## Texas Commission on Environmental Quality Standard Permit for Existing Registration 172505

# Site Information (Regulated Entity)

What is the name of the site to be authorized?	BLOCK 31 GAS PLANT
Does the site have a physical address?	Yes
Physical Address	
Number and Street	1501 FM 1601
City	CRANE
State	ТХ
ZIP	79731
County	CRANE
Latitude (N) (##.######)	31.443333
Longitude (W) (-###.######)	-102.462222
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	211111
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100223569
What is the name of the Regulated Entity (RE)?	BLOCK 31 GAS PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1501 FM 1601
City	CRANE
State	ТХ
ZIP	79731
County	CRANE
Latitude (N) (##.######)	31.443333
Longitude (W) (-###.######)	-102.462222
Facility NAICS Code	
What is the primary business of this entity?	GAS COMPRESSION
Customer (Applicant) Information	
How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN604677404

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN604677401
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	OXY USA Inc.

Texas SOS Filing Number	802058760
Federal Tax ID	
State Franchise Tax ID	19525842670
State Sales Tax ID	
Local Tax ID	
DUNS Number	795956205
Number of Employees	501+
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	OXY USA Inc.
Prefix	MS
First	Mellitanya
Middle	
Last	Stephenson
Suffix	
Credentials	EIT
Title	Senior Air Quality Engineer
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5 GREENWAY PLZ STE 110
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	ТХ
ZIP	77046
Phone (###-####)	4326855962
Extension	
Alternate Phone (###-####-####)	
Fax (###-#####)	
E-mail	Mellitanya_Stephenson@oxy.com
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	CN604677401, OXY USA Inc.

Organization Name

Prefix

First

CN604677401, OXY USA Inc. OXY USA Inc.

MS

Mellitanya

Middle	
Last	Stephenson
Suffix	
Credentials	EIT
Title	Senior Air Quality Engineer
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5 GREENWAY PLZ STE 110
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	ТХ
ZIP	77046
Phone (###-####)	4326855962
Extension	
Alternate Phone (###-###-####)	
Fax (###-#####)	
E-mail	Mellitanya_Stephenson@oxy.com
Technical Contact	
Person TCEQ should contact for questions	
about this application:	
about this application: Same as another contact?	Responsible Official Contact
about this application: Same as another contact? Organization Name	Trinity Consultants
about this application: Same as another contact? Organization Name Prefix	Trinity Consultants MS
about this application: Same as another contact? Organization Name Prefix First	Trinity Consultants
about this application: Same as another contact? Organization Name Prefix First Middle	Trinity Consultants MS Miranda
about this application: Same as another contact? Organization Name Prefix First Middle Last	Trinity Consultants MS
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix	Trinity Consultants MS Miranda Cheatham
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials	Trinity Consultants   MS   Miranda   Cheatham   PE
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials Title	Trinity Consultants MS Miranda Cheatham
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list:	Trinity Consultants   MS   Miranda   Cheatham   PE
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address	Trinity Consultants   MS   Miranda   Cheatham   PE   Principal Consultant
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list:	Trinity Consultants   MS   Miranda   Cheatham   PE
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type	Trinity Consultants   MS   Miranda   Cheatham   PE   Principal Consultant   Domestic
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable)	Trinity Consultants   MS   Miranda   Cheatham   PE   Principal Consultant   Domestic
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable) Routing (such as Mail Code, Dept., or Attn:)	Trinity Consultants   MS   Miranda   Cheatham   PE   Principal Consultant   Domestic   9737 GREAT HILLS TRL STE 340
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable) Routing (such as Mail Code, Dept., or Attn:)	Trinity Consultants   MS   Miranda   Cheatham   PE   Principal Consultant   Domestic   9737 GREAT HILLS TRL STE 340   AUSTIN

Phone (###-###+###)	5123495800
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	miranda.cheatham@trinityconsultants.com
Standard Permit General Information- Existin	g Reg Sites
1) Is this project for a change of representations or a renewal of the standard permit?	Change of Representations
1.1. Is the registration being revised to represent the addition of a new facility?	Yes
2) Will the revised/renewed facility meet all of the requirements of the standard permit?	Yes
Standard Permit Rule Amendment Informatio	on- Existing Sites
1) Type of unit that is being registered	BOILER > 40MMBTU/HR
Standard Permit Attachments	
1) Please attach one PDF with the PI-1S and all required documen [File Properties]	ts to complete the project.
	a ef=/ePermitsExternal/faces/file?fileId=199623>20240530 lock 31 Rental Boiler SP.pdf
Hash DFB97B7B6732267EC9AD18	3584A39BF04CC1084058FF8A00E54743BE83B62BBB0
MIME-Type	application/pdf
Confidential	No
2) Please attach any other necessary information needed to comple [File Properties]	ete the registration.
File Name	<a href=/ePermitsExternal/faces/file?fileId=199612&gt;Block 31 Rental Boiler Fugitives.xlsx</a 
Hash 2816139CA49815C32DB78E	38716F32CB23D1EE67BF1C9F82C45D772F013A54745
MIME-Type	application/vnd.openxmlformats- officedocument.spreadsheetml.sheet
Confidential	No
Expedite	
1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite	No

### Certification

The electronic 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 Officials knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated 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.

- 1. I am Mellitanya Stephenson, the owner of the STEERS account ER066314.
- 2. I have the authority to sign this data on behalf of the applicant named above.
- 3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
- 4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
- 5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
- 6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
- 7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
- 8. I am knowingly and intentionally signing Standard Permit for Existing Registration 172505.
- 9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

#### OWNER OPERATOR Signature: Mellitanya Stephenson OWNER OPERATOR

Account Number:	ER066314
Signature IP Address:	47.209.192.91
Signature Date:	2024-06-05
Signature Hash:	193582214EA27574E7EDB55F50C7E59B469B1FD19B61BF6C3B790FE12194AD84
Form Hash Code at time of Signature:	23F9B31F92FABE72C92F6C7563B579EE39754233DA0C23345B28E3A5F3B8C582

#### Fee Payment

Transaction by:	The application fee payment transaction was made by ER052324/Tina Purington
Paid by:	The application fee was paid by TINA PURINGTON
Fee Amount:	\$900.00

Paid Date:	The application fee was paid on 2024-06-10
Transaction/Voucher number:	The transaction number is 582EA000613494 and the voucher number is 708830
Submission	
Reference Number:	The application reference number is 657696
Submitted by:	The application was submitted by ER022068/Miranda Cheatham
Submitted Timestamp:	The application was submitted on 2024-06-10 at 15:52:02 CDT
Submitted From:	The application was submitted from IP address 165.225.216.189
Confirmation Number:	The confirmation number is 544744
Steers Version:	The STEERS version is 6.76
Permit Number:	The permit number is 172505
Additional Information	
Application Creator: This account was created by Miranda Cheatham	