

# ECOSERVICES

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Eco Services Operations LLC  
Houston Plant

**Certified Mail; Return Receipt Requested (7011 2000 0001 4575 1538)**

December 2, 2014

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

Re: Eco Services Operations LLC  
Baytown, Texas Facility  
Title V Permit No: O-01610  
Account No.: HG-0696-Q  
CN604683482/RN100211317

Houston, Texas Facility  
Title V Permit No: O-03049  
Account No.: HG-0697-O  
CN604683482/RN100220581

Dear Sir or Madame:

Please find attached Form OP-DEL, Delegation of Responsible Official Authority for the Federal Operating Permit Program for the Eco Services Baytown and Houston plants.

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Please contact me at 713-924-1408 if you have any comments or require any additional information on this matter.

Sincerely,



W. F. Dickerson  
Environmental Manager

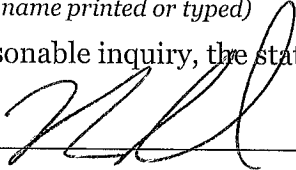

attachment

cc: Air Section Manager, TCEQ, Region 12

713-924-1408  
DEC 08 2014  
RECEIVED

**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

<b>I. Identifying Information</b>		
Account No.: HG-0697-O	RN: 100220581	CN: 604683482
Permit No.: O-3049	Area Name: Houston Plant	
Company Name: Eco Services Operations LLC		
<b>II. Duly Authorized Representative Information</b>		
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: 12/1/2014	
Telephone No.: (713) 924-1401	Fax No.: (713) 835-3252	
Mailing Address: 8615 Manchester Street		
City: Houston	State: Texas	ZIP: 77012
Delivery Address: 8615 Manchester Street		
City: Houston	State: Texas	ZIP: 77012
<b>III. Certification of Truth, Accuracy, and Completeness</b>		
I, <u>Mark D. McFadden</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: 		
Date: December __, 2014	Title: Vice President and Secretary	
Duly Authorized Representative Signature: 		
Date: December <u>2</u> , 2014	Title: Plant Manager	
<b>IV. Removal of Duly Authorized Representative(s)</b>		
The following should be removed as Duly Authorized Representative(s):		
(RO or DAR name Printed or typed)		
Effective Date: _____		
Responsible Official Signature: _____		
Date: _____	Title: _____	

*Already DAR?*

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

V. Additional Identifying Information		
Account No.: HG-0696-Q	RN: 100211317	CN: 604683482
Permit No.: O-1610	Area Name: Baytown Plant	<i>Already DAP</i>
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:
Permit No.:	Area Name:	
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Permit No.:	Area Name:	
Account No.:	RN:	CN:
Permit No.:	Area Name:	
Account No.:	RN:	CN:
Permit No.:	Area Name:	