



AIR NSR\_RN 107114050  
Permit 117332 PA 201 4 04 11  
Application Project 205724

TCEQ Use Only

## TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

### SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)		FEB 03 2014 APIRT
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PBR & Supporting Documents		
3. Customer Reference Number (If issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (If issued)
CN 600516587		RN

### SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		FEB 03 2014
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:		
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" type="checkbox"/> Owner & Operator
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Voluntary Cleanup Applicant
<input type="checkbox"/> Other: _____		
7. General Customer Information		
<input type="checkbox"/> New Customer	<input type="checkbox"/> Update to Customer Information	<input type="checkbox"/> Change in Regulated Entity Ownership
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)	<input checked="" type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.		
8. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		End Date:
10. Mailing Address:		
City	State	ZIP
		ZIP + 4
11. Country Mailing Information (if outside USA)	12. E-Mail Address (if applicable)	
13. Telephone Number	14. Extension or Code	15. Fax Number (if applicable)
( ) -		( ) -
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)
20. Number of Employees	21. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
Tinsley-Lawley 3H/4H/5H/6H Production Facility	

<b>24. Street Address of the Regulated Entity:</b> (No P.O. Boxes)								
	<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>ZIP + 4</b>	
<b>25. Mailing Address:</b>	500 Dallas St. Suite 2700							
	<b>City</b>	Houston	<b>State</b>	TX	<b>ZIP</b>	77002	<b>ZIP + 4</b>	5219
<b>26. E-Mail Address:</b>								
<b>27. Telephone Number</b>			<b>28. Extension or Code</b>		<b>29. Fax Number (if applicable)</b>			
( 713 ) 830-6800					( ) -			
<b>30. Primary SIC Code (4 digits)</b>		<b>31. Secondary SIC Code (4 digits)</b>		<b>32. Primary NAICS Code (5 or 6 digits)</b>		<b>33. Secondary NAICS Code (5 or 6 digits)</b>		
1311				211111				
<b>34. What is the Primary Business of this entity?</b> (Please do not repeat the SIC or NAICS description.)								
Oil & Gas Production								

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

<b>35. Description to Physical Location:</b>	From intersection of FM 108 S and CR 119 in Wrightsboro, TX, travel nw on CR 119 for 4 miles. Stay south on CR 119 and travel .8 miles. Continue southwest for 985 ft on unnamed road to location on right..					
<b>36. Nearest City</b>	<b>County</b>		<b>State</b>		<b>Nearest ZIP Code</b>	
Cost	Gonzales		TX		78614	
<b>37. Latitude (N) In Decimal:</b>		<b>38. Longitude (W) In Decimal:</b>				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
29	22	2.67	97	37	10.1	

**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.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input checked="" type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:


#### SECTION IV: Preparer Information

<b>40. Name:</b>	Steve Roland, ESR Environmental Consulting LLC	<b>41. Title:</b>	VP
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 281 ) 252-6148		( 281 ) 259-2204	sgrol@sbcglobal.net

#### 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.)

<b>Company:</b>	Forest Oil Corporation	<b>Job Title:</b>	HSE Manager
<b>Name (In Print):</b>	Paul Griesedieck	<b>Phone:</b>	( 713 ) 830-6800
<b>Signature:</b>		<b>Date:</b>	1/29/14



**Texas Commission on Environmental Quality**  
**Form PI-7-CERT**  
**Certification and Registration for Permits by Rule**

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](http://www.tceq.texas.gov/permitting/central_registry/guidance.html).

<b>I. Registrant Information</b>		
A. Company or Other Legal Customer Name: Forest Oil Corporation		
Company Official Contact Name: Paul Griesedieck		
Title: Manager HSE		
Mailing Address: 500 Dallas St., Suite 2700		
City: Houston	State: TX	ZIP Code: 77002
Phone: 713.830.6800	Fax:	E-mail:
B. Technical Contact Name: Steve Roland		
Title: Vice President		
Company: ESR Environmental Consulting, LLC		
Mailing Address: 30902 Carrington Dr.		
City: Magnolia	State: TX	ZIP Code: 77354
Phone: 281-252-6148	Fax: 291-259-2204	E-mail: sgrol@sbcglobal.net
C. Facility Location Information - Street Address:		
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>		
From intersection of FM 108 S and CR 119 in Wrightsboro, TX, travel nw on CR 119 for 4 miles. Stay south on CR 119 and travel .8 miles. Continue southwest for 985 ft on unnamed road to location on right.		
City: Cost	County: Gonzales	ZIP Code: 78614
D. Is the Core Data Form (TCEQ Form 10400) attached?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "No," provide customer reference number and regulated entity number below:		
Customer Reference Number (CN): CN600516587		
Regulated Entity Number (RN):		
<b>II. Facility and Site Information</b>		
A. Name and Type of Facility: Tinsley-Lawley 3H/4H/5H/6H Production Facility		<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under <b>30 TAC 106</b> (List all):		
106.352	106.	
106.492	106.	



