

12/08/2008 -----NSR IMS - PROJECT RECORD -----

PROJECT#: 142798 PERMIT#: 86892 STATUS: PENDING DISP CODE: _____
 RECEIVED: 12/02/2008 PROJTYPE: INITIAL AUTHTYPE: PBR ISSUED DT: _____
 RENEWAL: _____
 PROJECT ADMIN NAME: REGISTRATION OF PORTABLE RECIPROCATING COMPRESSORS
 PROJECT TECH NAME: OWENS-BROCKWAY GLASS CONTAINER

Assigned Team: RULE REG SECTION

STAFF ASSIGNED TO PROJECT:

GLASPIE-FELIX, SHELIA - REVIEWR1_2 - AP INITIAL REVIEW
 TEAM LEADER, RR - REVIEW ENG - RULE REG SECTION

ISSUED TO: OWENS-BROCKWAY GLASS CONTAINER INC
 COMPANY NAME: OWENS-BROCKWAY GLASS CONTAINER INC
 CUSTOMER REFERENCE NUMBER: CN600128904

SITE DATA

REGULATED ENTITY NUMBER: RN100216969 ACCOUNT: MB00951
 SITE NAME: OWENS-BROCKWAY GLASS CONTAINER

REGULATED ENTITY LOCATION: 5200 BEVERLY DR
 REGION 09 - WACO NEAR CITY: WACO COUNTY: MCLENNAN

CONTACT DATA

CONTACT NAME: MR JERRY JAMAR CONTACT ROLE: RO
 JOB TITLE: PLANT MANAGER ORGANIZATION: OWENS-BROCKWAY GLASS CONTAINER INC
 MAILING ADDRESS: 5200 BEVERLY DR, WACO, TX, 76711-1033
 PHONE: (254) 754-9525 Ext: 0
 FAX: (254) 754-9585 Ext: 0
 EMAIL: JERRY.JAMAR@O-1.COM

CONTACT NAME: MR DENNIS BUENGER CONTACT ROLE: TC
 JOB TITLE: ORGANIZATION: OWENS-BROCKWAY GLASS CONTAINER INC
 MAILING ADDRESS: 3 MICHAEL OWENS WAY, PERRYSBURG, OH, 43551-2999
 PHONE: (567) 336-7519 Ext: 0
 FAX: (567) 336-7898 Ext: 0
 EMAIL: DENNIS.BUENGER@O-1.COM

FEE:

Reference	Fee Receipt Number	Amount	Fee Receipt Date	Fee Payment Type
63356		450.00		ePAY

TRACKING ELEMENTS:

TE Name	Start Date	Complete Date
APIRT RECEIVED PROJECT (DATE)	12/02/2008	
ADMIN DEFICIENCY CYCLE	12/04/2008	12/08/2008
CENTRAL REGISTRY UPDATED	12/04/2008	12/04/2008
APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)	12/08/2008	
DEFICIENCY CYCLE		
ENGINEER INITIAL REVIEW COMPLETED (DATE)		
PEER / MANAGER REVIEW PERIOD		
PROJECT RECEIVED BY ENGINEER (DATE)		

PROJECT RULES:

Rule Desc	Request Type	On Application	Approve
106.512 ENGINES/TURBINES -	ADD	Y	APPROVE

PERMIT RULES:

Rule Desc	Start Date	End Date
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Average of these 2 is 15.51

(CH) - RN - Avg. 17.33

different names

(CH) - RN - Avg. 13.68
 OWENS-BROCKWAY GLASS CONTAINER INC

(CH) - CN - Avg. 13.68

FSU Review
 trigger
 If exceeds
 100 tpy CO
 - 40 tpy NOx

X10 - 372299
 +RV - 372300

Unit type
 Comb / Unit

From: <Dennis.Buenger@o-i.com>
To: "Donna Wurst" <DWurst@tceq.state.tx.us>
Date: 12/11/2008 2:29 PM
Subject: Re: Owens-Brockway Glass Container, Inc. (Portable Reciprocating Compressors)
Attachments: GeneralRequirements-106.4-10149.wpd; Stationary Engines & Turbines - 106.51 2 - 10146.doc

Ms. Donna Wurst -

I am in receipt of your email requesting additional information. I actually received three emails, but I think they are all the same. I will do my best to get this information to you in the requested time frame.

Sincerely,
Dennis J. Buenger
(567) 336-7519

"Donna Wurst"
<DWurst@tceq.state.tx.us>

12/11/2008 03:08 PM

To
<dennis.buenger@o-i.com>
cc

Subject
Owens-Brockway Glass Container, Inc. (Portable
Reciprocating Compressors)

Mr. Buenger,

Re: Owens-Brockway Glass Container, Inc. (Portable Compressors)

I am assigned to process the PBR registration for the above-referenced site. I have completed my initial review of the project and need some clarification and/or additional information in order to complete my technical review.

