



May 5, 2020

Executive Director
Applications Review and Processing Team
MC-148
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, Texas 78753

Re: LBC Houston, L.P.
Permit Renewal Application TPDES Permits WQ0002110000
Customer Number: CN601179849/Regulated Entity Number: RN101041598

To Whom It May Concern:

Enclosed please find one original and two copies of the LBC Houston, L.P. (LBC) TCEQ Industrial Wastewater Permit Renewal Application. This application is being submitted by Alliant Environmental on behalf of LBC to renew TPDES Permit No. WQ0002110000.

Please note, LBC was only able to collect three of the four sample events in Worksheet 2.0 prior to the submittal deadline of the application. LBC will submit the fourth sample upon request.

If you have any questions, please contact Mr. Bobby Panepinto of LBC by phone at (281) 291-3402 or email at b-panepinto@lbctt.com.

Sincerely,
Alliant Environmental, LLC

A handwritten signature in blue ink that reads 'Robert E. Robinson'.

Robert E. Robinson

Attachments

- Attachment A - TCEQ Core Data Form
- Attachment B - USGS Topographic Map
- Attachment C - SPIF Form
- Attachment D - Raw Materials List
- Attachment E - Facility Map
- Attachment F - Flow Diagrams

TCEQ TPDES FORMS
Industrial Administrative Report
Technical Report

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT

Complete and submit this checklist with the application.

APPLICANT NAME: LBC Houston, L.P.

PERMIT NUMBER: WQ0002110000

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For Commission Use Only:

Segment Number: _____ County: _____ Expiration Date: _____

Proposed/Current Permit Number: _____ Region: _____

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.: WQ0002110000 Expiration Date: 11/1/2020

EPA ID No.: TX00075302

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

- | | |
|---|--|
| <input type="checkbox"/> New TPDES permit
<input type="checkbox"/> Major amendment with renewal
<input type="checkbox"/> Renewal with changes
<input type="checkbox"/> Minor amendment without renewal
<input type="checkbox"/> Stormwater only discharge | <input type="checkbox"/> New TLAP permit
<input type="checkbox"/> Major amendment without renewal
<input checked="" type="checkbox"/> Renewal without changes
<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 (<i>40 CFR Parts 400-471</i>)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input checked="" type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (<i>40 CFR Parts 400-471</i>)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input 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: 464995/464996

 Copy of voucher attached? Yes **Attachment:** Next Page

Robert Robinson

From: Bobby Panepinto <b-panepinto@lbctt.com>
Sent: Monday, May 4, 2020 12:02 PM
To: Robert Robinson (rrobinson@alliantenv.com)
Subject: FW: TCEQ ePay Receipt for 582EA000388764

Voucher.

-----Original Message-----

From: steers@tceq.texas.gov <steers@tceq.texas.gov>
Sent: Monday, May 4, 2020 11:58 AM
To: Bobby Panepinto <b-panepinto@lbctt.com>
Subject: TCEQ ePay Receipt for 582EA000388764

This is an automated message from the TCEQ ePay system. Please do not reply.

Trace Number: 582EA000388764
Date: 05/04/2020 11:57 AM
Payment Method: CC - Authorization 0000079656 Amount Paid: \$315.00

Actor: Bobby Panepinto
Email: b-panepinto@lbctt.com

Payment Contact: Charles Panepinto
Phone: 281-291-3402
Company: Lbc Houston L P
Address: 2625 Bay Area Boulevard, Houston, TX 77058

Fees Paid:
Fee Description AR Number Amount
WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - RENEWAL \$300.00
30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE \$15.00

Total Fees For Transaction: \$315.00

=====
Voucher: 464995
Trace Number: 582EA000388764
Date: 05/04/2020 11:57 AM
Payment Method: CC - Authorization 0000079656 Amount Paid: \$300.00 Fee Paid: WW PERMIT - MINOR FACILITY NOT
SUBJECT TO 40 CFR 400-471 - RENEWAL Site Name: LBC HOUSTON L P Site Location: BAYPORT TERMINAL CN Number:
CN601179849 Customer Name: LBC HOUSTON L P Customer Address: 11666 PORT ROAD, SEABROOK, TX 77586 Program
Area ID: 0002110000

Voucher: 464996
Trace Number: 582EA000388764
Date: 05/04/2020 11:57 AM
Payment Method: CC - Authorization 0000079656 Amount Paid: \$15.00 Fee Paid: 30 TAC 305.53B WQ RENEWAL
NOTIFICATION FEE

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: LBC Houston, L.P.
(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](#)¹: CN601179849
- 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: Jeremy Alberty

Title: Operations Director, North America

Credential:

b. Co-applicant Information

- Provide the legal name of the co-applicant applying for this permit, if applicable:
(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:

Title:

Credential:

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

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: Bobby Panepinto

Credential:

Organization Name: LBC Houston, L.P.
Compliance

Title: Regional Manager, Regulatory

Mailing Address: 2625 Bay Area Blvd., Ste 200

City/State/ZIP Code: Houston, TX 77058

Phone No.: (281) 291-3402 Fax No.: (281) 291-3428

E-mail: b-panepinto@lbctt.com

Check one or both: Administrative Contact

Technical Contact

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

b. Mr. Ms. First/Last Name: [REDACTED] Credential: [REDACTED]
Organization Name: [REDACTED] Title: [REDACTED]
Mailing Address: [REDACTED] City/State/ZIP Code: [REDACTED]
Phone No.: [REDACTED] Fax No.: [REDACTED] E-mail: [REDACTED]
Check one or both: Administrative Contact Technical Contact
Attachment: [REDACTED]

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: Bobby Panepinto Credential: [REDACTED]
Organization Name: LBC Houston, L.P. Compliance Title: Regional Manager, Regulatory
Mailing Address: 2625 Bay Area Blvd., Ste 200 City/State/ZIP Code: Houston, TX 77058
Phone No.: (281) 291-3402 Fax No.: (281) 291-3428 E-mail: b-panepinto@lbctt.com

b. Mr. Ms. First/Last Name: Jeremy Alberty Credential: [REDACTED]
Organization Name: LBC Houston, L.P. Title: Operations Director, North America
Mailing Address: 2625 Bay Area Blvd., Ste 200 City/State/ZIP Code: Houston, TX 77058
Phone No.: (281) 291-3401 Fax No.: (832) 284-4373 E-mail: j-alberty@lbctt.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: Bobby Panepinto Credential: [REDACTED]
Organization Name: LBC Houston, L.P. Compliance Title: Regional Manager, Regulatory
Mailing Address: 2625 Bay Area Blvd., Ste 200 City/State/ZIP Code: Houston, TX 77058
Phone No.: (281) 291-3402 Fax No.: (281) 291-3428 E-mail: b-panepinto@lbctt.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: Bobby Panepinto Credential: [REDACTED]
Organization Name: LBC Houston, L.P. Compliance Title: Regional Manager, Regulatory
Mailing Address: 2625 Bay Area Blvd., Ste 200 City/State/ZIP Code: Houston, TX 77058
Phone No.: (281) 291-3402 Fax No.: (281) 291-3428 E-mail: b-panepinto@lbctt.com

DMR data must be submitted through the [NetDMR²](#) system. An electronic reporting account can be established once the facility has obtained the permit number.

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

a. Individual Publishing the Notices

Mr. Ms. First/Last Name: Bobby Panepinto Credential: [REDACTED]
Organization Name: LBC Houston, L.P. Compliance Title: Regional Manager, Regulatory
Mailing Address: 2625 Bay Area Blvd., Ste 200 City/State/ZIP Code: Houston, TX 77058
Phone No.: (281) 291-3402 Fax No.: (281) 291-3428 E-mail: b-panepinto@lbctt.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: b-panepinto@lbctt.com
 Fax: [REDACTED]
 Regular Mail (USPS)
Mailing Address: [REDACTED] City/State/ZIP Code: [REDACTED]

c. Contact in the Notice

Mr. Ms. First/Last Name: Bobby Panepinto Credential: [REDACTED]
Organization Name: LBC Houston, L.P. Regulatory Compliance Title: Regional Manager.
Phone No.: (281) 291-3402 Fax No.: (281) 291-3428 E-mail: b-panepinto@lbctt.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: Evelyn Meador Library Location within the building: [REDACTED]
Physical Address of Building: 2400 North Meyer Road
City: Seabrook County: Harris

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?

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

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](#)³ 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): RN101041598

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

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: LBC Houston, L.P. owns and operates the terminal (no onsite treatment takes place)

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: LBC Houston, L.P. owns and operates the terminal (no onsite treatment takes place)

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. In some cases, a lease may not suffice - see instructions. **Attachment:** N/A

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

g. Owner of effluent TLAP 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:** _____

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. **TDPES 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.

- | | |
|--|--|
| <input checked="" type="checkbox"/> One-mile radius and three-miles downstream information | <input type="checkbox"/> Effluent disposal site boundaries |
| <input checked="" type="checkbox"/> Applicant's property boundaries | <input checked="" type="checkbox"/> All wastewater ponds |
| <input type="checkbox"/> Treatment facility boundaries | <input type="checkbox"/> Sewage sludge disposal site |
| <input checked="" type="checkbox"/> Labeled point(s) of discharge and highlighted discharge route(s) | <input type="checkbox"/> New and future construction |
| | <input checked="" type="checkbox"/> Attachment: <u>B</u> |

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: _____

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: _____

e. City nearest the outfall(s): Seabrook

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

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: [redacted]

- 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. Harris
- 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: [redacted]

j. City nearest the disposal site: [redacted]

k. County in which the disposal site is located: [redacted]

l. Disposal Site Latitude: [redacted] Longitude: [redacted]

m. For **TLAPs**, describe how effluent is/will be routed from the treatment facility to the disposal site: [redacted]

n. For **TLAPs**, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [redacted]

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: Robert Robinson (TNRCC 1998-2000)

b. Do you owe any fees to the TCEQ?

Yes No

If **yes**, provide the following:

- Acct. No.: [redacted]
- Amt. due: [redacted]

c. Do you owe any penalties to the TCEQ?

Yes No

If **yes**, provide the following:

- Enforcement Order No.: [redacted]
- Amt. due: [redacted]

11. SIGNATURE PAGE (Instructions, Page 29)

Permit No: WQ0002110000

Applicant Name: LBC Houston, L.P.

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.

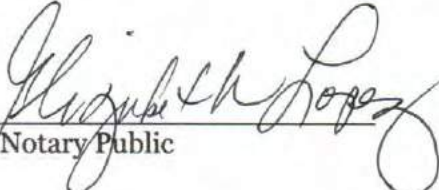
I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.


Signatory name (typed or printed): Jeremy Alberty

Signatory title: Operations Director, North America

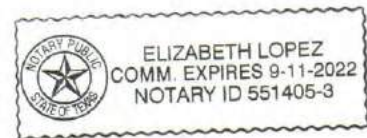
Signature:  Date: 5-4-2020
(Use blue ink)

Subscribed and Sworn to before me by the said Jeremy Alberty
on this 4th day of May, 2020.
My commission expires on the 09 day of 11, 2022.


