JJG			CJ NO.	09052039
APP BY	KLM			SHEET	1 OF 1 SHEETS
DATE ISSUED: 04-12-2011					FIGURE NO.
PURPOSE:					A-6

**ATTACHMENT B**

**SUPPLEMENTAL INFORMATION FOR  
TECHNICAL REPORT 1.0**

**SUPPLEMENTAL INFORMATION PROVIDED FOR TECHNICAL REPORT 1.0 AND  
WORKSHEETS**

<b>Technical Report Section</b>	<b>Page</b>
Section 1.b	2
Section 2.a	3
Section 6	4
Worksheet 7, Section 4.c	5
Worksheet 7, Section 4.d	6
Worksheet 7, Section 4.e	8

## **SECTION 1.B – SUPPLEMENTAL INFORMATION**

Industrial wastewater generated at the facility is associated with the following processes:

### Landfill Wastewater (East + West Landfill)

The majority of the wastewater generated at the site consists of landfill wastewater as defined in 40 CFR 445.2. This water includes leachate that is collected by the landfill's leachate collection system, leak detection water, and contact storm water which is collected in the active landfill areas. Generally, this water is re-used in dust suppression activities within the active landfill cells.

Other wastewaters that would be considered "landfill wastewater" would include wastewater generated from spill clean-up activities and stormwater that is collected from un-roofed waste storage areas and secondary containment structures.

### Container Wash Wastewater

Wastewater may be generated by wash water used for the following activities:

- Bulk waste transport truck interior wash water
- Railroad gondola car interior wash water
- RCRA-empty waste container wash water
- Roll-off bin or other waste container wash water

These wastewaters are generated in a non-continuous manner depending on activities at the facility. The majority of the wastewater generated from these processes are used in dust-suppression activities in the active landfill or as make-up water in WCS waste stabilization and treatment processes. As needed, wastewater may be treated at the site's wastewater treatment system.

### Other Industrial Wastewater

Other sources of industrial wastewater may be generated from the following processes:

- Potentially impacted storm water from vehicle fueling and miscellaneous oil-containing equipment area containment structures
- Wastewater (not including free-phase oils) from spill cleanup in the vehicle fueling area, Maintenance Building, oil-containing equipment containment structures, and waste accumulation areas for site-generated wastes
- Wastewater from two tanks used to hold flows from the laboratory sinks

## SECTION 2.A – SUPPLEMENTAL INFORMATION

### Wastewater Treatment Unit

Wastewater generated at the facility may be accumulated and treated with the on-site wastewater treatment unit. Wastewater is typically transferred to the treatment unit by truck and pumped into one of three influent holding tanks prior to treatment and/or discharge. The treatment process follows the following steps:

1. **Influent Holding Tanks:** Three influent holding tanks are used to accumulate wastewater for sampling before treatment and/or discharge. The three tanks are: LT-1 (100,000 gallon capacity), LT-3 (300,000 gallon capacity), and LT-4 (2,000 gallon capacity).
2. **Chemical Treatment Tank:** This tank has a mixing chamber and a flocculation chamber. In the mixing chamber, the addition of caustic or acid can be used to adjust pH. From the mixing chamber, the wastewater passes into the flocculation chamber where coagulants may be mixed with the wastewater.
3. **Solids Collection:** From the flocculation tank the wastewater passes through an inclined plate separator/clarifier to collect the solids. Solids are removed, stabilized, and disposed in the on-site East+West Landfill.
4. **Suspended Solids:** From the separator, the wastewater passes into a pump equalization tank where the water is transferred through in-line cartridge filters for removal of suspended solids that remain in the wastewater.
5. **Activated Carbon:** From the in-line cartridge filters, the wastewater passes through a granulated activated carbon (GAC) column for removal of trace organic constituents.
6. **Nitrogen Removal Stage:** Should the need arise, a nitrogen removal stage will be added to the treatment process in the future if necessary to reduce ammonia levels that may be present in wastewater.
7. **Effluent Holding Tanks:** Treated effluent is transferred into a 100,000 gallon storage tank (LT-2) for accumulation prior to discharge.

Effluent treated in the wastewater treatment unit is discharged from Outfall 101 (pipe at the edge of the wastewater treatment unit tank farm) into existing above ground storm water conveyances. Effluent from Outfall 101 may be used for dust suppression activities in the active landfill areas. Effluent discharged into the stormwater conveyances may eventually make its way to Outfall 001. Effluent discharged from Outfall 101 rarely makes it to Outfall 001 due to the sandy soils common in the area which allows the water to pond and infiltrate before reaching Outfall 001. Figure A-6 in Attachment A provides a Flow Schematic for the industrial wastewater treatment process.

No chlorine is added to the wastewater in the treatment process.

