

**AIR PERMITS DIVISION** 

AIR NSR\_RN 104590433 Permit/07887 PA\_2013-62-21 Application\_Project 188212

REARIED

JAN 2 4 2013

Regulatory Department

January 22, 2013

#### VIA Email to airog@tceq.texas.gov VIA CERTIFIED MAIL # 7010 3090\_0000 1390\_0137

Texas Commission on Environmental Quality Mr. Michael Partee, MC 163 P. O. Box 13087 Austin, Texas 78711-3087

Orr	107887	RECEIVED
Proj	188212	FEB 2 5 2015
•••		TCEQ CENTRAL FILE ROOM

Re: Chesapeake Operating, Inc. CN600514004 Permit by Rule §106.352 and §106.492 Registration Traylor South Zav I Pad

Dear Mr. Partee:

Chesapeake Operating, Inc. (COI) is registering the Traylor South Zav I Pad in Zavala County, Texas, under Texas Commission on Environmental Quality (TCEQ) Permit by Rule (PBR) §106.352 and §106.492. This registration is for a single scenario site. COI constructed the Facility after February 27, 2011, and is not waiting for a response from the TCEQ prior to implementing this project. COI has prepared a PI-7-CERT submittal to register and certify the site-wide emissions.

This registration submittal consists of the following:

- PI-7-CERT "Certification and Registration for Permits By Rule"
- Core Data Form
- Chapter 106.4 "Permit by Rule Applicability Checklist"
- Chapter 106.352 PBR Checklist "Oil and Gas Production Facilities"
- Chapter 106.492 PBR Checklist "Smokeless Gas Flares"
- Process Description
- Table 1a
- Emission Calculations

A check for \$450, a copy of the Core Data Form, and a copy of the PI-7-CERT Form have been submitted under separate cover to the TCEQ Revenue Section. The check number is <u>1956002</u>. A copy of this registration has also been sent to the TCEQ Region 16 office in Laredo.

January 22, 2013 Mr. Michael Partee Page 2

The original signature copies of the PI-7-CERT Form and the Core Data Form have been mailed, via certified mail, to your attention.

Please add the following second technical contact for this site:

Name: Rita Zebian, Project Manager Company: SAIC Energy, Environment & Infrastructure, LLC Address: 1200 East Copeland Road, Suite 510, Arlington, Texas 76011 Phone: (817) 640-6407 Email: <u>rita.m.zebian@saic.com</u>

If you have any questions concerning the requested registration, or wish to discuss the information provided with this letter, please contact me at (405) 935-7908.

Sincerely,

'ra Mach

Kha Mach, PE Corporate Air Engineer, COI

cc: Air Section Manager, TCEQ Laredo 707 E. Calton Rd., Ste. 304 Laredo, TX 78041-3887 <u>VIA CERTIFIED MAIL # 7010 3090 0000 1390 0144</u>



The TCEQ requires that a complete Core Data Form bearing an original signature be submitted on all incoming applications unless a Regulated Entity and Customer Reference Number have been issued by the TCEQ and no core data information has changed. For more information regarding the Core Data Form, call (512) 239-5175 or go to the TCEQ Web site at www.tceq.texas.gov/permitting/central\_registry/guidance.html.

			<u> </u>				
I. Registrant Informatio	'n						
A. Company or Other Legal Cust	A. Company or Other Legal Customer Name: Chesapeake Operating, Inc.						
Company Official Contact Name:	John f	P. Suter					
Title: Vice President, Operations - We	estern C	Division					
Mailing Address: P. O. Box 18496							
City: Oklahoma City		State: OK			ZIP	Code: 73	154-0496
Phone: (405) 935-7908	Fax:	(405) 849-7908		E-mail: kha	.mach	n@chk.com	
B. Technical Contact Name: Kha	Mach,	PE					
Title: Corporate Air Engineer, COI							
Company: Chesapeake Operating, In	IC .						
Mailing Address: P. O. Box 18496							
City: Oklahoma City		State: OK			ZIP	Code: 731	54-0496
Phone: (405) 935-7908	Fax: (	(405) 849-7908	ļ	E-mail: kha.	mach(	@chk.com	
C. Facility Location Information	ı - Stre	et Address:					
If "NO," street address, provide v is needed)	writte	n driving directions to	o the s	site: (attach	desc	ription if a	additional space
From FM 117 and FM 1025 (just south of B then turn east and travel 0.3 mile, then turn	atesville south a	, TX) travel east on FM 117 for nd travel for 2.3 miles to locat	or 8.0 m	les to gate on th vest side of road	e souti	h side of the ro	oad, travel through gate
City: Batesville		County: Zavala				Code: 7882	29
D. Is the Core Data Form (TCEQ	) Forn	n 10400) attached?					🛛 YES 🗌 NO
If "No," provide customer referen	ice nu	mber and regulated er	ntity r	umber belo	w:		
Customer Reference Number (CN	N): 60	0514004			1 <del></del>		
Regulated Entity Number (RN):							<u> </u>
II. Facility and Site Informa	ation	M.A. 1997 1997 1997					
A. Name & Type of Facility: Traylor South Zav I Pad / Oil & natural gas gathering							
B. PBR claimed under 30 TAC 106 (List all):							
106. 352 Oil and Gas Production Fac	ilities		106.				
106. 492 Flares			106.				



