### Texas Commission on Environmental Quality Update Domestic or Industrial Individual Permit WQ0010232002

### Site Information (Regulated Entity)

What is the name of the site to be authorized?	GRUENE ROAD WATER RECLAMATION FACILITY
Does the site have a physical address?	Yes
Physical Address	
Number and Street	1493 GRUENE RD
City	NEW BRAUNFELS
State	ТХ
ZIP	78130
County	COMAL
Latitude (N) (##.######)	29.735833
Longitude (W) (-###.######)	-98.107777
Primary SIC Code	4952
Secondary SIC Code	
Primary NAICS Code	221320
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN101700946
What is the name of the Regulated Entity (RE)?	GRUENE ROAD WATER RECLAMATION FACILITY
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1493 GRUENE RD
City	NEW BRAUNFELS
State	ТХ
ZIP	78130
County	COMAL
Latitude (N) (##.######)	29.735833
Longitude (W) (-###.######)	-98.107777
Facility NAICS Code	
What is the primary business of this entity?	DOMESTIC

# New Bra-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN600522957

7/25, 9:30 AM	ApplicationSummaryReport
Type of Customer	Other Government
Full legal name of the applicant:	
Legal Name	New Braunfels Utilities
Texas SOS Filing Number	
Federal Tax ID	
State Franchise Tax ID	
State Sales Tax ID	
Local Tax ID	
DUNS Number	38346169
Number of Employees	101-250
Independently Owned and Operated?	
I certify that the full legal name of the entity app permit has been provided and is legally authoriz in Texas.	
Responsible Authority Contact	
Organization Name	New Braunfels Utilities
Prefix	MR
First	Mark
Middle	
Last	Steelman
Suffix	
Credentials	
Title	Chief Operations Officer
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if a	applicable) 263 MAIN PLZ
Routing (such as Mail Code, Dept., or Attn:)	
City	NEW BRAUNFELS
State	ТХ
ZIP	78130
Phone (###-####-#####)	8306298415
Extension	
Alternate Phone (###-####-####)	
Fax (###-###-####)	
E-mail	msteelman@nbutexas.com
Billing Contact	
Responsible contact for receiving billing statem	ents:
Select the permittee that is responsible for payn	nent of the annual CN600522957, New Braunfels

https://www19.tceq.texas.gov/ePermitsExternal/faces/views/reports/applicationSummaryReport.xhtml?appld=767777

fee.

Utilities

17/25, 9:30 AM	ApplicationSummaryReport
Organization Name	NEW BRAUNFELS UTILITIES
Prefix	MR
First	Brent
Middle	
Last	Lundmark
Suffix	
Credentials	
Title	WATER TREATMENT & COMPLIANCE MANAGER
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, i	f applicable) 1922 KUEHLER AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	NEW BRAUNFELS
State	ТХ
ZIP	78130
Phone (###-###-####)	8306088900
Extension	
Alternate Phone (###-######)	
Fax ( <del>###-###</del> -####)	
E-mail	BLUNDMARK@NBUTEXAS.COM
Application Contact	
Person TCEQ should contact for questions about application:	out this
Same as another contact?	
Organization Name	NEW BRUANFELS UTILITIES
Prefix	MR
First	BRENT
Middle	
Last	LUNDMARK
Suffix	
Credentials	
Title	WATER TREATMENT & COMPLIANCE MANAGER
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, i	f applicable) 1922 KUEHLER AVE
Routing (such as Mail Code, Dept., or Attn:)	

4/17/25, 9:30 AM

#### ApplicationSummaryReport

City	NEW BRAUNFELS
State	ТХ
ZIP	78130
Phone (###-#####)	8306088900
Extension	
Alternate Phone (###-####-####)	
Fax (###-#####)	
E-mail	BLUNDMARK@NBUTEXAS.COM

## **Technical Contact**

Same as another contact?	
Organization Name	Quiddity Engineering
Prefix	MR
First	Jonathan
Middle	
Last	Nguyen
Suffix	
Credentials	
Title	Permitting Specialist
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	912 S CAPITAL OF TEXAS HW
Routing (such as Mail Code, Dept., or Attn:)	
City	WEST LAKE HILLS
State	ТХ
ZIP	78746
Phone (###-#####)	5126855156
Extension	
Alternate Phone (###-#####)	
Fax (###-####)	
E-mail	jnguyen@quiddity.com
R Contact	
Person responsible for submitting Discharge Monitoring Report Forms:	
Same as another contact?	Billing Contact

https://www19.tceq.texas.gov/ePermitsExternal/faces/views/reports/applicationSummaryReport.xhtml?appld=767777