## **SECTION 6 – SUPPLEMENTAL INFORMATION**

There are several industrial processes that occur outdoors and may be exposed to stormwater. Outdoor industrial activities include:

- Waste transfer and unloading
- Waste inspection and sampling
- Spot solidification of free liquids within waste containers
- Waste and byproduct material storage in closed containers, including tarped roll-off bins
- Pozzolanic material unloading and storage in enclosed silos
- Airborne particulate collection in enclosed baghouses associated with the RCRA Waste Stabilization Building
- Landfill operations
- Industrial wastewater treatment tank farm in secondary containment structure
- Industrial wastewater unloading at the truck unloading pad
- Bulk fuel storage in enclosed tanks and fuel truck unloading at the associated truck unloading pad
- Vehicle equipment fueling and maintenance activities
- Empty container storage

## **WORKSHEET 7.0 SECTION 4.C SUPPLEMENTAL INFORMATION**

### List of Materials Which May be Exposed to Precipitation

1. Wastes received from off-site for disposal
2. Pozzolanic Materials (Portland Cement, Fly Ash)
3. Fuels & maintenance chemicals

## **WORKSHEET 7.0 SECTION 4.D SUPPLEMENTAL INFORMATION**

The WCS facility is authorized by TCEQ to receive, process, and store radioactive materials and radioactive waste (Radioactive Materials License No. R04100) and to treat, store, and dispose industrial non-hazardous wastes and hazardous wastes as defined by RCRA (permit No. HW-50358). The facility is also authorized by the United States Environmental Protection Agency (EPA) to treat, store, and dispose wastes containing PCBs. Landfill wastewater and industrial stormwater generated at the facility authorized by HW-50358 and R04100 are treated, as necessary, and discharged in accordance with TPDES permit No. WQ0004038000.

Wastes received from off-site are managed according to their physical state and the treatment and/or disposal processes intended for the waste. After waste is admitted to the facility, the receiving process includes inspection and analysis as applicable before proceeding.

### Waste Storage

Waste intended for storage is sent to the one of the storage areas and stored in closed or covered containers. The currently facility storage areas include:

- The Container Storage Building: Completely enclosed building with a covered loading dock. The storage areas and the loading dock are provided with containment perimeter curbs.
- The Stabilization Building and Mixed Waste Treatment Facility: Two connected buildings that are completely enclosed and contained.
- Bin Storage Unit 1: Consists of three Bulk Storage Areas (BSA-1, BSA-2, and BSA-3) for storing bulk containers such as roll-off bins and intermodal shipping containers. BSA-1 has a building over the area and perimeter curbing. BSA-2 and BSA-3 are curbed concrete pads with no building.
- Bin Storage Unit 2: Uncovered asphalt pad with perimeter curbing and storm water accumulation basin.
- LSA Storage Area: Uncovered asphalt and compacted gravel pad with curb and a stormwater accumulation basin.

### Waste Treatment

Treatment processes at the facility generally consist of methods to render waste physically and chemically stable. Treatment of waste at the WCS facility primarily occurs in the fully enclosed Stabilization Building and Mixed Waste Treatment Facility. Waste is typically treated by adding and mixing pozzolanic materials (cement, lime, fly ash) to the waste. The pozzolanic materials are stored in silos at the Stabilization Building. The silos are loaded by conveyor or blower systems. The silos and the ventilation systems for the Stabilization Building and Mixed Waste Treatment Facility are equipped with baghouses or HEPA filtration systems to collect airborne particulates.

There are some treatment processes that occur in other areas of the facility such as spot solidification of free liquids or macro-encapsulation. These activities would occur either in the storage areas or in the landfill. These activities are not conducted in uncovered units during periods of inclement weather.

Waste Disposal

Waste disposal occurs in the East+West Landfill which receives non-hazardous and hazardous wastes that meet the applicable land disposal restrictions as well as PCB wastes. Radioactive materials that are Exempt by Rule and radioactive materials exempt per WCS RML R04100 are accepted in the landfill. Waste is placed in the landfill both above and below grade using a containment berm around above-grade portions of the landfill. Landfill operations equipment is typically maintained within the landfill.

Fuels and Maintenance Chemicals

Gasoline and diesel fuel for on-site vehicles are stored in above ground storage tanks with concrete containment structures. Curbed concrete pads are provided for vehicles and tank trucks accessing the tanks. The majority of vehicle and equipment maintenance is conducted within the Maintenance Building. If equipment is too big to put inside the maintenance building, it is typically serviced adjacent to the building. Maintenance chemicals are generally stored inside the Maintenance Building.