Notary Public


County, Texas

[SEAL]



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

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](#)¹ 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).

LBC Houston, L.P. is a bulk liquid storage terminal engaged in the storage and transportation of miscellaneous liquid products. Product types include petrochemicals, oils, acids, bases, and other chemicals and products as needed. The site consists of storage tanks, truck and rail loading /unloading racks, temporary rail storage, marine docks, pipelines, and undeveloped areas. The facility is not a manufacturing or production facility.

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

There is no manufacturing/production process at the facility. Therefore, wastewater discharged through the TPDES outfall is primarily stormwater. Rainwater that accumulates on the site is generally classified as operational area stormwater or non-operational stormwater. Operational area stormwater is rainwater collected in truck, rail and marine loading secondary containment, and pump station secondary containment. This water has the potential to contact products handled in these areas, but under normal circumstances is uncontaminated. Non-operational area stormwater is rainwater that falls in all other areas of the facility and is uncontaminated. Maintenance activities are conducted in covered maintenance shops. When maintenance is conducted in other areas of the facility, all product is recovered and either returned to the system or disposed as waste. The facility maintains a no-drip policy which requires employees to catch any drips/drops that may occur during operations, and to clean up any release. Operational and non-operational area stormwater, if contaminated, can be routed through a collection system to a storage tank (biological, pH treatment), thence to a POTW; if uncontaminated can be routed through the TPDES permitted outfall. Other minor and/or occasional sources include: steam trap release (small contribution), hydrostatic test water, and water used during fire system testing. Contaminated wastewaters generated during activities such as tank and line cleaning, spills and releases, or from other miscellaneous sources are typically collected and disposed at off-site approved TSDF facilities.

¹ https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
See Attachment D		

Attachment: D

d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: E

e. Is this a new permit application for an existing facility?

- Yes No

If **yes**, provide background discussion:

f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

- Yes No

List source(s) used to determine 100-year frequency flood plain:

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposed to prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area: N/A, there is no onsite treatment/disposal site.

Attachment:

g. For **new** or **major amendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

- Yes No N/A (renewal only)

h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?

- Yes No

If **yes**, provide the permit number:

If **no**, provide an approximate date of application submittal to the USACE:

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.

Wastewater generated at the site is handled via two distinct systems: (1) TPDES discharge; and (2) Onsite storage and treatment, then is discharged to a POTW (Gulf Coast Waste Disposal Authority). Water routed through this TPDES permitted system is comprised primarily of storm water and is untreated.

- 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: F

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

Parameter	Pond #	Pond #	Pond #	Pond #
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)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
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)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment:

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:

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 ½-mile of the impoundments.

Attachment:

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:

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:

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
001	29.61258	-95.02785
002	29.60139	-95.055
003	29.60444	-95.02528

Outfall Location Description

Outfall Number	Location Description
001	001 Water flows from drainage ditch along the main entrance road to NE of facility into HCFCD F303-00-00, then into the Bayport Ship Channel
002	002 Valve located in drainage ditch near the main gate
003	003 Valve is located near the SE corner of the terminal administration building

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point
001	Same
002	Same
003	Same

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)
001	1.4	2.72	1.4	2.72	Ongoing
002	1.4	2.72	1.4	2.72	Ongoing
003	0.74	9.01	0.74	9.01	Ongoing

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	Calculated
002	N	Y	Calculated
003	N	Y	Calculated

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)
001	Y	N	N	24	31	12
002	Y	N	N	24	31	12
003	Y	N	N	24	31	12

Outfall Latitude and Longitude

Outfall Number	Latitude-decimal degrees	Longitude-decimal degrees
004	29.60333	-95.02722
005	29.61411	-95.02464

Outfall Location Description

Outfall Number	Location Description
004	004 Valve is located south of Port Road, on north end of the property
005	005 Discharge valve is located in a drainage ditch along east fence line near Barge Dock #7

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point
Same	

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)
004	0.60	1.5	0.60	1.5	Ongoing
005	1.4	2.72	1.4	2.72	Ongoing

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
004	N	Y	Calculated
005	N	Y	Calculated

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)
004	Y	N	N	24	31	12
005	Y	N	N	24	31	12

Wastestream Contributions

Outfall No.: 001, 002 & 005

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Storm Water	2.45-2.72	90-100%
Steam trap release	<0.003	<0.1%
Hydrostatic test water (batch discharge)	0-2.72	0-100%
Water from equipment testing	<0.03	<1%
Potable water	<0.03	<1%
Storm Water runoff from Magellan Pump Station (002 only)	<0.15	<5%

Outfall No.: 003

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Storm Water	2.45-9.01	90-100%
Steam trap release	<0.001	<0.1%
Hydrostatic test water (batch discharge)	0-2.72	0-100%
Water from equipment testing	<0.01	<1%
Potable water	<0.01	<1%

Outfall No.: 004

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Storm Water	0.66-1.5	90-100%
Steam trap release	<0.001	<0.1%
Hydrostatic test water (batch discharge)	0-0.74	0-100%
Water from equipment testing	<0.01	<1%
Potable water	<0.01	<1%

Attachment:

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:

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			
Boilers			

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: See next page

6. Typically, discharge is nearly 100% stormwater. Rainwater that accumulates on the site is generally categorized as operational area stormwater and non-operational area stormwater. In addition, Magellan operates an unmanned pump station that contributes stormwater to Outfall 005. Operational area containment, waste and product storage areas, and pump station have secondary containment. This water has the potential to contact products handled in these areas, but under normal circumstances is uncontaminated. Non-operational area stormwater is rainwater that falls in other areas of the facility and is normally uncontaminated. Maintenance activities are conducted in covered maintenance shops. When maintenance is conducted in other areas of the facility, all product is recovered and either returned to the system or disposed as waste. The facility maintains a no-drip policy which requires employees to catch any drips/drops that may occur during operations, and to clean up any release. Operational and nonoperational area stormwater, if contaminated, can be routed through a collection system to a storage tank, thence to a Gulf Coast Waste Disposal Authority (GCWDA); if uncontaminated can be routed through a TPDES permitted outfall

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.
Gulf Coast Authority	TPDES 01054

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: _____

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: _____

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)

- 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:

- 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:

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*:

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:

NOTE: Item 13 is required only for existing permitted facilities.

13. PERMIT CHANGE REQUESTS (Instructions, Pages 43-44)

a. Is the facility requesting a **major amendment** of an existing permit?

- Yes No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

b. Is the facility requesting any **minor amendments** to the permit?

- Yes No

If **yes**, list and discuss the requested changes.

c. Is the facility requesting any **minor modifications** to the permit?

- Yes No

If **yes**, list and discuss the requested changes.

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.

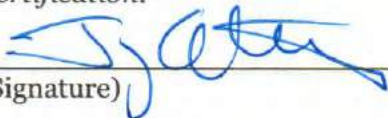
i. LABORATORY ACCREDITATION (Instructions, Page 49)

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:
 - o periodically inspected by the TCEQ; or
1. located in another state and is accredited or inspected by that state; or
 - i. performing work for another company with a unit located in the same site; or
 - ii. performing pro bono work for a governmental agency or charitable organization.
1. The laboratory is accredited under federal law.
2. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
3. 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, Jeremy Alberty, certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.



(Signature)

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

1. 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): 3/18/2020-4/12/2020
2. Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
3. 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:** ALS Environmental, Bernadette Fini, 281-530-5656, all pollutants

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

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

TABLE 1 and TABLE 2 (Instructions, Page 50)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 001

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)	6.55	4.16	3.86	
CBOD (5-day)	13	4.09	3.24	
Chemical oxygen demand	32	13.0J	10J	
Total organic carbon	6.01	7.42	4.63	
Dissolved oxygen	9.85*	10.5*	10.3*	
Ammonia nitrogen	0.24	<0.2	<0.2	
Total suspended solids	55.4	34.9	33.4	
Nitrate nitrogen	0.298	0.681	0.253	
Total organic nitrogen	1.9	1.2	1.4	
Total phosphorus	0.12	0.218	0.025J	
Oil and grease	2.55	0.889J	1.28J	
Total residual chlorine	0.2*	0.1*	0.1*	
Total dissolved solids	762	234	440	
Sulfate	162	64.5	141	
Chloride	232	30	93.5	
Fluoride	0.382	0.116	0.323	
Total alkalinity (mg/L as CaCO3)				
Temperature (°F)				
pH (standard units)	7.85*	7.55*	8.0*	

Table 2 for Outfall No.: 001

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	533	649	453		2.5
Antimony, total	0.558J	<0.53	0.689J		5
Arsenic, total	2.67	4.76	2.21		0.5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Barium, total	124	28.7	87.7		3
Beryllium, total	<0.091	0.181J	<0.091		0.5
Cadmium, total	<0.077	0.111J	0.466J		1
Chromium, total	2.14J	1.01J	2.05J		3
Chromium, hexavalent	<6	<6	<6		3
Chromium, trivalent	<10	<10	<10		N/A
Copper, total	3.13	4.66	6.4		2
Cyanide, available	<2	<2	2J		2/10
Lead, total	0.947J	0.966J	1.3J		0.5
Mercury, total	<0.03	<0.03	<0.03		0.005/0.0005
Nickel, total	1.95J	1.29J	1.66J		2
Selenium, total	<0.86	<0.86	<0.86		5
Silver, total	0.194J	<0.0440	<0.0440		0.5
Thallium, total	<0.25	<0.25	<0.25		0.5
Zinc, total	22.4	21.9	31.9		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

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	<5	<5	<5		10
Benzidine	<5	<5	<5		50
Benzo(a)anthracene	<5	<5	<5		5
Benzo(a)pyrene	<5	<5	<5		5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Carbon tetrachloride	<5	<5	<5		2
Chlorobenzene	<5	<5	<5		10
Chlorodibromomethane [Dibromochloromethane]	<5	<5	<5		10
Chloroform	<5	<5	<5		10
Chrysene	<5	<5	<5		5
m-Cresol [3-Methylphenol]	<5	<5	<5		10
o-Cresol [2-Methylphenol]	<5	<5	<5		10
p-Cresol [4-Methylphenol]	<5	<5	<5		10
1,2-Dibromoethane	<5	<5	<5		10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]	<5	<5	<5		10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane	<5	<5	<5		10
1,1-Dichloroethene [1,1-Dichloroethylene]	<5	<5	<5		10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride	382	116	323		500
Hexachlorobenzene	<5	<5	<5		5
Hexachlorobutadiene	<5	<5	<5		10
Hexachlorocyclopentadiene					10
Hexachloroethane	<5	<5	<5		20
Methyl ethyl ketone	<10	<10	<10		50
Nitrobenzene	<5	<5	<5		10
N-Nitrosodiethylamine	<5	<5	<5		20
N-Nitroso-di-n-butylamine	<5	<5	<5		20
Nonylphenol					333