- (1) Please provide a brief description of the operation(s) at the site.
 - (2) Please provide a brief description of how and where the compressors are utilized.
 - (3) Please provide the maximum operating schedule for the engines.
?? hrs/day
?? days/week
?? weeks/year
 - (4) Please provide a 106.4 (General Requirements) checklist. (form attached)
 - (5) Please provide a 106.512 (Stationary Engines & Turbines) checklist. (form attached)
 - (6) Please provide the short-term (lb/hr) and annual (tpy) emissions for the five engines and the supporting calculations.
- If available, could you please provide engine manufacturer's data sheets for each make/model so that I may verify the emission factors used to calculate the emissions?

Please reply to this email so that I know you are in receipt of this request.

Note: I will need this information by Dec. 16th, or the very latest, Dec. 18th.
If this information is not provided by this time, a deficiency letter will be sent to you. Upon receipt of the deficiency letter, you will have up to six months to provide the information. After six months, a new fee will need to be submitted, etc. A deficiency letter does not mean that you get a 'black mark' on your record. It only means that the applicant needs more time to obtain the requested information. We have a limited amount of time to process PBR registrations.

Thanks in advance for your time.....Donna

P Please consider whether it is necessary to print this e-mail

Donna M. Wurst

Texas Commission on Environmental Quality

OPR / Rule Registrations Section

P.O. Box 13087 (MC 163)

Austin, TX 78711-3087

Ph. #(512) 239-5258

Fax # (512) 239-1070

(See attached file: GeneralRequirements-106.4-10149.wpd)(See attached file: Stationary Engines & Turbines

- 106.512 - 10146.doc)

Donna Wurst - Owens-Brockway Glass Container, Inc. (Portable Reciprocating Compressors)

From: Donna Wurst
To: dennis.buenger@o-i.com
Date: 12/11/2008 2:08 PM
Subject: Owens-Brockway Glass Container, Inc. (Portable Reciprocating Compressors)
Attachments: GeneralRequirements-106.4-10149.wpd; Stationary Engines & Turbines - 106.512 - 10146.doc

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Thanks in advance for your time.....Donna

 Please consider whether it is necessary to print this e-mail

Donna M. Wurst
 Texas Commission on Environmental Quality
 OPR / Rule Registrations Section
 P.O. Box 13087 (MC 163)
 Austin, TX 78711-3087
 Ph. # (512) 239-5258
 Fax # (512) 239-1070

R&R Screening for New Projects

Company Dwens	Permit # 82812	Project # 142798			
<input checked="" type="checkbox"/> Project Type <input checked="" type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Renew <input checked="" type="checkbox"/> PBR <input type="checkbox"/> StdP <input type="checkbox"/> GOP					
Reply to Void? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RN 100216969	Other Air NSR @ RN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown List #s: 2718 Previous Reviewer: 				
> 1 wk from Rec'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12/2	<input type="checkbox"/> Rush/Reason: lost in AART?				
PBR/SP/GOP # 512	Industry Type Project's Purpose replacement/rebuilt compressor engine				
Site Rvw Req'd? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RFC SR Sent <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	County McLennan NA Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	APWL/Toxics <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Email sent <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Supporting Info Correct Appl Form? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CERT or PI-1S Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Fee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Project Description? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Checklists/Rule info? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Emissions Info? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Issues / Ideas <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>					
Reviewers: <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"> Rating <input type="checkbox"/> Simple <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Complex <input type="checkbox"/> Other: Recommend? <input type="checkbox"/> Intern <input type="checkbox"/> Trainee <input checked="" type="checkbox"/> MidRvw <input type="checkbox"/> Sr/WLdr </td> <td style="width: 33%;"> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </td> <td style="width: 33%;"> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div> </td> </tr> </table>			Rating <input type="checkbox"/> Simple <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Complex <input type="checkbox"/> Other: Recommend? <input type="checkbox"/> Intern <input type="checkbox"/> Trainee <input checked="" type="checkbox"/> MidRvw <input type="checkbox"/> Sr/WLdr	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
Rating <input type="checkbox"/> Simple <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Complex <input type="checkbox"/> Other: Recommend? <input type="checkbox"/> Intern <input type="checkbox"/> Trainee <input checked="" type="checkbox"/> MidRvw <input type="checkbox"/> Sr/WLdr	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>			
Date Screened 12/9	Rvw Initials AW				
Project Coord: Assigned to Donna	Date Transfer 	UNITYPE ENTERED 			

FOLDER PREPARATION

- Prepare file folder for public file (Non-Confidential Information only) File
- Prepare Confidential file folder if applicable

142798 / 868 92

IMS PROJECT CREATION (Ensure you enter the following into IMS based on info on the APPLICATION)