## WORKSHEET 7.0 SECTION 4.E SUPPLEMENTAL INFORMATION

### Stormwater Best Management Practices

WCS maintains a Storm Water Pollution Prevention Plan (SWPPP) as required by TPDES permit WQ00040380000 which includes guidelines for waste, chemical, and storm water management that have been incorporated into the facility's operating procedures and outlined below:

- Housekeeping – All spills are required to be immediately cleaned up. This is applicable to all areas that are exposed to rainfall as well as waste management units that are contained within building. WCS strives to maintain a clean and orderly facility to minimize the potential for discharge of pollutants to storm water.
- Preventive Maintenance – The Maintenance Department at WCS follows a rigorous Preventive Maintenance schedule that includes regular inspections and maintenance activities for all equipment.
- Spill Containment – Secondary containment structures are provided for all of the facility waste management units and bulk fuel tanks.
- Spill Response Procedures – WCS maintains procedures for spill response and cleanup. These procedures include cleanup, notification, reporting, and disposal of recovered materials. WCS maintains absorbent materials and spill kits on site which are maintained and inspected regularly.
- Inspections – Inspections of the general facility are conducted daily and monthly. Daily and weekly waste and chemical management unit inspections are also conducted. Inspection records note what problems (if any) were found and what steps were taken to correct the problem. Follow-up activities are tracked to ensure the appropriate actions are taken in response to inspections. WCS conducts and logs pre-entry inspections of arriving product and waste transport vehicles to ensure that vehicles are not leaking. Vehicle operators conduct and document pre-start inspections to check for leaks and spills daily for motorized vehicles. Inspections of the storm water management components (drainage ditches, culverts, piping, etc.) are performed monthly. Storm water collected in the facility outdoor waste management units is inspected as soon as practicable following each rainfall event and in accordance with the facility's RCRA permit and radioactive materials license requirements prior to discharge or reuse.
- Employee Training – All employees responsible for chemical and waste management, vehicle operation, maintenance and fueling, storm water management, and spill response are trained on spill prevention and response, proper equipment operation, good housekeeping, and material management practices. WCS conducts emergency response drills.

## Lana Tull

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**From:** Lana Tull  
**Sent:** Tuesday, January 28, 2020 11:33 AM  
**To:** David Carlson; Jay Britten; Ryan Williams; Ben Mason; Gregory G. DiCarlo, WCS;  
REGCOMPLIANCE  
**Cc:** Jay Cartwright; Jenny Caldwell; Jimmy Abney  
**Subject:** 01-28-2020 TPDES Permit WQ0004038000 Renewal Application  
**Attachments:** 01-28-2020 TPDES Permit WQ0004038000 Renewal Application.pdf

On behalf of Jay Cartwright, Director of ESH&Q/RSO (WCS), attached is the WQ0004038000Permit Renewal Application. A hard copy will be sent via Federal Express. If you have any questions or need additional information, please call Jay Cartwright at 432-525-8698.

Thank you,

Lana Tull  
Compliance Specialist  
Waste Control Specialists LLC  
P.O. Box 1129  
Andrews, TX 79714  
(432)525-8625  
(432)203-2359 fax



WASTE CONTROL SPECIALISTS

Ref: Lana Tull Date: 28Jan20 SHIPPING: 79.38  
Dep: Enviro. Dept Wgt: 3.80 LBS SPECIAL: 5.95  
DV: 0.00 HANDLING: 0.00  
TOTAL: 85.33

Svcs: PRIORITY OVERNIGHT  
TRCK: 4957 0680 4885

ORIGIN ID:MAFA (432) 525-8614  
KEITH ANGUISH  
WASTE CONTROL SPECIALIST LLC  
8998 HWY 176 W

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ACTWGT: 3.80 LB  
CAD: 0978529/CAFE3311

ANDREWS, TX 79714  
UNITED STATES US

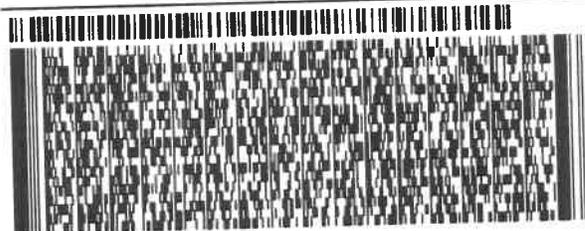
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**AUSTIN TX 78753**

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DEPT: ENVIRO. DEPT

REF: LANA TULL

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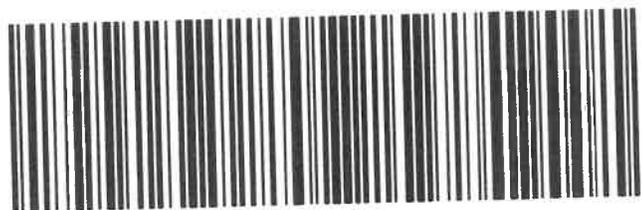
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<b>Signed for by:</b>	A.HANCOCK	<b>Delivery Location:</b>	12100 N INTERSTATE 35
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Austin, TX, US, 78753

**Shipper:**  
Keith Anguish, Waste Control Specialist LLC  
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Andrews, TX, US, 79714

**Reference** Lana Tull  
**Department Number** Enviro. Dept

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