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Pentachlorobenzene	<5	<5	<5		20
Pentachlorophenol	<5	<5	<5		5
Phenanthrene	<5	<5	<5		10
Polychlorinated biphenyls (PCBs) (**)	<0.2	<0.2	<0.2		0.2
Pyridine	<5	<5	<5		20
1,2,4,5-Tetrachlorobenzene	<5	<5	<5		20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]	<5	<5	<5		10
Toluene					10
1,1,1-Trichloroethane	<5	<5	<5		10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]	<5	<5	<5		10
2,4,5-Trichlorophenol	<5	<5	<5		50
TTHM (Total trihalomethanes)	<5	<5	<5		10
Vinyl chloride	<2	<2	<2		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 "<".

which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** ALS Environmental, Bernadette Fini, 281-530-5656, all pollutants

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

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

TABLE 1 and TABLE 2 (Instructions, Page 50)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 002

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)	7.35	3.49	2.35	
CBOD (5-day)	8.37	3.23	3.24	
Chemical oxygen demand	23	18	19	
Total organic carbon	8.98	6.85	8.08	
Dissolved oxygen	10.9*	11.0*	10.7*	
Ammonia nitrogen	0.24	<0.20	<0.20	
Total suspended solids	7.65	54.7	6.4	
Nitrate nitrogen	<0.03	1.20	0.306	
Total organic nitrogen	1.7	0.84	1.3	
Total phosphorus	0.039J	0.061	<0.02	
Oil and grease	<2	<0.61	1.67J	
Total residual chlorine	0.2*	0.1*	0.1*	
Total dissolved solids	868	300	536	
Sulfate	239	126	253	
Chloride	213	14.3	42.2	
Fluoride	0.407	0.286	0.826	
Total alkalinity (mg/L as CaCO3)	NS	NS	NS	
Temperature (°F)	NS	NS	NS	
pH (standard units)	7.87*	7.69*	7.63*	

Table 2 for Outfall No.: 002

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	115	1350	146		2.5
Antimony, total	0.749J	0.800J	0.635J		5
Arsenic, total	2.65	1.95J	2.29		0.5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Barium, total	90.9	63.6	104		3
Beryllium, total	<0.091	0.125J	<0.091		0.5
Cadmium, total	0.122J	0.119J	0.194J		1
Chromium, total	0.583J	4.28	0.697J		3
Chromium, hexavalent	<6	<6	11		3
Chromium, trivalent	<10	<10	<10		N/A
Copper, total	4.06	5.0	4.14		2
Cyanide, available	<2	<2	2J		2/10
Lead, total	0.177J	2.13	0.297J		0.5
Mercury, total	<0.03	<0.03	0.109J		0.005/0.0005
Nickel, total	1.47J	2.02	2.24		2
Selenium, total	<0.86	<0.86	<0.86		5
Silver, total	0.185J	<0.0440	<0.0440		0.5
Thallium, total	<0.25	<0.25	<0.25		0.5
Zinc, total	9.90	1050	9.79		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.: 002

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	<5	<5	<5		10
Benzidine	<5	<5	<5		50
Benzo(a)anthracene	<5	<5	<5		5
Benzo(a)pyrene	<5	<5	<5		5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Carbon tetrachloride	<5	<5	<5		2
Chlorobenzene	<5	<5	<5		10
Chlorodibromomethane [Dibromochloromethane]	<5	<5	<5		10
Chloroform	<5	<5	<5		10
Chrysene	<5	<5	<5		5
m-Cresol [3-Methylphenol]	<5	<5	<5		10
o-Cresol [2-Methylphenol]	<5	<5	<5		10
p-Cresol [4-Methylphenol]	<5	<5	<5		10
1,2-Dibromoethane	<5	<5	<5		10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]	<5	<5	<5		10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane	<5	<5	<5		10
1,1-Dichloroethene [1,1-Dichloroethylene]	<5	<5	<5		10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride	407	286	826		500
Hexachlorobenzene	<5	<5	<5		5
Hexachlorobutadiene	<5	<5	<5		10
Hexachlorocyclopentadiene					10
Hexachloroethane	<5	<5	<5		20
Methyl ethyl ketone	<10	<10	<10		50
Nitrobenzene	<5	<5	<5		10
N-Nitrosodiethylamine	<5	<5	<5		20
N-Nitroso-di-n-butylamine	<5	<5	<5		20
Nonylphenol					333

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Pentachlorobenzene	<5	<5	<5		20
Pentachlorophenol	<5	<5	<5		5
Phenanthrene	<5	<5	<5		10
Polychlorinated biphenyls (PCBs) (**)	<0.2	<0.2	<0.2		0.2
Pyridine	<5	<5	<5		20
1,2,4,5-Tetrachlorobenzene	<5	<5	<5		20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]	<5	<5	<5		10
Toluene					10
1,1,1-Trichloroethane	<5	<5	<5		10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]	<5	<5	<5		10
2,4,5-Trichlorophenol	<5	<5	<5		50
TTHM (Total trihalomethanes)	<5	<5	<5		10
Vinyl chloride	<2	<2	<2		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 "<".

which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** ALS Environmental, Bernadette Fini, 281-530-5656, all pollutants

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

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

TABLE 1 and TABLE 2 (Instructions, Page 50)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 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)	3.03	2.47	<2.0	
CBOD (5-day)	9.94	2.88	<2.0	
Chemical oxygen demand	17	15	11	
Total organic carbon	5.35	2.46	4.30	
Dissolved oxygen	9.36*	10.8*	10.1*	
Ammonia nitrogen	0.23	<0.2	<0.2	
Total suspended solids	4.24	185	2.0	
Nitrate nitrogen	<0.03	0.803	0.993	
Total organic nitrogen	1.2	1.2	0.75	
Total phosphorus	0.029J	0.123	<0.02	
Oil and grease	<0.61	<0.61	<0.61	
Total residual chlorine	0.20*	0.10*	0.10*	
Total dissolved solids	626	188	742	
Sulfate	109	35.3	388	
Chloride	165	34.6	57.0	
Fluoride	0.604	0.0709J	1.16	
Total alkalinity (mg/L as CaCO3)	NS	NS	NS	
Temperature (°F)	NS	NS	NS	
pH (standard units)	7.59*	8.60*	8.03*	

Table 2 for Outfall No.: 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	25.7	4510	46.8		2.5
Antimony, total	<0.53	1.03J	0.923J		5
Arsenic, total	2.02	4.18	2.72		0.5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Barium, total	61.4	105	68.6		3
Beryllium, total	<0.091	0.663J	<0.091		0.5
Cadmium, total	0.406J	0.217J	0.595J		1
Chromium, total	0.303J	15.3	0.976J		3
Chromium, hexavalent	<6	<6*	<6		3
Chromium, trivalent	<10	15.3	<10		N/A
Copper, total	6.34	19.4	5.76		2
Cyanide, available	3J	<2	3J		2/10
Lead, total	0.151J	8.96	0.248J		0.5
Mercury, total	<0.03	<0.03	0.082J		0.005/0.0005
Nickel, total	1.68J	7.96	1.74J		2
Selenium, total	<0.86	0.936J	<0.86		5
Silver, total	<0.044	0.057J	<0.0440		0.5
Thallium, total	<0.25	<0.25	<0.25		0.5
Zinc, total	52.1	143	43.6		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.: 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	<5	<5	<5		10
Benzidine	<5	<5	<5		50
Benzo(a)anthracene	<5	<5	<5		5
Benzo(a)pyrene	<5	<5	<5		5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Carbon tetrachloride	<5	<5	<5		2
Chlorobenzene	<5	<5	<5		10
Chlorodibromomethane [Dibromochloromethane]	<5	<5	<5		10
Chloroform	<5	<5	<5		10
Chrysene	<5	<5	<5		5
m-Cresol [3-Methylphenol]	<5	<5	<5		10
o-Cresol [2-Methylphenol]	<5	<5	<5		10
p-Cresol [4-Methylphenol]	<5	<5	<5		10
1,2-Dibromoethane	<5	<5	<5		10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]	<5	<5	<5		10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane	<5	<5	<5		10
1,1-Dichloroethene [1,1-Dichloroethylene]	<5	<5	<5		10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride	604	70.9J	1160		500
Hexachlorobenzene	<5	<5	<5		5
Hexachlorobutadiene	<5	<5	<5		10
Hexachlorocyclopentadiene					10
Hexachloroethane	<5	<5	<5		20
Methyl ethyl ketone	<10	<10	<10		50
Nitrobenzene	<5	<5	<5		10
N-Nitrosodiethylamine	<5	<5	<5		20
N-Nitroso-di-n-butylamine	<5	<5	<5		20
Nonylphenol					333

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Pentachlorobenzene	<5	<5	<5		20
Pentachlorophenol	<5	<5	<5		5
Phenanthrene	<5	<5	<5		10
Polychlorinated biphenyls (PCBs) (**)	<0.2	<0.2	<0.2		0.2
Pyridine	<5	<5	<5		20
1,2,4,5-Tetrachlorobenzene	<5	<5	<5		20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]	<5	<5	<5		10
Toluene					10
1,1,1-Trichloroethane	<5	<5	<5		10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]	<5	<5	<5		10
2,4,5-Trichlorophenol	<5	<5	<5		50
TTHM (Total trihalomethanes)	<5	<5	<5		10
Vinyl chloride	<2	<2	<2		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 "<".

which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** ALS Environmental, Bernadette Fini, 281-530-5656, all pollutants

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

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

TABLE 1 and TABLE 2 (Instructions, Page 50)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 004

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)	NS	2.82	3.35	
CBOD (5-day)	NS	2.64	2.51	
Chemical oxygen demand	NS	12.0J	22	
Total organic carbon	NS	3.10	6.50	
Dissolved oxygen	NS	11*	10.2*	
Ammonia nitrogen	NS	<0.2	<0.2	
Total suspended solids	NS	146	<2.0	
Nitrate nitrogen	NS	0.630	<0.03	
Total organic nitrogen	NS	0.82	1.5	
Total phosphorus	NS	0.0260J	<0.02	
Oil and grease	NS	<0.61	<0.61	
Total residual chlorine	NS	0.10*	0.10*	
Total dissolved solids	NS	166	208	
Sulfate	NS	32.9	40.6	
Chloride	NS	24.7	99.8	
Fluoride	NS	0.0802J	0.634	
Total alkalinity (mg/L as CaCO3)	NS	NS	NS	
Temperature (°F)	NS	NS	NS	
pH (standard units)	NS	8.49*	8.59*	

Table 2 for Outfall No.: 004

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	NS	3030	37.7		2.5
Antimony, total	NS	0.642J	1.10J		5
Arsenic, total	NS	2.61	5.74		0.5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Barium, total	NS	68.5	45.8		3
Beryllium, total	NS	0.362J	<0.091		0.5
Cadmium, total	NS	0.183J	0.304J		1
Chromium, total	NS	15.3	0.251J		3
Chromium, hexavalent	NS	<6*	<6		3
Chromium, trivalent	NS	<10	<10		N/A
Copper, total	NS	14.7	8.50		2
Cyanide, available	NS	<2	2J		2/10
Lead, total	NS	5.72	0.229J		0.5
Mercury, total	NS	<0.03	0.093J		0.005/0.0005
Nickel, total	NS	4.65	0.849J		2
Selenium, total	NS	<0.86	<0.86		5
Silver, total	NS	<0.0440	<0.0440		0.5
Thallium, total	NS	<0.25	<0.25		0.5
Zinc, total	NS	153	7.61		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.: 004