- Verify company name in SOS - Note Tax ID: _____ and Business Type _____
- Check for duplicates: From NSR home page search by permit number/RN/Customer Name - use fee information and rule numbers
- Verify you have the correct RN by address/name
- New CN/RN - Research to make sure you are not creating duplicate CN or RN
- For all rules except 261, 262 - identify previous permit number to use for alteration if one exists with same rule number.
- New project number: _____
- Complete project detail, edit RN/CN, edit permit, contacts, rules, fee payment, assign staff, tracking elements, attributes, public notice, notes, and links sections as required.
- Commit to central registry

APPLICATION FILE REVIEW

- **REGION 12** - Check for Houston Air Toxics applications - email to Johnny and Don
- Apply in EPAY if paid by voucher / Enter fee amount / Enter payment number / Copy of check in file
- Note **DEFICIENCIES** with application
- **PUBLIC NOTICE** - see Public Notice checklist
- **SITE REVIEW** - From APD menu (APIRT/NSR/Request for Comment/Permit by Rule) Enter project number & today's date/Select recipient (ART/etc.) / Send email = YES /Change Information as needed (Date / Contact information /Punctuation on Company name and address/ Local Program Y N) Profile electronic copy- "Save as a new document" - follow profiling guidelines / **From email, must delete file that automatically attaches and then attach the file you just profiled and then send/Print site review for the file / Print properties page of email and place in file with site review print out /Update tracking elements**

FINAL REVIEW SECTION - Before transferring the file, please ensure the following items have been completed:

- Add **STAFF ASSIGNMENTS** (Technical Engineer Team)
- Enter **TRANSFER DATE** in tracking
- Verify **SIGNATURE** on application. Applies only to PI-1 forms. If not signed and box IIIa is checked yes - don't need this form - call them. If original signature not provided, create note to technical staff regarding original signature. No signature required for PBR's unless the PI-7 Cert Section IIIa is checked yes.
- Print **COMPLETED MIKEY** and place in file
- Check **FILE LABEL** to verify information remained the same
- Include hard **COPY OF ALL EMAILS** in file (sent and received from CR, customer, APIRT, etc.) / Include phone log for all calls
- Confirm that all required IMS updates and **TRACKING ELEMENTS** were entered on the project record (as applicable)
- Confirm **SITE REVIEW** completed as appropriate
- Confirm **PUBLIC NOTICE** completed as appropriate
- Confirm **LEG LETTERS** completed as appropriate
- Finish **CHECKLIST** on left side of file (PS 1's only)

PBR

Duplicate
Permit
Staff
Account
R#
Contact
Fee/EPAY
Rules
SR
SOS
CR
TR
Confidential
Label
Date Stamped
DFC - permit
RNEW - permit

Concrete Batch Plant

R#
FEE DATE
STAFF - M/C
TR
12
PN Checklist
PN Tab
Language
PORTABLE Tab

Initial

DUP
ST & ST 2
SOS
CR
Confidential
Tracking
Q's from ap
MSS
R#
FEE DATE
EPAY
DFC 1
SITE REVIEW
PROFILE SR
PN checklist
LEGS
SM/BIG
V L P
T30
T1a
DFC 2
12
ACCT
Language

Renewal

CR
RNEW
R#
FEE DATE
SITE REVIEW
PROFILE SR
ST & ST 2
EPAY
DUP
TR
SOS
CR
PN checklist
T30
T1a if notice
DFC 1
DFC 2
12
NOTE date renewal
letter mail
ACCT

Amendment

CR
RNEW
R#
FEE DATE
SITE REVIEW
PROFILE SR
ST & ST 2
EPAY
DUP
LEGS
SM/BIG
V L P
TR
SOS
CR
PN checklist
T30
T1a if notice
DFC 1
DFC 2
12
ACCT

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
TELEPHONE MEMO TO THE FILE

Please complete with typewriter or black pen.

Call to:

Terry Tamar

Call from:

Date of call:

12/8/2008

File no.:

142798

Phone no.:

(254) 754-9525

Subject:

Need fee information

Information for file:

**left voicemail 2:16pm*

**per Louis voucher # 63356*

Signed

[Signature]

Voucher Detail

Voucher 63356



The voucher status has been updated.

Transaction Information

Voucher Number: 63356

Trace Number: 582EA000046495

Date: 12/01/2008 03:05 PM

Payment Method: CC - Authorization 0000034353

Amount: \$450.00

Fee Code: PBR

Fee Type: PERMIT BY RULE - NOT SMALL BUSINESS, CITY OR ISD

ePay Actor: LOUIS ROSEN

Actor Email: LOUIS.ROSEN@O-I.COM

IP: 12.20.108.226

Payor Information

Payor Name: LOUIS ROSEN

Company: OWENS-ILLINOIS INC

Address: 5200 BEVERLY, WACO, TX 76711

Phone: 254-754-9504

Site Information

RN: RN100216969

Site Name: OWENS-BROCKWAY GLASS

Site Address: 5200 BEVERLY, WACO, TX 76711

Site Location: PLANT 15

Customer Information

CN: CN600128904

Customer Name: OWENS-BROCKWAY GLASS CONT

Customer Address: 5200 BEVERLY, WACO, TX 76711

USAS Status

USAS Status: RECEIVED

USAS Date: 12/03/2008

Voucher Status

Status	Staff	Comment	Start	End
APPLIED	SGLASPIE	142798-86892	12/08/2008	

[Change Status](#) [Cancel](#)

