All with my end



July 30, 2014

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Austin Field Operations Support Central Office, MC 174 P.O. Box 13087 Austin, Texas 78711-3087

RECEIVED
AUG 13 ZU14
CENTRALFILE ROOM

RE: Kinder Morgan Tejas Pipeline LLC – Fandango Treating Plant RN: 102580875; Account No.: ZA-0004-B; Permit No. O-00810 Semi-Annual Deviation Report

To Whom It May Concern:

Enclosed, please find Kinder Morgan Tejas Pipeline LLC's (Tejas's) Semi-Annual Deviation Report for the above referenced facility for the period of January 1, 2014 to June 30, 2014.

If you have any questions or require additional information, please contact me at 713-369-8559.

Sincerely,

Dion Carter

EHS Compliance Specialist

lion Parti

Cc: Mr. Arnaldo Lanese, Air Section Manager – Region 16

TCEQ, 707 East Calton Rd., Ste. 304, Laredo, TX 78041-3887

EPA Region 6

Chris Nowak

Houston/Station Files

Air/ Reports

1st: ZA0004B Vol: 001 1/1/2014 - 6/30/2014

CBC 100614193

IBC: 100687075



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Form OP-CRO1 Certification by Responsible Official Federal Operating Permit Program

All initial permit application, revision, renewal, and reopening submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. IDENTIFYING INFORMATION										
A. RN: 102580875	B. CN:	603437849	C. Account N	lo.: ZA-0004-B						
D. Permit No.: O-008	10	E. Project No.:								
F. Area Name: Fandango Treating Plant										
G. Company Name: Kinder Morgan Tejas Pipeline LLC										
II. CERTIFICATION TYPE (Please mark the appropriate box)										
A. Responsible Official:		B. Duly Authorized Representative:								
III. SUBMITTAL TYPE (Place an "X" in the appropriate box) (Only one response can be accepted per form)										
SOP/TOP Initial Permit Applicati	on	Update to Permit App	lication							
GOP Initial Permit Application		Permit Revision, Rene	ewal, or Reopeni	ng						
✓ Other: Semi-Annual Deviation Report										
IV. CERTIFICATION OF TRUTH										
This certification does not extend to information which is designated by the TCEQ as information for reference only.										
I, Christopher S. No	owak	, certify that I am	theF	RO for this application						
(Certifier Name printed or typ	ped)		(RO o	or DAR)						
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period in Section IV.A below, or on the specific date(s) in Section IV.B below, are true, accurate, and complete: Note: Enter EITHER a Time Period OR Specific Date(s) for each certification. This section must be completed. The certification is										
not valid without documentation date(s).										
A. Time Period: From Start Date OR	to	End Date*								
B. Specific Dates: 07/30/2014										
Date 1* Date 2* Date 3* Date 4* Date 5* Date 6* Date 7* Date 8* *The Time Period option may only be used when the "Submittal Type" is 'Update to Permit Application' and there are multiple uncertified submittals; or a submittal package has multiple dates recorded in the documentation. Do not use the Time Period option if the "Submittal Type" is 'Other.'										
Signature:	PZ		_ Signature Date:	7-28-14						
Title: Director of Oper	ations Division	on-11		·						

AIR CO/ RN102580875 /RP

Texas Commission on Environmental Quality Federal Operating Permit Deviation Report Form Form Dev Rep (Part 1)

Area Name			nder Morgan Te	Morgan Tejas Pipeline LLC						Customer Number	CN 60:	CN 603437849	
			Fandango Treating Plant							Account Number (XX-XXXX-XX)	ZA-000	ZA-0004-B	
Report Period Jan 1, 20 Start Date		Jan 1, 2014		Report Period End Date				Operating Permit 0 008		10	Report Sub Date	Report Submittal Jul 30, 2014 Date	
				Opera	ting Pern	nit Requir	ement fo	or Which Devi	ations are	Being Reported			
Unit ID n/a Group ID GRP n/a		Term & Condition No.			Regulatory Requirement Citation		Type of Requirement		SOP or GOP Index Number	Monitoring Monitoring Method Frequency			
		n/a					n/a	n/a		n/a			
Dev STEERS incident No.		S1	Deviation Period			No. of Dev	Cause of Deviation			Corrective Action Taken to Remedy or Mitigate Deviation Situation			
	Date			Date Tin	ne								
n/a	n/a					n/a	No knov	vn deviations					
							,						
				Total D	eviations	s: n/a		ere a Part 3 M orting this de			lible Evidence from	☐ Yes 🔀 No	

TCEQ-10101 [04/09]