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	NS	51.3	<5		10
Benzidine	NS	<5	<5		50
Benzo(a)anthracene	NS	<5	<5		5
Benzo(a)pyrene	NS	<5	<5		5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Carbon tetrachloride	NS	<5	<5		2
Chlorobenzene	NS	<5	<5		10
Chlorodibromomethane [Dibromochloromethane]	NS	<5	<5		10
Chloroform	NS	<5	<5		10
Chrysene	NS	<5	<5		5
m-Cresol [3-Methylphenol]	NS	<5	<5		10
o-Cresol [2-Methylphenol]	NS	<5	<5		10
p-Cresol [4-Methylphenol]	NS	<5	<5		10
1,2-Dibromoethane	NS	<5	<5		10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]	NS	<5	<5		10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane	NS	<5	<5		10
1,1-Dichloroethene [1,1-Dichloroethylene]	NS	<5	<5		10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride	NS	80.2J	634		500
Hexachlorobenzene	NS	<5	<5		5
Hexachlorobutadiene	NS	<5	<5		10
Hexachlorocyclopentadiene					10
Hexachloroethane	NS	<5	<5		20
Methyl ethyl ketone	NS	<10	<10		50
Nitrobenzene	NS	<5	<5		10
N-Nitrosodiethylamine	NS	<5	<5		20
N-Nitroso-di-n-butylamine	NS	<5	<5		20
Nonylphenol					333

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Pentachlorobenzene	NS	<5	<5		20
Pentachlorophenol	NS	<5	<5		5
Phenanthrene	NS	<5	<5		10
Polychlorinated biphenyls (PCBs) (**)	NS	<0.2	<0.2		0.2
Pyridine	NS	<5	<5		20
1,2,4,5-Tetrachlorobenzene	NS	<5	<5		20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]	NS	<5	<5		10
Toluene					10
1,1,1-Trichloroethane	NS	<5	<5		10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]	NS	<5	<5		10
2,4,5-Trichlorophenol	NS	<5	<5		50
TTHM (Total trihalomethanes)	NS	<5	<5		10
Vinyl chloride	NS	<2	<2		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 "<".

which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** ALS Environmental, Bernadette Fini, 281-530-5656, all pollutants

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

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

TABLE 1 and TABLE 2 (Instructions, Page 50)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 005

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)	3.59	4.48	2.30	
CBOD (5-day)	8.05	4.36	2.57	
Chemical oxygen demand	18	21	20	
Total organic carbon	3.74	7.86	7.90	
Dissolved oxygen	9.59*	10.5*	10.1*	
Ammonia nitrogen	<0.2	<0.2	0.43	
Total suspended solids	4.94	28.6	14.6	
Nitrate nitrogen	0.971	0.705	0.567	
Total organic nitrogen	1.3	1.2	1.1	
Total phosphorus	0.072	0.444	<0.02	
Oil and grease	<0.61	<0.61	<0.61	
Total residual chlorine	NS	0.10*	0.10*	
Total dissolved solids	436	212	1040	
Sulfate	89.2	67.9	199	
Chloride	74.6	30.0	439	
Fluoride	0.314	0.160	0269	
Total alkalinity (mg/L as CaCO3)	NS	NS	NS	
Temperature (°F)	NS	NS	NS	
pH (standard units)	7.87*	7.34*	8.70*	

Table 2 for Outfall No.: 005

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	43.0	1040	274		2.5
Antimony, total	0.671J	0.988J	0.663J		5
Arsenic, total	2.07	4.51	3.81		0.5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Barium, total	53.2	28.7	108		3
Beryllium, total	<0.091	0.180J	<0.091		0.5
Cadmium, total	1.01J	0.103J	7.62		1
Chromium, total	0.444J	1.48J	4.03		3
Chromium, hexavalent	<6	<6*	<6*		3
Chromium, trivalent	<10	<10	<10		N/A
Copper, total	5.89	5.05	10.1		2
Cyanide, available	<2	<2	2J		2/10
Lead, total	0.264J	1.02J	1.74J		0.5
Mercury, total	<0.03	<0.03	0.086J		0.005/0.0005
Nickel, total	1.63J	1.44J	2.66		2
Selenium, total	<0.86	<0.86	2.11		5
Silver, total	<0.0440	<0.0440	<0.0440		0.5
Thallium, total	0.423J	<0.25	<0.25		0.5
Zinc, total	43.0	29.4	62		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.: 005

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	<5	<5	<5		10
Benzidine	<5	<5	<5		50
Benzo(a)anthracene	<5	<5	<5		5
Benzo(a)pyrene	<5	<5	<5		5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Carbon tetrachloride	<5	<5	<5		2
Chlorobenzene	<5	<5	<5		10
Chlorodibromomethane [Dibromochloromethane]	<5	<5	<5		10
Chloroform	<5	<5	<5		10
Chrysene	<5	<5	<5		5
m-Cresol [3-Methylphenol]	<5	<5	<5		10
o-Cresol [2-Methylphenol]	<5	<5	<5		10
p-Cresol [4-Methylphenol]	<5	<5	<5		10
1,2-Dibromoethane	<5	<5	<5		10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]	<5	<5	<5		10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane	<5	<5	<5		10
1,1-Dichloroethene [1,1-Dichloroethylene]	<5	<5	<5		10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride	314	160	634		500
Hexachlorobenzene	<5	<5	<5		5
Hexachlorobutadiene	<5	<5	<5		10
Hexachlorocyclopentadiene					10
Hexachloroethane	<5	<5	<5		20
Methyl ethyl ketone	<10	<10	<10		50
Nitrobenzene	<5	<5	<5		10
N-Nitrosodiethylamine	<5	<5	<5		20
N-Nitroso-di-n-butylamine	<5	<5	<5		20
Nonylphenol					333

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Pentachlorobenzene	<5	<5	<5		20
Pentachlorophenol	<5	<5	<5		5
Phenanthrene	<5	<5	<5		10
Polychlorinated biphenyls (PCBs) (**)	<0.2	<0.2	<0.2		0.2
Pyridine	<5	<5	<5		20
1,2,4,5-Tetrachlorobenzene	<5	<5	<5		20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]	<5	<5	<5		10
Toluene					10
1,1,1-Trichloroethane	<5	<5	<5		10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]	<5	<5	<5		10
2,4,5-Trichlorophenol	<5	<5	<5		50
TTHM (Total trihalomethanes)	<5	<5	<5		10
Vinyl chloride	<2	<2	<2		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)

iii. 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

1. 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)

ii. 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

1. 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.: _____

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
<i>E. coli</i> (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.: _____

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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
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.: 001-005

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 ₃)	<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

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<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.: [REDACTED] : 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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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.: : 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.: : 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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from µg/L.

Table 11 for Outfall No.: [REDACTED] **: 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
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)

1. 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
- 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnell) CASRN 299-84-3
- 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- hexachlorophene (HCP) CASRN 70-30-4
- None of the above

Description:

2. 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:

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

Table 12 for Outfall No.:

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

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
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)

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

Yes No

3. 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.: [REDACTED]

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 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: 20 (001), 30 (002), 30 (003), 5 (004), 20 (005) 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:

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): <input type="text"/> | <input type="checkbox"/> Stream or Creek |
| • Average depth of the entire water body (feet): <input type="text"/> | <input type="checkbox"/> Freshwater Swamp or Marsh |
| • Average depth of water body within a 500-foot radius of the discharge point (feet): <input type="text"/> | <input type="checkbox"/> Tidal Stream, Bayou, or Marsh |
| | <input type="checkbox"/> Open Bay |
| | <input type="checkbox"/> Other, specify: <input type="text"/> |

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:

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: Receiving waters for Outfalls 001-004 discharge to a flood control ditch that discharges into Bayport Channel – Segment 2438. Outfall 001 discharges into a ditch approx. 2550' upstream of the point of discharge into the channel. Outfall 002 discharges into a ditch approx. 3500' upstream of the point of discharge into the channel. Outfall 003 discharges into a ditch approx. 2000' upstream of the point of discharge into the channel. Outfall 004 discharges into a ditch approx. 3400' upstream of the point of discharge into the channel. Outfall 005 discharges into a ditch approx. 500' upstream of the point of discharge into the channel.

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

Date and time of observation:

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 type="checkbox"/> urban runoff |
| <input type="checkbox"/> agricultural runoff | <input type="checkbox"/> septic tanks |
| <input type="checkbox"/> upstream discharges | <input type="checkbox"/> other, specify: <input type="text"/> |
- 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 type="checkbox"/> other, specify: <input type="text"/> |
| <input type="checkbox"/> domestic water supply | <input type="checkbox"/> irrigation withdrawal | <input type="text"/> |
| <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

ATTACHMENT A
TCEQ Core Data Form



TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<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 Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 601179849		RN 101041598

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	5/1/2020	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
LBC Houston, L.P.			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
	17602113809	741920179	92847172
11. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" 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 checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	11666 Port Road		
	City	Seabrook	State TX ZIP 77586 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		b-panepinto@lbctt.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(281) 291-3402		() -	

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	
<i>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Bayport Terminal	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	11666 Port Road						
	City	Seabrook	State	TX	ZIP	77586	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			
Seabrook	TX			77586			
27. Latitude (N) In Decimal:	28. Longitude (W) In Decimal:						
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	36	15	-95	1	45		
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)			
4226		49319					
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Bulk Liquid Terminal							
34. Mailing Address:	11666 Port Road						
	City	Seabrook	State	TX	ZIP	77586	ZIP + 4
35. E-Mail Address:	b-panepinto@lbctt.com						
36. Telephone Number		37. Extension or Code		38. Fax Number <i>(if applicable)</i>			
(281) 291-3402				() -			

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.