Organization Name

NEW BRAUNFELS UTILITIES

4/17/2

7/25, 9:30 AM	ApplicationSummary	Report
Prefix		MR
First		Brent
Middle		
Last		Lundmark
Suffix		
Credentials		
Title		WATER TREATMENT & COMPLIANCE MANAGER
Enter new addre	ss or copy one from list:	
Mailing Address:		
Address Type		Domestic
Mailing Address	(include Suite or Bldg. here, if applicable)	1922 KUEHLER AVE
Routing (such as	Mail Code, Dept., or Attn:)	
City		NEW BRAUNFELS
State		ТХ
ZIP		78130
Phone (###-###	####)	8306088900
Extension		
Alternate Phone	(###-###-#####)	
Fax (###-###-##	##)	
E-mail		BLUNDMARK@NBUTEXAS.COM
Section 1# Permit	Contact	
Permit Contact	¥: 1	
Person TCEQ shou	ld contact throughout the permit term.	
1) Same as anot	her contact?	CN600522957, New Braunfels Utilities
2) Organization I	Name	New Braunfels Utilities
3) Prefix		MR
4) First		Mark
5) Middle		
6) Last		Steelman
7) Suffix		
8) Credentials		
9) Title		Chief Operations Officer
Mailing Address		
10) Enter new ad	ddress or copy one from list	
11) Address Type	e	Domestic
11.1) Mailing Add	dress (include Suite or Bldg. here, if applicable)	263 MAIN PLZ

11.2) Routing (such as Mail Code, Dept., or Attn:)

4/17

):30 AM	ApplicationSummaryReport
11.3) City	NEW BRAUNFELS
11.4) State	ТХ
11.5) ZIP	78130
12) Phone (###-####/####)	8306298415
13) Extension	
14) Alternate Phone (###-######)	
15) Fax (###-####-####)	
16) E-mail	msteelman@nbutexas.com
ection 2# Permit Contact	
Permit Contact#: 2	
Person TCEQ should contact throughout the permit ter	rm.
1) Same as another contact?	DMR Contact
2) Organization Name	NEW BRAUNFELS UTILITIES
3) Prefix	MR
4) First	Brent
5) Middle	
6) Last	Lundmark
7) Suffix	
8) Credentials	
9) Title	WATER TREATMENT &
	COMPLIANCE MANAGER
Mailing Address	
10) Enter new address or copy one from list	CN600522957, New Braunfels Utilities
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if a	oplicable) 263 MAIN PLZ
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	NEW BRAUNFELS
11.4) State	ТХ
11.5) ZIP	78130
12) Phone (###-###+###)	8306088900
13) Extension	
14) Alternate Phone (###-#####)	
15) Fax (###-###-####)	
16) E-mail	blundmark@nbutexas.com

#### **Owner of Treatment Facility**

1) Prefix

	2) First and Last Name	
	3) Organization Name	New Braunfels Utilities
	4) Mailing Address	263 Main Plaza
	5) City	New Braunfels
	6) State	ТХ
	7) Zip Code	78130
	8) Phone (###-#####)	8306088900
	9) Extension	
	10) Email	blundmark@nbutexas.com
	11) What is ownership of the treatment facility?	Public
0	vner of Land (where treatment facility is or will be)	
	12) Prefix	
	13) First and Last Name	
	14) Organization Name	New Braunfels Utilities
	15) Mailing Address	263 Main Plaza
	16) City	New Braunfels
	17) State	ТХ
	18) Zip Code	78130
	19) Phone (###-######)	8306088900
	20) Extension	
	21) Email	blundmark@nbutexas.com
	22) Is the landowner the same person as the facility owner or co- applicant?	Yes

### General Information Renewal-Amendment

1) Current authorization expiration date:	10/22/2025
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No
4) What is the application type that you are seeking?	Renewal with changes
4.1) Describe the proposed changes:	update facility location description and remove Interim I - 1.1 MGD phase.
5) Current Authorization type:	Public Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	4.9
5.2) Select the applicable fee	>= 1.0 MGD - Renewal - \$2,015
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0070939
6.2) Is the wastewater treatment facility location in the existing permit accurate?	No

6.2.1) Provide an accurate description of the wastewater treatment facility location:	1322 Loop 337, in the City of New Braunfels, Comal County, Texas 78130
6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	New Braunfels
6.5) County where the outfalls are located:	COMAL
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	Yes
7.1) List each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:	Jonathan Nguyen