II. Facility and Site Inform	ation (continued))	, , , , , , , , , , , , , , , , ,						
Are you claiming a <b>historical s</b> t	tandard exemption	or PBR?			YES NO			
"YES," enter effective date(s) and	"YES," enter effective date(s) and rule number(s) in the spaces provided below.							
Effective Da	ate		Rule N	lumber				
C. Is there a previous Standard	Exemption or PBR for	the facility in this r	egistratio	m?	🗌 YES 🖾 NO			
If "YES," enter registration num	ber(s), rule number(s)	and effective dates	; in the sp	aces provi	ded below.			
Registration Number	Effecti	ve Date		Rule Nu	ımber			
······								
D. Are there any other facilities Exemption or PBR?	Standard	l	🗆 YES 🛛 NO					
If "YES," enter registration n	umber(s), rule numbe	r(s) and effective d	ates in th	le spaces pi	rovided below.			
<b>Registration Number</b>	Effecti	ve Date		Rule Nu	ımber			
E. Are there any other air preco	nstruction permits at t	his site?			U YES 🛛 NO			
If "YES," enter permit number(s	) in the spaces provide	d below.						
Are there any other air preconstr with this project?	uction permits at this s	site that would be d	irectly as:	sociated	🗆 YES 🛛 NO			
If "YES," enter permit numbe	er(s) in the spaces prov	vided below.						
F. Is this facility located at a site Operating Permit (FOP) purs			TYES (	г 🗌 ои 🗵	Fo be determined			
If the site currently has an existin	ng federal operating pe	rmit, enter the perr	nit numb	er.	<u> </u>			
Check the requirements of 30 TA	C Chapter 122 that wil	l be triggered if this	s certifica	tion is acce	epted.			
Initial Application for an FOP	P 🔲 Significant Revi	sion for an SOP	🗌 Min	or Revisior	n for an SOP			
Operational Flexibility/off Pe	rmit Notification for ar	a SOP	Revi	ision for GO	OP			
🗌 To be Determined	🛛 None				<u></u>			



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II. Facili	II. Facility and Site Information (continued)						
Identify the	Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)						
□ SOP	SOP GOP GOP application/revision application: Submitted or under APD review.						
🛛 N/A	SOP app	lication/revision application: sub	mitted or under APD review.				
G. TCEQ.	Account Ider	tification Number (if known):					
III. Fee In	formation						
See Section	VIII. for add	iress to send fee or go to www6.t	ceq.texas.gov/epayto pay online.				
	ertification t ze any new f	o solely establish a federally enfor acilities?	ceable emission limit and not	🗌 YES 🖾 NO			
If "YES," th	an no fee is r	equired.					
If "NO," the	en go to Secti	on III.B.					
B. If "YES,	," to any of th	e following three questions, a \$10	00 fee is required. Otherwise, a \$450	o fee is required.			
Does this b	Does this business have less than 100 employees?						
Does this b	Does this business have less than 6 million dollars in annual gross receipts?						
Is this regis	Is this registration submitted by a governmental entity with a population of less than 10,000? $\Box$ YES $\boxtimes$ NO						
C. Enter th	ne check, mo	ney order, or transaction number	1955662				
Enter the ir	ndividual or o	company name printed on the che	ck. (below)				
Chesapeake	Operating, Inc.	· · · · · · · · · · · · · · · · · · ·					
Fee amoun	t (spell out):	Four hundred fifty dollars		\$ 450.00			
Was fee Pa	id online?			🗌 YES 🖾 NO			
IV. Select	ed Facility	Reviews Only—Technical Inf	ormation				
Note: If clo registration		f the following PBRs, complete th	is section, then skip to Section VI., "S	Submitting your			
Animal Feeding Operations 30 TAC 106.161, Livestock Auction Facilities 30 TAC 106.162, Saw Mills 30 TAC 106.223, Grain Handling, Storage and Drying 30 TAC 106.283, Auto Body Refinishing Facilities 30 TAC 106.436, and Air Curtain Incinerator 30 TAC 106.496							
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed?							
B. Distanc	e from this f	acility's emission release point to	the nearest property line:	feet			
Distance fr	om this facili	ty's emission release point to the	nearest off-property structure:	feet			