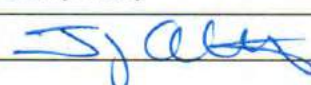
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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 checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0002110000				

SECTION IV: Preparer Information

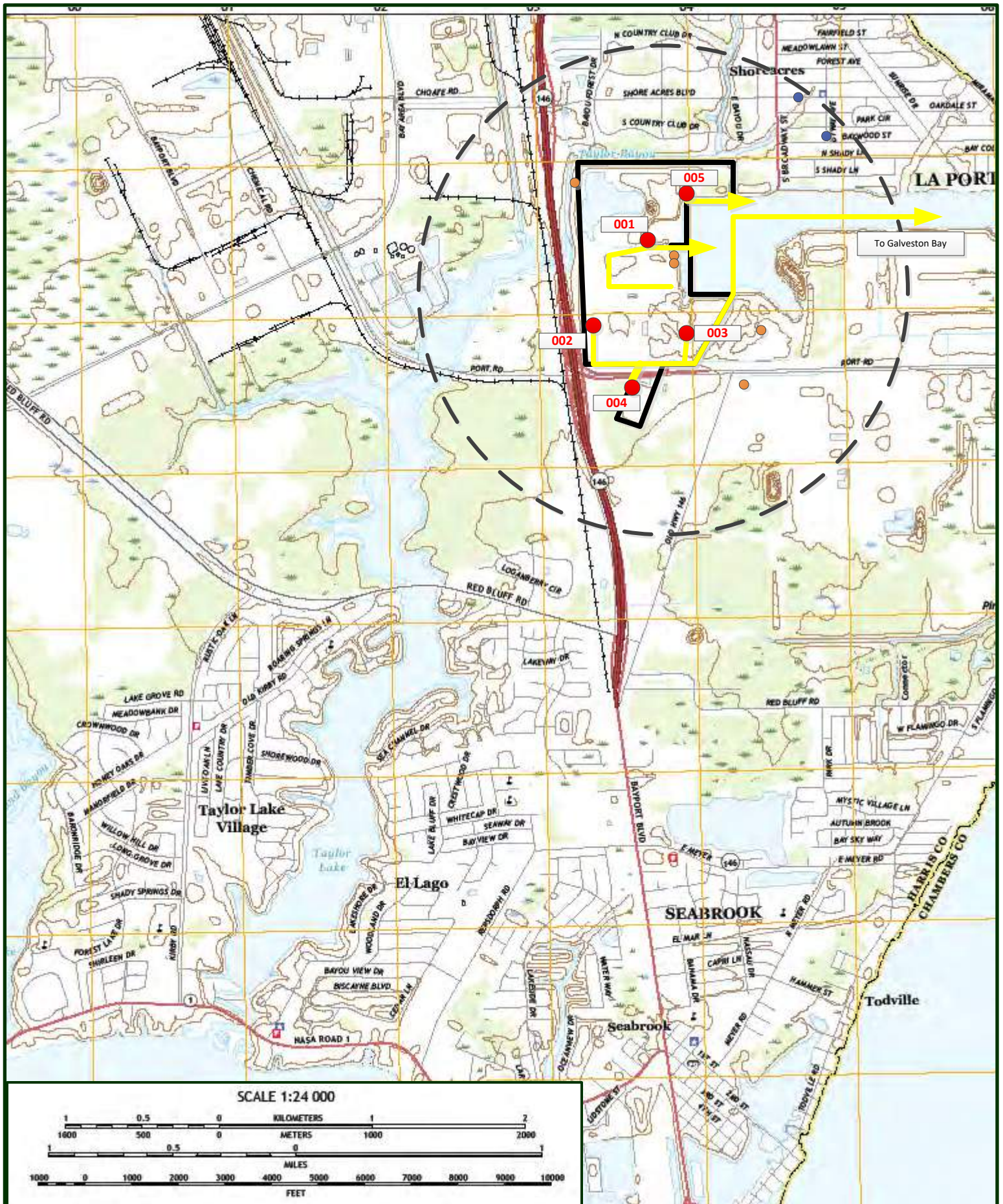
40. Name:	Bobby Panepinto	41. Title:	Regional Manager, Reg Compliance
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 291-3402		() -	b-panepinto@lbctt.com

SECTION V: Authorized Signature

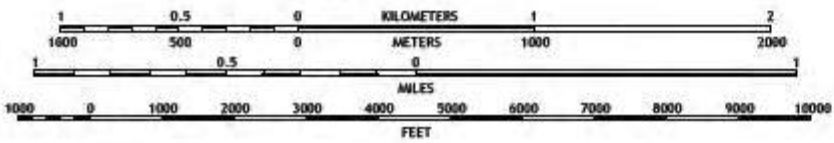
46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified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

Company:	LBC Houston, L.P.	Job Title:	Operations Director, North America
Name (In Print):	Jeremy Alberty	Phone:	(281) 291- 3401
Signature:		Date:	5-4-2020

ATTACHMENT B
USGS Topographic Map



SCALE 1:24 000



**USGS Topographic Map
League City Quadrangle 2019
7.5- Minute Seires**

1842 Snake River Rd
Katy, TX 77449
PH: (281)717-4392

Date: 5/3/2019

Drawn By: AK

**TPDES Renewal
Application
LBC Houston, L.P.**

Legend:

- LBC Property Boundary
- Outfall Discharge Route
- Outfall Location
- Monitoring Well
- Groundwater Monitoring Well
- Outfall Number
- One-mile Radius Surrounding LBC Property

ATTACHMENT C

SPIF Form

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: 001 - Water flows from drainage ditch along main entrance road to NE of facility into HCFCD F303-00-00, thence into the Bayport Ship Channel. 002 flows into HCFCD F303-00-00, thence runs along southernmost point of facility to the Bayport Ship Channel. 003, and 004 - Each outfall runs along southernmost point of facility to the Bayport Ship Channel. 005- Water flows east along the northernmost point of the facility into an unnamed ditch then to the Bayport Ship Channel.
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: C

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

Attachment: N/A

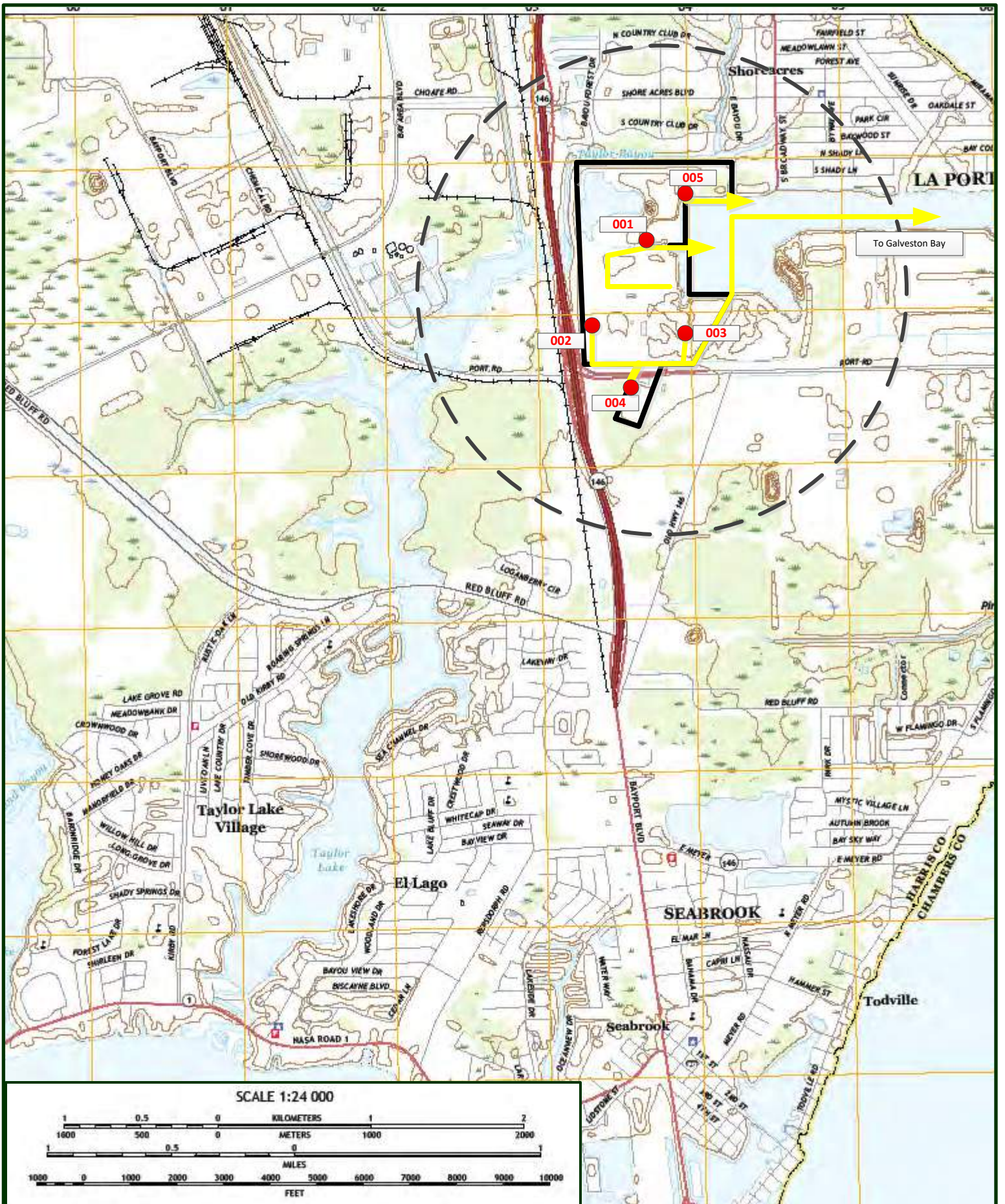
10. Does your project involve any of the following? Check all that apply.

- 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

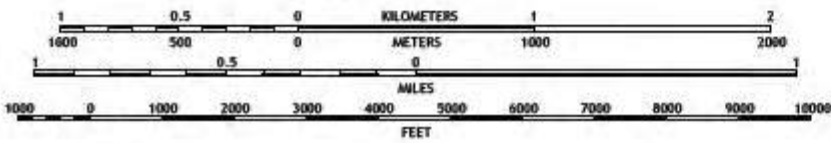
11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features): No construction is proposed as part of this application
12. Describe existing disturbances, vegetation, and land use: This facility is an existing bulk liquid chemical storage terminal. The entire facility is industrial by nature.

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: Construction commented in 1975. Additional tankage, piping, docks and associated facilities have been added since.
14. Provide a brief history of the property, and name of the architect/builder, if known: Terminal construction/site development began in 1975.