From: <Mailer-Daemon@Email8.tceq.state.tx.us>
To: <SGlaspie@tceq.state.tx.us>
Date: 12/8/2008 11:35 AM
Subject: Message status - undeliverable
Attachments: Permit By Rule Application

The attached file had the following undeliverable recipient(s):
jerry.jamar@o-1.com

Transcript of session follows:
Command: o-1.com
Response: 450 Host down (o-1.com)

From: Shelia Glaspie-Felix
To: jerry.jamar@o-1.com
Date: 12/4/2008 9:55 AM
Subject: Permit By Rule Application

Our office has received your Permit By Rule Application for Owens-Brockway Glass Container, Inc., (CN600128904), Owens-Brockway Glass Container (RN100216969).

Please provide me with the check/ voucher number that was used with this application.
None was listed.

SHELIA GLASPIE-FELIX
AIR PERMITS INITIAL REVIEW TEAM
PHONE (512) 239-1210
FAX (512) 239-4500



[UCC](#) | [Business Organizations](#) | [Trademarks](#) | [Notary](#) | [Account](#) | [Help/Fees](#) | [Briefcase](#) | [Logout](#)

FIND ENTITY NAME SEARCH

This search was performed on with the following search parameter:

ENTITY NAME : OWENS-BROCKWAY GLASS CONTAINER inc

<u>Mark</u>	<u>Filing Number</u>	<u>Name</u>	<u>Entity Type</u>	<u>Entity Status</u>	<u>Name Type</u>	<u>Name Status</u>
<input checked="" type="radio"/>	7252806	OWENS-BROCKWAY GLASS CONTAINER INC.	Foreign For-Profit Corporation	In existence	Legal	In use
<input type="radio"/>	7598706	OWENS-BROCKWAY GLASS COMPANY, INC.	Foreign For-Profit Corporation	Terminated	Legal	Prior
<input type="radio"/>	7888606	OWENS-BROCKWAY PACKAGING, INC.	Foreign For-Profit Corporation	Withdrawn	Legal	Inactive
<input type="radio"/>	6905406	OWENS-BROCKWAY PLASTIC PRODUCTS INC.	Foreign For-Profit Corporation	In existence	Legal	Prior

[Return to Order](#)

[New Search](#)

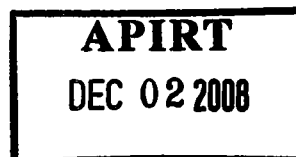
Instructions:

- To view additional information pertaining to a particular filing select the number associated with the name.
- To place an order for additional information about a filing select the radial button listed under 'Mark' that is associated with the entity and press the 'Order' button.



**Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Form**

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number: CN- 600128904		TCEQ Regulated Entity Number: RN- 100216969	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: OWENS-BROCKWAY GLASS CONTAINER INC.			
Company Official Contact Name: JERRY JAMAR		Title: PLANT MANAGER	
Mailing Address: 5200 BEVERLY			
City: WACO		State: TEXAS	Zip Code: 76711
Phone No.: 254-754-9525	Fax No.: 254-754-9585	E-mail Address: JERRY.JAMAR@O-I.COM	
C. Technical Contact Name: DENNIS BUENGER			
Company: OWENS-BROCKWAY GLASS CONTAINER INC.			
Mailing Address: 3 MICHAEL OWEN WAY			
City: PERRYSBURG		State: OH	Zip Code: 43551
Phone No. : 567-336-7519	Fax No.: 567-336-7898	E-mail Address: DENNIS.BUENGER@O-I.COM	
D. Facility Location Information - Street Address: 5200 BEVERLY			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: WACO		County: MCLENNAN	Zip Code: 76711
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: PORTABLE RECIPROCATING COMPRESSORS		<input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Portable	
B. PBR claimed under 30 TAC § 106 (List all that apply in hard copy, or choose all that apply from the drop down menus in electronic version):			
§ 106. 512 Stationary Engines and Turbines		§ 106.	
§ 106.		§ 106.	
§ 106.		§ 106.	
Are you claiming a historical standard exemption or PBR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If "YES," enter effective date and Rule Number:			