V. TECHNICAL INFORMATION - The following Form PI-7CERT. Place a check next to the ap the submittal.	g information must b propriate box to ver	e submitted ify you have	l with included it in						
⊠ Process Flow Diagram and Process Description	Process Flow Diagram and Process Description 🛛 🖾 Emissions data and calculations								
Table 1(a) (Form 10153) Emission Point Summary									
Confidential Information (All pages properly marked	"CONFIDENTIAL")								
Has the company implemented the project or waiting or TCEQ?	n a response from	🔀 Implemen	nted 🗌 Waiting						
Projected Start of Construction Date: 2/2013									
Is this an annual certification under 30 TAC Chapter 10	6.261 and/or 106.262?		□ YES 🗵 NO						
☑ Information on meeting the specific PBR requirements (PBR checklists maybe used and are optional.)	requirements (PBR checklists maybe used and requirements 30 TAC 106.4. (PBR checklists								
Note: Please be reminded that if the facilities listed in t & Trade program under <b>30 TAC Chapter 101, Subc</b> l facilities must possess NO <sub>x</sub> allowances equivalent to the	hapter H, Division 3,	, the owner/o	perator of these						
Distance from this facility's emission release point to the	e nearest property line:	;	388 feet						
Distance from this facility's emission release point to the	e nearest off-property st	tructure: > 5,2	280 feet						
Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.									
VI. DELINQUENT FEES	<u> </u>	<u></u>							
This form will not be processed until all delinquent f the Attorney General on behalf of the TCEQ is paid in ac Protocol. For more information regarding Delinquent Fo www.tceq.texas.gov/agency/delin/index.html.	ccordance with the Delir	nquent Fee an	d Penalty						



#### VII. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. If you **questions on how to fill out this form or about air quality permits. Please call (512) 239-1250**. 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.

SIGNATURE:

(ORIGINAL SIGNATURE REQUIRED)

DATE



VIII. SUBMITTING CO	VIII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION							
	Copies must be sent as listed below: Processing delays may occur if copies are not sent as noted.							
Who Where What								
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form and all attachments						
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form						
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.texas.gov.us/, or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.						
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.texas.gov/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.						



# **TCEQ Core Data Form**

SECTION		ed instructions regarding completion eral Information	on of the	s form, plea	se read	the Core	Data F	orm Instruc	ctions or	call 512-239-	·5175.
1. Reason for	r Submissie	on (If other is checked please	e descr	ibe in spac	e provi	ded)					
New Per	New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)										
Renewal	Renewal (Core Data Form should be submitted with the renewal form)										
2. Attachmen	its [	Describe Any Attachments:	(ex. Titl	e V Applica	tion, Wa	ste Trans	sporter /	Application	, etc.)		
		106.352 and 106.492 P	PBR F	Registrat	ion &	Certi	ficati	on			
3. Customer	Reference	Number <i>(if issued)</i>		w this link to N or RN nur		4. R	egulat	ed Entity	Refere	ence Numbe	er (if issued)
CN 60051	14004			entral Regis		R	N				
<b>SECTION</b>	II: Cu	stomer Information									
5. Effective D	ate for Cus	tomer Information Updates	(mm/de	d/yyyy)							
6. Customer	Role (Propo	sed or Actual) - as it relates to the	e <u>Regula</u>	ated Entity l	isted on	this form	. Please	e check on	ly <u>one</u> ol	the following	·
		Operator	-	🛛 Owner	•						
			[	Volunta	iry Clea	nup Ap	plicant		Other:		
7. General Cu											
New Custo				o Custome	er Inform	nation			-	-	Entity Ownership
	-	e (Verifiable with the Texas Se	•	•					Chang	<u>e**</u>	
	ige" and Se	<u>ection I is complete, skip to S</u>	Section	III – Regi	liated E	ntity in	itormai	<u>tion.</u>			
8. Type of Cu	istomer:	Corporation		🔲 Individ	ual			Sole Pro	prietors	hip- D.B.A	
City Gover	rnment	County Government		Federa	al Gover	nment		State Go	vernme	nt	
Other Gov	remment	General Partnership		Limited	l Partne	rship		Other:			
9. Customer I	Legal Nam	e (If an individual, print last name	first: ex:	Doe, John)		new Cu elow	stomer,	enter pre	vious C	<u>ustomer</u>	End Date:
					<b>_</b> _						
10. Mailing										<u> </u>	······
Address:	0:4			.		710		<u></u>			Т
I	City		Sta	te		ZIP				ZIP + 4	
11. Country N	Mailing Info	rmation (if outside USA)			12. E	-Mail A	ddress	if applical	ble)		
13. Telephone	e Number	•	14. Ext	ension or	Code			15. Fax	Numbe	er (if applical	ble)
	-							(	) -		
16. Federal Tax ID (9 digits) 17. TX State Franchise Tax ID (11 digits) 18. DUNS Number(if applicable) 19. TX SOS Filing Number (if applicable)											
20. Number o	f Employe	 2\$					· · · ·	21. In	depen	dently Own	ed and Operated?
0-20											
SECTION	III: Re	gulated Entity Infor									
	22. General Regulated Entity Information (If 'New Regulated Entity'' is selected below this form should be accompanied by a permit application)										

