

TCEQ EXIT INTERVIEW FORM: Potential Violations and/or Records Request					
<b>Regulated Entity/Site Name</b>	GALVESTON COUNTY MUD 12 WWTP			<b>TCEQ Add. ID No. RN No (optional)</b>	RN102096229; WQ0010435002
<b>Investigation Type</b>	complaint	<b>Contact Made In-House (Y/N)</b>	n	<b>Purpose of Investigation</b>	Compliance
<b>Regulated Entity Contact</b>	John Davis		<b>Telephone No.</b>		<b>Date Contacted</b> 11/19/2024
<b>Title</b>	Operator		<b>FAX #/Email address</b>		<b>FAX/Email date</b> 11/19/2024

**NOTICE:** The information provided in this form is intended to provide clarity to issues that have arisen during the investigation process between the TCEQ and the regulated entity named above and *does not represent final TCEQ findings related to violations*. Any potential or alleged violations discovered after the date on this form will be communicated to the regulated entity representative prior to the issuance of a notice of violation or enforcement. Conclusions drawn from this investigation, including additional violations or potential violations discovered (if any) during the course of this investigation, will be documented in a final investigation-report.

Issue		For Records Request, identify the necessary records, the company contact and date due to the agency. For Alleged and Potential Violation issues, include the rule in question with the clearly described potential problem. Other type of issues: fully describe.	
No.	Type <sup>1</sup>	Rule Citation (if known)	Description of Issue
1	AV	Texas Water Code 26.121(a)(1); 30 TAC 305.125(1); 30 TAC 305.125(4); Effluent Limitations and Monitoring Requirements, No. 4	<b>Resolved Alleged Violation</b> for: Failure to prevent the discharge of floating solids from the wastewater treatment plant. Specifically, on November 17, 2024, the RAS lift pumped failed causing solids to be discharged through the permitted outfall.  The regulated entity indicated that the RAS lift pump was repaired and solids in the chlorine contact basin were removed.

**Note 1: Issue Type Can Be One or More of: AV (Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)**

Did the TCEQ document the regulated entity named above operating without proper authorization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did the investigator advise the regulated entity representative that continued operation is not authorized?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Document Acknowledgment. Signature on this document establishes only that the regulated entity (company) representative received a copy of this document and associated continuation pages on the date noted. If contact was made by telephone, document will be faxed to regulated entity; therefore, signature not required.

Charlie Thomas	11/19/2024		
<b>Investigator Name (Signed &amp; Printed)</b>	<b>Date</b>	<b>Regulated Entity Representative Name (Signed &amp; Printed)</b>	<b>Date</b>

If you have questions about any information on this form, please contact your local TCEQ Regional Office.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512-239-3282.