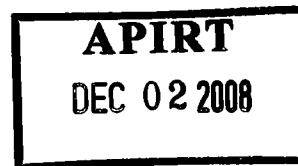


142798/86892



**Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Form**

II. FACILITY AND SITE INFORMATION	
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If "YES," enter Registration Number and Rule Number:	
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES," enter Registration Number and Rule Number:	
E. Are there any other air preconstruction permits at this site?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES," enter Permit Numbers: 2718	
Are there any other air preconstruction permits at this site that would be directly associated with this project?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If "YES," enter Permit Numbers:	
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> To be Determined	
If the site currently has an existing federal operating permit, enter the permit number: O-2716	
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this claim is accepted: (check all that apply)	
<input type="checkbox"/> Initial Application for an FOP <input type="checkbox"/> Significant Revision for SOP <input type="checkbox"/> Minor Revision for SOP	
<input type="checkbox"/> Operational Flexibility/Off Permit Notification for an SOP <input type="checkbox"/> Revision for GOP <input type="checkbox"/> To be Determined <input checked="" type="checkbox"/> None	
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site: (check all that apply)	
<input checked="" type="checkbox"/> SOP <input type="checkbox"/> GOP <input type="checkbox"/> GOP application/revision application: (submitted or under APD review)	
<input type="checkbox"/> SOP application/revision application: (submitted or under APD review) <input type="checkbox"/> N/A	
G. TCEQ Account Identification Number: (if known)	MB-0095
III. FEE INFORMATION	
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.	
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. What is the fee amount?	\$450.00





**Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Instructions**

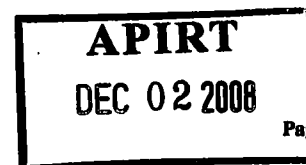
III. FEE INFORMATION	
<i>To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.</i>	
<i>If "YES," to any of the following three questions, a \$100 fee is required. Otherwise, a \$450 fee is required.</i>	
Does this business have less than 100 employees or have less than 6 million dollars in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):	63356 Was fee Paid online? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Company name of check:	Fee amount: \$ 450.00
IV. SELECTED FACILITY REVIEWS ONLY-TECHNICAL INFORMATION	
<i>Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:</i>	
<i>Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities § 106.436, Air Curtain Incinerator § 106.496</i>	
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:	feet
Distance from this facility's emission release point to the nearest off-property structure:	feet
V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS	
<i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>	
A. Is Confidential information submitted and properly marked "CONFIDENTIAL" with this registration?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.</i>	
E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

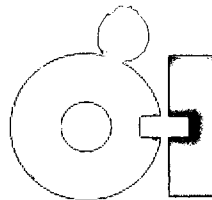




**Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Instructions**

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS <i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>		
F. Distance from this facility's emission release point to the nearest property line:	200	feet
Distance from this facility's emission release point to the nearest off-property structure:	400	feet
<i>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.</i>		
VI. SUBMITTING YOUR REGISTRATION		
A. FEES – Pick one of the two options below for payment:		
<i>Who</i>	<i>Where</i>	<i>What</i>
1. Fee Paid Online	Go to Website www6.tceq.state.tx.us/epay	No Additional Action Needed
2. Fee Mailed to 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
B. COPIES OF THE REGISTRATION – Copies must be sent as listed below: Processing delays may occur if copies are not sent as noted.		
1. Hard Copy Only 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 No.: (512) 239-2123 <i>(do not follow fax with paper copies)</i>	Originals Form PI-7, Core Data Form, and all attachments
2. Appropriate local and TCEQ Regional Office Programs	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments to each office.





Jerry Jamar
#15 Waco Texas
254-754-9525 tel
254-754-9562 fax
www.o-i.com

Louis Rosen
#15 Waco Texas
(254) 754-9504 tel

APIRT

DEC 02 2008

December 1, 2008

Air Permits Review Team
Park 35 Circle
Austin, Texas 78753

AIR PERMITS DIVISION

DEC - 2 2008

Dear Permit Team,

RECEIVED

Our facility at 5200 Beverly in Waco Texas had our main compressor go down with mechanical problems on October 18, 2008. Portable compressors were brought on site and became operational on October 20, 2008 under Rule 106.511. We have had unforeseen difficulties with repairs to our compressor and are filling this Form PI-7 under Rule 106.512. We now have all the repair parts in house to re-assemble our compressor. We fully expect our compressor to be on line and all portable compressors to be off line and shutdown by December 12, 2008.

If you have questions or we can be of further assistance please give Louis Rosen or myself a call. Thanks for your assistance in this matter.

Sincerely,

Jerry Jamar
Plant Manager

Table 29 RECIPROCATING ENGINES

ENGINE DATA	
Emission Point Number From Table 1(a) _____	Manufacturer <u>MTU</u>
APPLICATION <input type="checkbox"/> Gas Compression <input type="checkbox"/> Electric Generation <input type="checkbox"/> Refrigeration <input checked="" type="checkbox"/> Plant Air <input type="checkbox"/> Other (Specify) _____	Model No. <u>8V2000</u> Serial No. <u>5312001006</u> Orig. Mfr. Date <u>12/09/00</u> Rebuild Date(s) <u>N/A</u> No. of Cylinders <u>8</u> Compression Ratio <u>18.0 TO 1</u>
<input checked="" type="checkbox"/> 4 Stroke Cycle <input type="checkbox"/> Carburetted <input type="checkbox"/> Spark Ignited <input type="checkbox"/> Dual Fuel <input type="checkbox"/> 2 Stroke Cycle <input checked="" type="checkbox"/> Fuel Injected <input checked="" type="checkbox"/> Diesel	
Naturally Aspirated <input type="checkbox"/> Blower/Pump Scavenged <input type="checkbox"/> Turbocharged & I.C. <input type="checkbox"/> Turbocharged <input checked="" type="checkbox"/> Intercooled (I.C.) <input checked="" type="checkbox"/> I.C. Water Temperature _____	
Ignition/Injection Timing: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
Mfg. Rating/Proposed Operating Range Horsepower <u>310</u> <u>450</u> Speed (rpm) <u>1200</u> <u>1850</u>	

