



Corporate Headquarters  
300 Lindenwood Drive  
Valleybrooke Corporate Center  
Malvern, PA 19355  
(610) 651-4200

November 19, 2015

**AIR PERMITS DIVISION**  
**MAY 02 2016**  
**RECEIVED**

**VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Texas Commission on Environmental Quality  
Air Permits Division  
Mail Code MC 163  
P.O. Box 13087  
Austin, TX 78711-3087

**Re: Change of Responsible Official Information**  
**Eco Services Operations Corp. – Houston Plant**  
**RN 100220581/CN605004464**  
**Title V Permit No. O-3049**  
**Account No. HG-0697-O**

**MAY 02 2016**  
**APIRT**

**Eco Services Operations Corp. – Baytown Plant**  
**RN 100211317/CN605004464**  
**Title V Permit No. O-1610**  
**Account No. HG-0696-Q**

Dear Sir or Madam:

Enclosed please find the completed Form OP-DEL, Change of Responsible Official Information (TCEQ-10011) delegating signature authority to William J. McConnell for the Eco Services Operations Corp. Houston and Baytown Plants.

Thank you very much for your assistance. Should you have any questions, please contact me at (610) 651-4720.

Sincerely,

Elaine Simpson  
Vice President of Health, Safety and  
Environment

Enclosure

cc: Air Section Manager, TCEQ – Region 12

MAY 02 2016  
APIRT

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APIRT

Form OP-DEL  
Change of Responsible Official Information  
Federal Operating Permit Program

A Responsible Official (RO) may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Faxes, photocopies, and electronic submittals can be accepted in place of an original Form OP-DEL; however, a follow-up submittal of the original Form OP-DEL is requested.

I. Identifying Information		
Account No.: HG-0697-O	RN: 100220581	CN: 605004464
Permit No.: O-3049	Area Name: Houston Plant	
Company Name: Eco Services Operations Corp.		
II. Duly Authorized Representative Information		
Action Type: <input checked="" type="checkbox"/> New DAR Identification <input type="checkbox"/> Administrative Information Change		
Name: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.) William J. McConnell		
Title: Plant Manager	Delegation Effective Date: <del>11/24/2015</del> 4/29/2016	
Telephone No.: (713) 924-1401	Fax No.: (713) 835-3252	
Mailing Address: 8615 Manchester Street		
City: Houston	State: TX	ZIP Code: 77012
Delivery Address: 8615 Manchester Street		
City: Houston	State: TX	ZIP Code: 77012
E-mail Address: bill.mcconnell@eco-services.com		
III. Certification of Truth, Accuracy, and Completeness		
I, <u>Elaine Simpson</u> , certify that, based on (RO or DAR name printed or typed)		
information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete.		
Responsible Official Signature: <u>Elaine Simpson</u>	Title: Vice President of Health, Safety and Environment	
Date: <u>11/19/15</u>	Title: Plant Manager	
Duly Authorized Representative Signature: <u>William J. McConnell</u>	Title: Plant Manager	
Date: <u>11/18/15</u>	Title: Plant Manager	
IV. Removal of Duly Authorized Representative(s)		
The following should be removed as Duly Authorized Representative(s):		
_____		Effective Date: _____
(RO or DAR name Printed or typed)		
Responsible Official Signature: _____		
Date: _____	Title: _____	

11/19/15  
DAR

MAY 02 2016  
APIRT

**Form OP-DEL  
Change of Responsible Official Information  
Federal Operating Permit Program  
(Extension)**

APR 24 2016  
DAR

V. Additional Identifying Information		
Account No.: HG-0696-Q	RN: 100211317	CN: 605004464
Permit No.: O-1610	Area Name: Eco Services Operations Corp. - Baytown Plant	
Account No.:	RN:	CN:
Permit No.:	Area Name:	
Account No.:	RN:	CN:
Permit No.:	Area Name:	
Account No.:	RN:	CN:
Permit No.:	Area Name:	
Account No.:	RN:	CN:
Permit No.:	Area Name:	
Account No.:	RN:	CN:
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Permit No.:	Area Name:	
Account No.:	RN:	CN:
Permit No.:	Area Name:	

Reset Form