## Public Notice Information

Individual Publishing the Notices	
1) Prefix	MS
2) First and Last Name	Becca Graham
3) Credential	
4) Title	Enterprise Communication Manager
5) Organization Name	New Braunfels Utilities
6) Mailing Address	263 MAIN PLZ
7) Address Line 2	
8) City	NEW BRAUNFELS
9) State	ТХ
10) Zip Code	78130
11) Phone (###-#####)	8306298400
12) Extension	
13) Fax (###-###-####)	
14) Email	communications@nbutexas.com
Contact person to be listed in the Notices	
15) Prefix	MR
16) First and Last Name	Brent Lundmark
17) Credential	
18) Title	Water Treatment & Compliance
10) Organization Name	Manager
19) Organization Name	New Braunfels Utilities
20) Phone (###-#####)	8306088900

	21) Fax (###-####-####)	
	22) Email	blundmark@nbutexas.com
E	Bilingual Notice Requirements	
	23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?	Yes
	23.1) Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?	Yes
	23.2) Do the students at these schools attend a bilingual education program at another location?	No
	23.3) 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)?	No
	23.4) Which language is required by the bilingual program?	Spanish

#### Section 1# Public Viewing Information

#### County#: 1 1) County COMAL 2) Public building name New Braunfels Utilities Customer Solutions Center 3) Location within the building Front Desk 4) Physical Address of Building 1488 South Seguin Avenue 5) City New Braunfels 6) Contact Name Becca Graham 7) Phone (###-####-####) 8306298400 8) Extension 9) Is the location open to the public? Yes

#### Plain Language

1) Plain Language		
[File Properties]		
File Name	LANG_02 Attachment A - PLS.pdf	
Hash	34F8593036E28C280AEEB2FF4AFD670C9870145C14E667E056F91019A1F6325F	
MIME-Type	application/pdf	

## Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

ApplicationSummaryReport

SPIF\_03 Attachment B - SPIF.pdf

File Name	
Hash	

MIME-Type

E00BA2A54D5100CACFC5363904E599D4B644ACFDE21115132509961B4B29DA24

application/pdf

#### **Domestic Attachments**

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.

[File Properties]

File Name	MAP_04 Attachment C - USGS.pdf
Hash	6811083A7E27D384E34ABF0869FBA7106226BDBD21CB6346E2B75C1C939699F3
MIME-Type	application/pdf
<ol><li>I confirm that all required sections</li></ol>	s of Technical Report 1.0 are Yes
complete and will be included in the	Technical Attachment.

2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes
2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment?	No
2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment?	Yes
2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment?	Yes
2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment.	Yes
2.6) Are you planning to include Worksheet 7.0 (Class V Injection	No

Well Inventory/Authorization Form) in the Technical Attachment?

2.7) Technical Attachment

[File Properties]

File Name

TECH\_05 Attachment D - Application Technical Reports.pdf

Hash MIME-Type

application/pdf

F6E089DC676C462C0F86ACD3F90F8D49B79B2C59E963A76C10A84B54E9802160

3) Buffer Zone Map

4) Flow Diagram

[File Properties]

File Name Hash FLDIA\_06 Attachment E - Flow Schematics.pdf

03C526BCDC8232A28F18712B952EBAEE2EEC0AD9EDDDEFA5F6A378820FE0487F

#### ApplicationSummaryReport

MIME-Type	application/pdf
E) Site Drowing	
5) Site Drawing [File Properties]	
	OLITEDD OZ Attackment E. Comice Area Man ndf
File Name	SITEDR_07 Attachment F - Service Area Map.pdf
Hash	322CF8C3885E682383C9BF9579B24B4D6FCA4625F0C5568647EE2457DC0E6BFA
MIME-Type	application/pdf
6) Design Calculations	
[File Properties]	
File Name	DES_CAL_08 Attachment G - Treatment Process and Size.pdf
Hash	C100192FA84604AFEC5799866BAD2D1FE9326157278DA11F17350ED79DED1290
МІМЕ-Туре	application/pdf
7) Solids Management Plan	
1) Solius Management Lian	
8) Water Balance	
,	
9) Other Attachments	
[File Properties]	
File Name	OTHER_09 Attachment H - CDF.pdf
Hash	9F154A79A25B07A7CA6EFE99501A37807C731DC9576931B5EF0DFF5FCEF909E3
МІМЕ-Туре	application/pdf
[File Properties]	
File Name	OTHER_10 Attachment I - Effluent Analysis.pdf
Hash	37C48A5667B2CC22DF2AB225E0F6562B68E7F64E048BB18D75D41D9C97930F18
MIME-Type	application/pdf