FUEL DATA			
<input type="checkbox"/> Field Gas	<input type="checkbox"/> Landfill Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Other
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Digester Gas	<input checked="" type="checkbox"/> Diesel	
Engine Fuel Consumption <u> </u> BTU/bhp-hr			
Heat Value (specify units) (HHV) (LHV)			
Fuel Sulfur Content _____ (granins/100 scf)(weight percent)			

FULL LOAD EMISSIONS DATA	
No _x g/bhp-hr <u>5.899</u>	CO g/bhp-hr <u>1.423</u>
_ ppmv	ppmv
VOC(C ₃ ⁺) g/bhp-hr	Total HC g/bhp-hr <u>.143</u>
<u>.082</u> ppmv	ppmv
<i>Attach information showing emissions versus engine speed and load.</i>	
Method of Emissions Control: <input checked="" type="checkbox"/> Lean Operation <input type="checkbox"/> Parameter <input type="checkbox"/> SCR Catalyst <input type="checkbox"/> Stratified Charge <input type="checkbox"/> Adjustment <input type="checkbox"/> Other (Specify) <input type="checkbox"/> NSCR <input type="checkbox"/> <input type="checkbox"/> Catalyst <input type="checkbox"/>	

ADDITIONAL INFORMATION	
<p><i>On separate sheets attach the following:</i></p> <p>A. A copy of engine manufacturer's site rating or general rating specification for the engine model.</p> <p>B. Typical fuel analysis, including sulfur content and heating value. For gaseous fuels, provide mole percent of constituents.</p> <p>C. Description of air/fuel ratio control system (manufacturers's information acceptable).</p> <p>D. Details regarding principle of operation of emissions controls. If add-on equipment is used, provide make and model and manufacturer's information.</p> <p>E. Exhaust parameter information on Table 1(a).</p>	

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Table 29 RECIPROCATING ENGINES

ENGINE DATA

Emission Point Number From Table 1(a) _____		Manufacturer <u>MTU</u>	
APPLICATION		Model No. <u>8V2000</u>	
<input type="checkbox"/> Gas Compression		Serial No. <u>5312001005</u>	
<input type="checkbox"/> Electric Generation		Orig. Mfr. Date <u>04/04/01</u>	
<input type="checkbox"/> Refrigeration		Rebuild Date(s) <u>N/A</u>	
<input type="checkbox"/> Plant Air <input type="checkbox"/> Other (Specify) _____		No. of Cylinders <u>8</u>	
		Compression Ratio <u>18.0 TO 1</u>	
<input checked="" type="checkbox"/> 4 Stroke Cycle <input type="checkbox"/> Carburetted <input type="checkbox"/> Spark Ignited <input type="checkbox"/> Dual Fuel <input type="checkbox"/> 2 Stroke Cycle <input checked="" type="checkbox"/> Fuel Injected <input checked="" type="checkbox"/> Diesel			
Naturally Aspirated <input type="checkbox"/> Blower/Pump Scavenged <input type="checkbox"/> Turbocharged & I.C. <input type="checkbox"/> Turbocharged <input checked="" type="checkbox"/> Intercooled (I.C.) <input checked="" type="checkbox"/> I.C. Water Temperature _____			
Ignition/Injection Timing: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable			
Mfg. Rating/Proposed Operating Range			
Horsepower <u>310</u>		<u>450</u>	
Speed (rpm) <u>1200</u>		<u>1850</u>	

FUEL DATA

<input type="checkbox"/> Field Gas	<input type="checkbox"/> Landfill Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Other
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Digester Gas	<input checked="" type="checkbox"/> Diesel	
Engine Fuel Consumption <u> </u> BTU/bhp-hr			
Heat Value (specify units) (HHV) (LHV) _____			
Fuel Sulfur Content _____ (granins/100 scf)(weight percent)			

FULL LOAD EMISSIONS DATA

No _x g/bhp-hr <u>5.899</u>	CO g/bhp-hr <u>1.423</u>
<u> </u> ppmv	<u> </u> ppmv
VOC(C ₃ ⁺) g/bhp-hr	Total HC g/bhp-hr <u>.143</u>
<u>.082</u> ppmv	<u> </u> ppmv
<i>Attach information showing emissions versus engine speed and load.</i>	
Method of Emissions Control:	
<input checked="" type="checkbox"/> Lean Operation	<input type="checkbox"/> Parameter
<input type="checkbox"/> Stratified Charge	<input type="checkbox"/> SCR Catalyst
	<input type="checkbox"/> Adjustment
	<input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> NSCR
	<input type="checkbox"/> Catalyst