SCALE 1:24 000



ELLIANT
ENVIRONMENTAL, LLC
1842 Snake River Rd
Katy, TX 77449
PH: (281)717-4392

**USGS SPIF Map
League City Quadrangle 2019
7.5- Minute Seires**

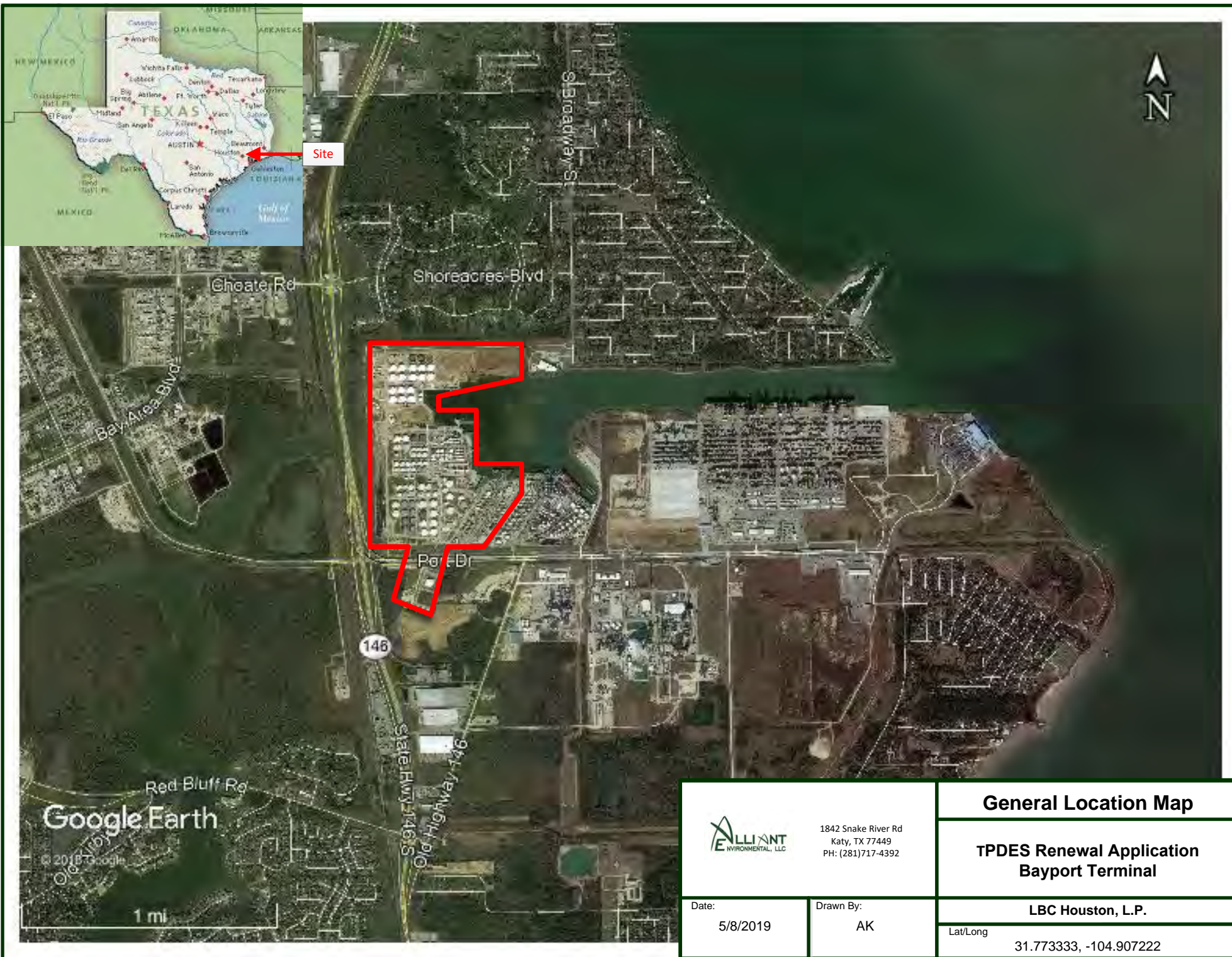
Date: 5/3/2019

Drawn By: AK

**TPDES Major Amendment
Application
LBC Houston, L.P.**

Legend:

- LBC Property Boundary
- Outfall Discharge Route
- Outfall Location
- Outfall Number
- One-mile Radius Surrounding LBC Property




Site



Google Earth

© 2018 Google

1 mi

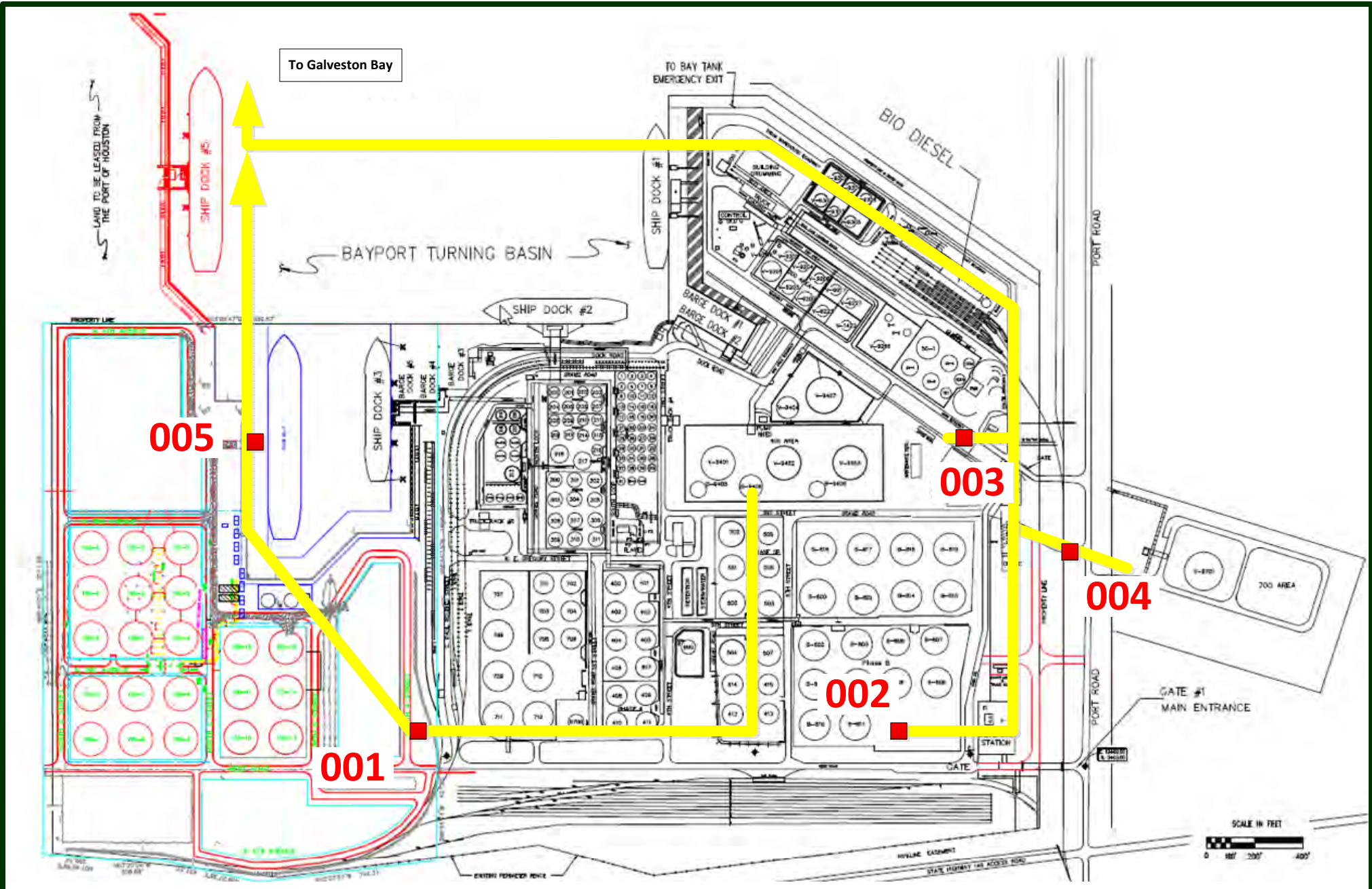
 1842 Snake River Rd Katy, TX 77449 PH: (281)717-4392		General Location Map	
		TPDES Renewal Application Bayport Terminal	
Date:	5/8/2019	Drawn By:	AK
		LBC Houston, L.P.	
		Lat/Long 31.773333, -104.907222	

ATTACHMENT D
Raw Materials List

Attachment E - Products Stored

2-Ethyl Hexyl Nitrate	Light Cycle Oil
2-Ethylhexanol	Low Sulphur VGO
AC-600, Refined Mineral Oil	Methanol
Acetic Acid	Methylcyclohexane
Acetic Anhydride	Methyl Diproxitol
Acetone	Methyl Ethyl Ketone
Alkylate	Methyl Isobutyl Carbinol
Alkylate H-230L	Methyl Isobutyl Ketone
Arcol Polyol F-3022	Methyl Proxitol
Benzene	Methyl Proxitol Acetate
Biodiesel (B-100)	Mineral Oil 350
Butyl Acrylate	Monoethylene Glycol
Caradol SC56-16	N-Butyl Acetate - Urethane
Chevron Bright Stock 150	N-Butyl Alcohol
Chevron Neutral Oil 220R	n-Methyl Pyrrolidone
Crude Acetone	N-Octylamine
Crude Glycerin	N-Propyl Acetate
Crude Oil	N-Propyl Alcohol
Cutterstock 1268	Nahptha
Cutterstock 1993	ORCHEX 796
Cyclohexane	Parol 60
D-60	PET P 2000
Diethylene Glycol	Petroleum Base Oil
Diethylene Glycol (Industrial)	Petroleum Naphtha
Diethylene Glycol (Poly)	Propylene Glycol Industrial
Distillate Blendstock	Propylene Glycol USP
Dowfax 2A1	Propylene Oxide
DPG Low Fragrance	Recovery Oil
EG Industrial (Standard)	Reformate.
Ethyl Acetate	RTBA
Ethyl Benzene	Shellsol Odorless Min Spirits
Ethylene Glycol Poly (Fiber)	Styrene
Ethylene Glycol, Antifreeze	Tallow
Fuel Oil Blendstock	Tallow Amine
Glycol Ether HB	TBA Acetone
Glycol Heavy Fraction	T-Butyl Acetate
Hydroseal G232H	Tetrahydrofuran (THF)
Hydroseal G250H	Toluene
Hydrotreated Petroleum Middle Distillates	Triethylene Glycol
Hydrotreated Petroleum Lite Distillates	Vacuum Gas Oil (VGO)
Isobutyl Alcohol	Vegetable Oil
Isobutylene	Vinyl Acetate
Isopropyl Alcohol	Xylene
Jet Fuel (TS)	XTA 793
Kerosene	