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<b>II. Facility and Site Information (continued))</b>			
Are you claiming a <b>historical standard exemption or PBR</b> ?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>"YES," enter effective date(s) and rule number(s) in the spaces provided below.</i>			
<b>Effective Date</b>		<b>Rule Number</b>	
C. Is there a previous Standard Exemption or PBR for the facility in this registration?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter registration number(s), rule number(s) and effective dates in the spaces provided below.</i>			
<b>Registration Number</b>	<b>Effective Date</b>	<b>Rule Number</b>	
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter registration number(s), rule number(s) and effective dates in the spaces provided below.</i>			
<b>Registration Number</b>	<b>Effective Date</b>	<b>Rule Number</b>	
E. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter permit number(s) in the spaces provided below.</i>			
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
<i>If "YES," enter permit number(s) in the spaces provided below.</i>			
F. Is this facility located at a site which is required to obtain a Federal Operating Permit (FOP) pursuant to 30 TAC Chapter 122?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
If the site currently has an existing federal operating permit, enter the permit number.			
Check the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP <input type="checkbox"/> Significant Revision for an SOP <input type="checkbox"/> Minor Revision for an 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 type="checkbox"/> None			



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**II. Facility and Site Information (continued)**

Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. *(Check all that apply)*

☐ SOP ☐ GOP ☐ GOP application/revision application: Submitted or under APD review.

☐ N/A ☐ SOP application/revision application: submitted or under APD review.

G. TCEQ Account Identification Number *(if known)*:

**III. Fee Information**

See Section VIII. for address to send fee or go to [www6.tceq.texas.gov/epayto](http://www6.tceq.texas.gov/epayto) pay online.

A. Is this certification to solely establish a federally enforceable emission limit and not authorize any new facilities? ☐ YES ☒ NO

If "YES," then no fee is required.

If "NO," then go to Section III.B.

B. If "YES," to any of the following three questions, a **\$100** fee is required. Otherwise, a **\$450** fee is required.

Does this business have less than 100 employees? ☐ YES ☒ NO

Does this business have less than 6 million dollars in annual gross receipts? ☐ YES ☐ NO

Is this registration submitted by a governmental entity with a population of less than 10,000? ☐ YES ☐ NO

C. Enter the check, money order, or transaction number. Voucher - 199998

Enter the individual or company name printed on the check. *(below)*

Fee amount *(spell out)*: Four Hundred Fifty Dollars and No Cents \$450.00

Was fee **Paid** online? ☒ YES ☐ NO

**IV. Selected Facility Reviews Only—Technical Information**

*Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:*

*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? ☐ YES ☐ 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



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**V. TECHNICAL INFORMATION - The following information must be submitted with Form PI-7CERT. Place a check next to the appropriate box to verify you have included it in the submittal.**

<input checked="" type="checkbox"/> <del>Process Flow Diagram</del> and Process Description	<input checked="" type="checkbox"/> Emissions data and calculations
<input checked="" type="checkbox"/> Table 1(a) ( <del>Form 10153</del> ) Emission Point Summary	
<input type="checkbox"/> Confidential Information (All pages properly marked "CONFIDENTIAL")	
Has the company implemented the project or waiting on a response from TCEQ?	<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Waiting
Projected Start of Construction Date:	
Is this an annual certification under 30 TAC Chapter 106.261 and/or 106.262?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> Information on meeting the specific PBR requirements ( <i>PBR checklists maybe used and are optional.</i> )	<input checked="" type="checkbox"/> Information on meeting the general PBR requirements 30 TAC 106.4. ( <i>PBR checklists maybe used and are optional.</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<sub>x</sub> allowances equivalent to the actual NO<sub>x</sub> emissions from these facilities.*

Distance from this facility's emission release point to the nearest property line:	50	feet
Distance from this facility's emission release point to the nearest off-property structure:	2911	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**

This form **will not be processed** until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ is paid in accordance with the Delinquent Fee and Penalty Protocol. For more information regarding Delinquent Fees and Penalties, go to the TCEQ Web site at: [www.tceq.texas.gov/agency/delin/index.html](http://www.tceq.texas.gov/agency/delin/index.html).



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**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 operate 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: \_\_\_\_\_

1/24/14  
DATE

**(ORIGINAL SIGNATURE REQUIRED)**



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**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.**

<b>Who</b>	<b>Where</b>	<b>What</b>
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 <i>(do not follow fax with paper copies)</i>	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 <a href="http://www.tceq.texas.gov.us/">www.tceq.texas.gov.us/</a> , 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 <a href="http://www.tceq.texas.gov/nav/permits/air_permits.html">www.tceq.texas.gov/nav/permits/air_permits.html</a> or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.