ADDITIONAL INFORMATION

On separate sheets attach the following:

- A. A copy of engine manufacturer's site rating or general rating specification for the engine model.
- B. Typical fuel analysis, including sulfur content and heating value. For gaseous fuels, provide mole percent of constituents.
- C. Description of air/fuel ratio control system (manufacturers's information acceptable).
- D. Details regarding principle of operation of emissions controls. If add-on equipment is used, provide make and model and manufacturer's information.
- E. Exhaust parameter information on Table 1(a).

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 DEC 02 2008

Table 29 RECIPROCATING ENGINES

ENGINE DATA	
Emission Point Number From Table 1(a) _____	Manufacturer <u>MTU</u>
APPLICATION <input type="checkbox"/> Gas Compression <input type="checkbox"/> Electric Generation <input type="checkbox"/> Refrigeration <input checked="" type="checkbox"/> Plant Air <input type="checkbox"/> Other (Specify) _____	Model No. <u>8V2000</u> Serial No. <u>5312001095</u> Orig. Mfr. Date <u>04/01/01</u> Rebuild Date(s) <u>N/A</u> No. of Cylinders <u>8</u> Compression Ratio <u>18.0 TO 1</u>
<input checked="" type="checkbox"/> 4 Stroke Cycle <input type="checkbox"/> Carburetted <input type="checkbox"/> Spark Ignited <input type="checkbox"/> Dual Fuel <input type="checkbox"/> 2 Stroke Cycle <input checked="" type="checkbox"/> Fuel Injected <input checked="" type="checkbox"/> Diesel	
Naturally Aspirated <input type="checkbox"/> Blower/Pump Scavenged <input type="checkbox"/> Turbocharged & I.C. <input type="checkbox"/> Turbocharged <input checked="" type="checkbox"/> Intercooled (I.C.) <input checked="" type="checkbox"/> I.C. Water Temperature _____	
Ignition/Injection Timing: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
Mfg. Rating/Proposed Operating Range Horsepower <u>310</u> <u>450</u> Speed (rpm) <u>1200</u> <u>1850</u>	

FUEL DATA			
<input type="checkbox"/> Field Gas	<input type="checkbox"/> Landfill Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Other
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Digester Gas	<input checked="" type="checkbox"/> Diesel	
Engine Fuel Consumption <u> </u> BTU/bhp-hr Heat Value (specify units) (HHV) (LHV) Fuel Sulfur Content <u> </u> (granins/100 scf)(weight percent)			

FULL LOAD EMISSIONS DATA	
No _x g/bhp-hr <u>5.899</u> ppmv VOC(C ₃ ⁺) <u> </u> g/bhp-hr <u>.082</u> ppmv	CO g/bhp-hr <u>1.423</u> ppmv Total HC g/bhp-hr <u>.143</u> ppmv
<i>Attach information showing emissions versus engine speed and load.</i>	
Method of Emissions Control: <input checked="" type="checkbox"/> Lean Operation <input type="checkbox"/> Parameter Adjustment <input type="checkbox"/> SCR Catalyst <input type="checkbox"/> Stratified Charge <input type="checkbox"/> NSCR Catalyst <input type="checkbox"/> Other (Specify) _____	

ADDITIONAL INFORMATION	
<p><i>On separate sheets attach the following:</i></p> <p>A.A copy of engine manufacturer's site rating or general rating specification for the engine model.</p> <p>B.Typical fuel analysis, including sulfur content and heating value. For gaseous fuels, provide mole percent of constituents.</p> <p>C.Description of air/fuel ratio control system (manufacturers's information acceptable).</p> <p>D.Details regarding principle of operation of emissions controls. If add-on equipment is used, provide make and model and manufacturer's information.</p> <p>E.Exhaust parameter information on Table 1(a).</p>	

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Table 29 RECIPROCATING ENGINES

ENGINE DATA

Emission Point Number From Table 1(a) _____

Manufacturer MTU

APPLICATION

_____ Gas Compression
 _____ Electric Generation
 _____ Refrigeration
Plant Air _____ Other (Specify)

Model No. 8V2000
 Serial No. 5312001390
 Orig. Mfr. Date 10/08/01
 Rebuild Date(s) N/A
 No. of Cylinders 8
 Compression Ratio 18.0 TO 1

X 4 Stroke Cycle _____ Carburetted _____ Spark Ignited _____ Dual Fuel
 _____ 2 Stroke Cycle X Fuel Injected X Diesel

Naturally Aspirated _____ Blower/Pump Scavenged _____ Turbocharged & I.C. _____
 Turbocharged X Intercooled (I.C.) X I.C. Water Temperature _____