ATTACHMENT E
Facility Map

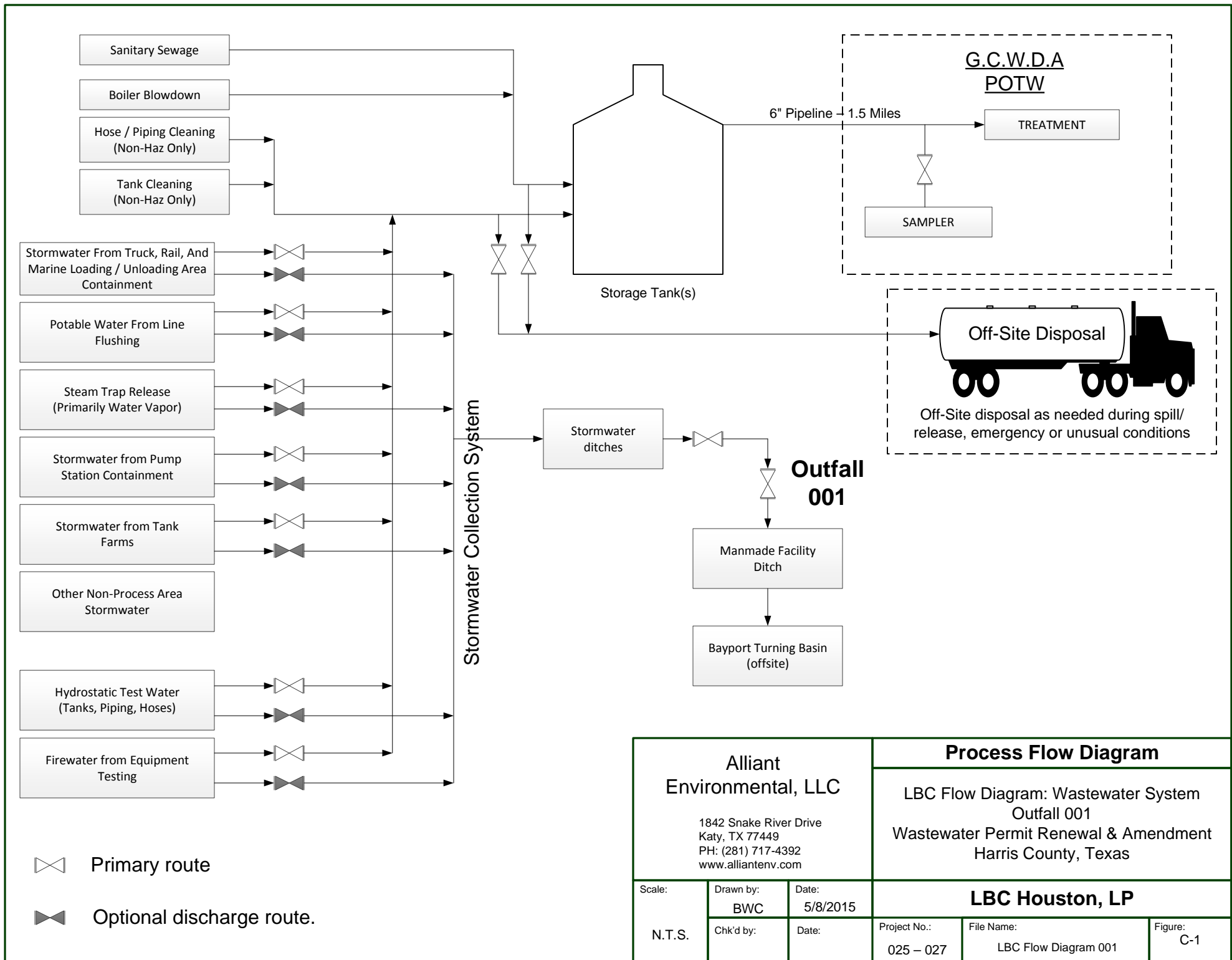


LBC Houston, L.P.
 Facility Map –
 LBC Houston, L.P. Major Amendment

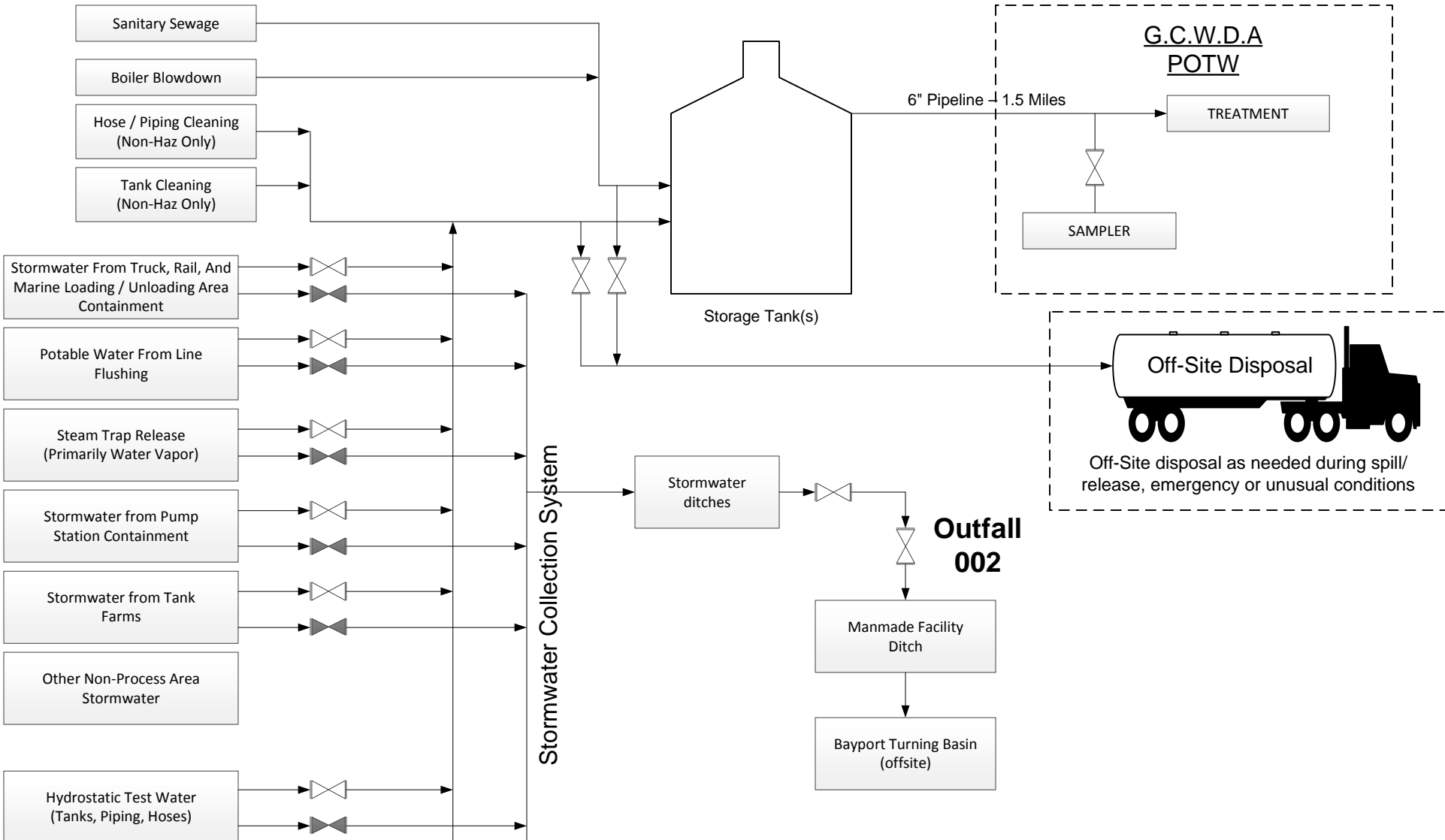
Date:
 05/07/2019
 Drawn by:
 AK



LEGEND
 001 ■ Outfall Number & Location
 ■ Discharge Route

ATTACHMENT F
Flow Diagrams

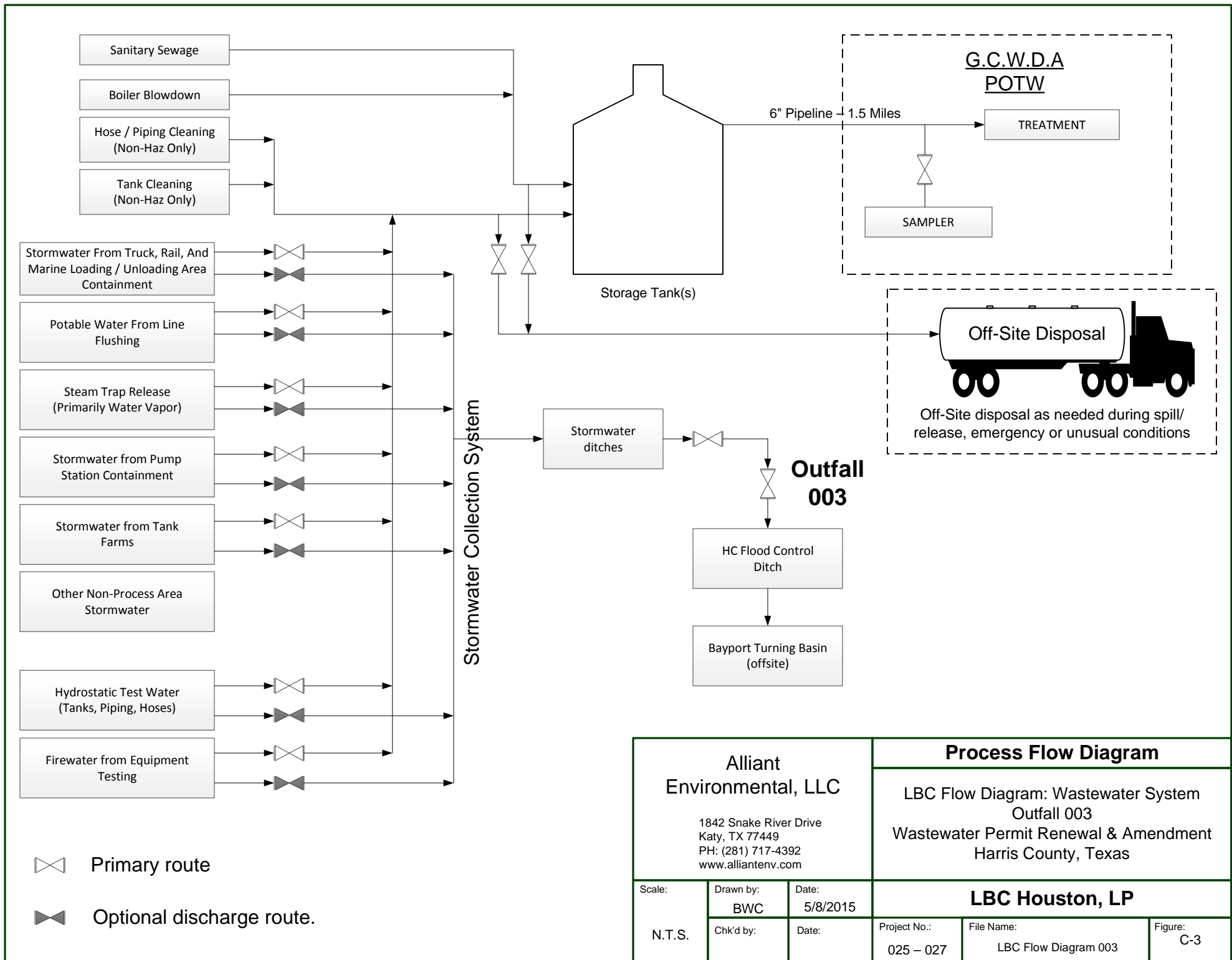


Alliant Environmental, LLC 1842 Snake River Drive Katy, TX 77449 PH: (281) 717-4392 www.alliantenv.com			Process Flow Diagram		
			LBC Flow Diagram: Wastewater System Outfall 001 Wastewater Permit Renewal & Amendment Harris County, Texas		
Scale:	Drawn by:	Date:	LBC Houston, LP		
N.T.S.	BWC	5/8/2015			
	Chk'd by:	Date:	Project No.:	File Name:	Figure:
			025 - 027	LBC Flow Diagram 001	C-1



 Primary route
 Optional discharge route.