\*\*If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.

Update to Regulated Entity Information

23. Regulated Entity Name (name of the site where the regulated action is taking place)

Update to Regulated Entity Name

New Regulated Entity

TCEQ-10400 (09/07)

Traylor South Zav I Pad

No Change\*\* (See below)

	1								
24. Street Address									
of the Regulated									
Entity: <u>(No P.O. Boxes)</u>	City		State		ZIP			ZIP + 4	
	Ches	sapeake Operating,	Inc.						
25. Mailing Address:	P.O.	Box 18496							
	City	Oklahoma City	State	ОК	ZIP	73154		ZIP + 4	
26. E-Mail Address:	kh	a.mach@chk.com							
27. Telephone Numbe	ər		28. Extensio	on or Code	29.	Fax Numbe	er (if applicable	)	
(405)935-7908					(4	405 <b>)</b> 849-	7908		
30. Primary SIC Code	(4 digits)	31. Secondary SIC (	Code (4 digits)	32. Primary (5 or 6 digits)	NAICS	Code	33. Secon (5 or 6 digits)	dary NAICS	6 Code
1311				211111					
34. What is the Prima	ry Busi	ness of this entity? (P	lease do not rep	beat the SIC or N	AICS de	scription.)			
Oil and natural g	as gatl	nering							
Q	uestion	s 34 – 37 address geog	raphic locatio	on. Please refe	er to the	e instructior	s for applic	ability.	
25 Decoriation to	Fron	n FM 117 and FM	1025 (just s	south of Ba	tesvil	le, TX) tra	avel east o	on FM 11	7 for 8.0
35. Description to Physical Location:	mile	s to gate on the sou	th side of t	he road, tra	vel th	rough gat	e then tu	n east an	d travel 0.3
	mile	, then turn south an	d travel for	r 2.3 miles	to loca	ation on v	vest side o	of road.	
36 Nearast City			County			State		Magnagh	

36. Nearest City			County		State	ł.	Ne	arest ZIP Code	
Batesville			Zavala		TX		78	8829	
37. Latitude (N)	In Decimal:	28.801631		38. Longitude (	W) Ir	n Decimal:	-99.4845	562	
Degrees	Minutes	S	Seconds	Degrees		Minutes		Seconds	
28	48	4	5.9	99		29		4.4	

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 or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

Dam Safety	Districts	Edwards Aquifer	Industrial Hazardous Waste	Municipal Solid Waste
New Source Review – Air	OSSF .	Petroleum Storage Tank	D PWS	Sludge
Stormwater	🔲 Title V – Air	Tires	🔲 Used Oil	Utilities
Voluntary Cleanup	Waste Water	Wastewater Agriculture	Water Rights	Other:

## **SECTION IV: Preparer Information**

40. Name:	Rita Zebian			41. Title:	Project Manager, Air Quality
42. Telephon	e Number	43. Ext./Code	44. Fax Number	45. E-Mail	Address
(817)640-6407			(817)640-6447	rita.m.ze	bian@saic.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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Chesapeake Operating, Inc.	Job Title:	VP, Op	erations -	Western Division
Name(In Print) :	John P. Suter			Phone:	(405)935-8000
Signature:	Jor 1. M			Date:	1-21-13
	$\int $				

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