Ignition/Injection Timing: X Fixed _____ Variable

Mfg. Rating/Proposed Operating Range

Horsepower 310 _____ 450 _____
 Speed (rpm) 1200 _____ 1850 _____

FUEL DATA

_____ Field Gas _____ Landfill Gas _____ LP Gas _____ Other
 _____ Natural Gas _____ Digester Gas X Diesel

Engine Fuel Consumption _____ BTU/bhp-hr

Heat Value (specify units) (HHV) (LHV)

Fuel Sulfur Content _____ (granins/100 scf)(weight percent)

FULL LOAD EMISSIONS DATA

No_x g/bhp-hr 5.899 CO g/bhp-hr 1.423
 _____ ppmv _____ ppmv
 VOC(C₃⁺) g/bhp-hr _____ Total HC g/bhp-hr .143
.082 ppmv _____ ppmv

Attach information showing emissions versus engine speed and load.

Method of Emissions Control:

X Lean Operation _____ Parameter _____ SCR Catalyst
 _____ Stratified Charge Adjustment _____ Other (Specify)
 _____ NSCR _____
 Catalyst _____

ADDITIONAL INFORMATION

On separate sheets attach the following:

- A. A copy of engine manufacturer's site rating or general rating specification for the engine model.
- B. Typical fuel analysis, including sulfur content and heating value. For gaseous fuels, provide mole percent of constituents.
- C. Description of air/fuel ratio control system (manufacturer's information acceptable).
- D. Details regarding principle of operation of emissions controls. If add-on equipment is used, provide make and model and manufacturer's information.
- E. Exhaust parameter information on Table 1(a).

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Table 29 RECIPROCATING ENGINES

ENGINE DATA	
Emission Point Number From Table 1(a) _____	Manufacturer <u>CATEPILLAR</u>
APPLICATION <input type="checkbox"/> Gas Compression <input type="checkbox"/> Electric Generation <input type="checkbox"/> Refrigeration <input checked="" type="checkbox"/> Plant Air <input type="checkbox"/> Other (Specify) _____	Model No. <u>C18</u> Serial No. <u>WJH02802</u> Orig. Mfr. Date <u>06/29/07</u> Rebuild Date(s) <u>N/A</u> No. of Cylinders <u>6</u> Compression Ratio <u>18.0 TO 1</u>
<input checked="" type="checkbox"/> 4 Stroke Cycle <input type="checkbox"/> Carburetted <input type="checkbox"/> Spark Ignited <input type="checkbox"/> Dual Fuel <input type="checkbox"/> 2 Stroke Cycle <input checked="" type="checkbox"/> Fuel Injected <input checked="" type="checkbox"/> Diesel	
Naturally Aspirated <input type="checkbox"/> Blower/Pump Scavenged <input type="checkbox"/> Turbocharged & I.C. <input type="checkbox"/> Turbocharged <input checked="" type="checkbox"/> Intercooled (I.C.) <input checked="" type="checkbox"/> I.C. Water Temperature _____	
Ignition/Injection Timing: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
Mfg. Rating/Proposed Operating Range Horsepower <u>310</u> <u>450</u> Speed (rpm) <u>1200</u> <u>1850</u>	

FUEL DATA			
<input type="checkbox"/> Field Gas	<input type="checkbox"/> Landfill Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Other
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Digester Gas	<input checked="" type="checkbox"/> Diesel	
Engine Fuel Consumption <u> </u> BTU/bhp-hr Heat Value (specify units) (HHV) (LHV) Fuel Sulfur Content <u> </u> (granins/100 scf)(weight percent)			

FULL LOAD EMISSIONS DATA	
No _x g/bhp-hr <u>N/A</u> <u> </u> ppmv VOC(C ₃ ⁺) <u> </u> g/bhp-hr <u>.16</u> ppmv	CO g/bhp-hr <u>2.8</u> <u> </u> ppmv Total HC g/bhp-hr <u>N/A</u> <u> </u> ppmv
<i>Attach information showing emissions versus engine speed and load.</i>	
Method of Emissions Control: <input checked="" type="checkbox"/> Lean Operation <input type="checkbox"/> Parameter Adjustment <input type="checkbox"/> SCR Catalyst <input type="checkbox"/> Stratified Charge <input type="checkbox"/> NSCR <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Catalyst	

ADDITIONAL INFORMATION	
<p><i>On separate sheets attach the following:</i></p> <p>A.A copy of engine manufacturer's site rating or general rating specification for the engine model.</p> <p>B.Typical fuel analysis, including sulfur content and heating value. For gaseous fuels, provide mole percent of constituents.</p> <p>C.Description of air/fuel ratio control system (manufacturers's information acceptable).</p> <p>D.Details regarding principle of operation of emissions controls. If add-on equipment is used, provide make and model and manufacturer's information.</p> <p>E.Exhaust parameter information on Table 1(a).</p>	

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