Alliant Environmental, LLC 1842 Snake River Drive Katy, TX 77449 PH: (281) 717-4392 www.alliantenv.com			Process Flow Diagram		
			LBC Flow Diagram: Wastewater System Outfall 002 Wastewater Permit Renewal & Amendment Harris County, Texas		
Scale:	Drawn by:	Date:	LBC Houston, LP		
N.T.S.	BWC	5/8/2015			
	Chk'd by:	Date:	Project No.:	File Name:	Figure:
			025 – 027	LBC Flow Diagram 002	C-2



Sanitary Sewage

Boiler Blowdown

Hose / Piping Cleaning
(Non-Haz Only)

Tank Cleaning
(Non-Haz Only)

**G.C.W.D.A
POTW**

6" Pipeline - 1.5 Miles

TREATMENT

SAMPLER

Stormwater From Truck, Rail, And
Marine Loading / Unloading Area
Containment

Potable Water From Line
Flushing

Steam Trap Release
(Primarily Water Vapor)

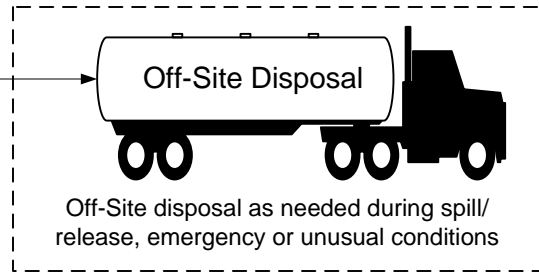
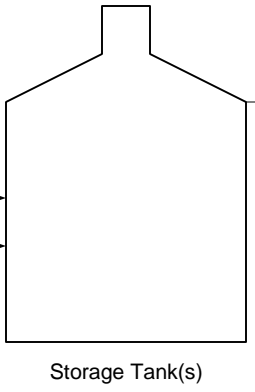
Stormwater from Pump
Station Containment

Stormwater from Tank
Farms

Other Non-Process Area
Stormwater

Hydrostatic Test Water
(Tanks, Piping, Hoses)

Firewater from Equipment
Testing



Stormwater Collection System



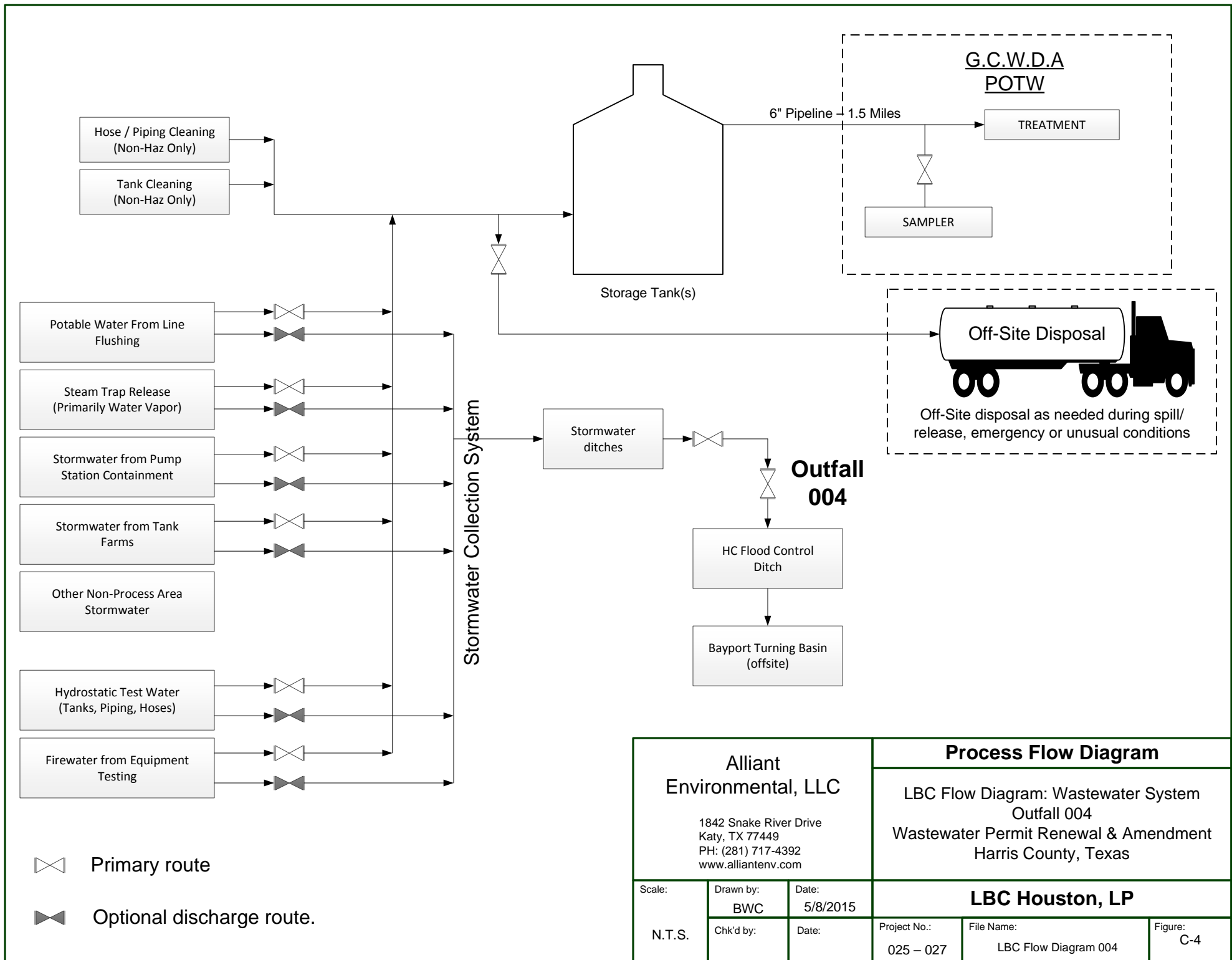
**Outfall
003**



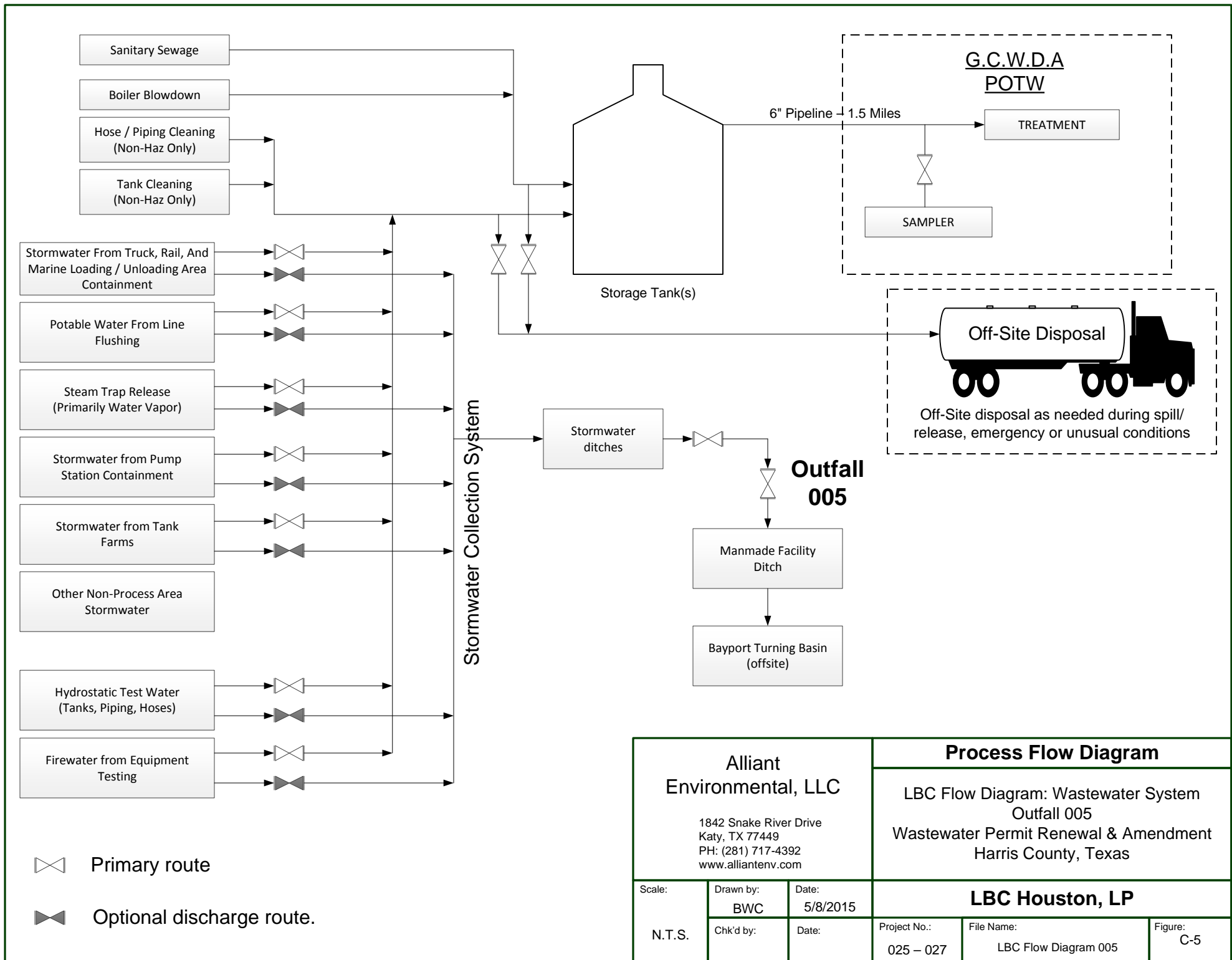
Primary route

Optional discharge route.

<p align="center">Alliant Environmental, LLC</p> <p align="center">1842 Snake River Drive Katy, TX 77449 PH: (281) 717-4392 www.alliantenv.com</p>			Process Flow Diagram		
			<p align="center">LBC Flow Diagram: Wastewater System Outfall 003 Wastewater Permit Renewal & Amendment Harris County, Texas</p>		
Scale:	Drawn by:	Date:	LBC Houston, LP		
N.T.S.	BWC	5/8/2015			
	Chk'd by:	Date:	Project No.:	File Name:	Figure:
			025 – 027	LBC Flow Diagram 003	C-3



Alliant Environmental, LLC 1842 Snake River Drive Katy, TX 77449 PH: (281) 717-4392 www.alliantenv.com			Process Flow Diagram		
			LBC Flow Diagram: Wastewater System Outfall 004 Wastewater Permit Renewal & Amendment Harris County, Texas		
Scale:	Drawn by:	Date:	LBC Houston, LP		
N.T.S.	BWC	5/8/2015			
	Chk'd by:	Date:	Project No.:	File Name:	Figure:
			025 – 027	LBC Flow Diagram 004	C-4



<p align="center">Alliant Environmental, LLC</p> <p align="center">1842 Snake River Drive Katy, TX 77449 PH: (281) 717-4392 www.alliantenv.com</p>			Process Flow Diagram		
			<p>LBC Flow Diagram: Wastewater System Outfall 005 Wastewater Permit Renewal & Amendment Harris County, Texas</p>		
Scale:	Drawn by:	Date:	LBC Houston, LP		
N.T.S.	BWC	5/8/2015	Project No.:	File Name:	Figure:
	Chk'd by:	Date:	025 - 027	LBC Flow Diagram 005	C-5