

Texas Commission on Environmental Quality

Title V Existing

1239

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	ALTURA CHANNELVIEW COGENERATION FACILITY
Does the site have a physical address?	Yes
Physical Address	
Number and Street	2330 SHELDON RD
City	CHANNELVIEW
State	TX
ZIP	77530
County	HARRIS
Latitude (N) (##.#####)	29.814444
Longitude (W) (-###.#####)	95.110277
Primary SIC Code	4931
Secondary SIC Code	
Primary NAICS Code	221119
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100210863
What is the name of the Regulated Entity (RE)?	ODYSSEY ENERGY ALTURA COGEN
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	2330 SHELDON RD # 4
City	CHANNELVIEW
State	TX
ZIP	77530
County	HARRIS
Latitude (N) (##.#####)	29.815833
Longitude (W) (-###.#####)	-95.0175
Facility NAICS Code	
What is the primary business of this entity?	STEAM AND ELECTRICITY COGENEARTION

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN603228941
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Odyssey Energy Altura Cogen, LLC
Texas SOS Filing Number	800843804
Federal Tax ID	260531033
State Franchise Tax ID	12605310338
State Sales Tax ID	

Local Tax ID	
DUNS Number	137551321
Number of Employees	21-100
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	Odyssey Energy Altura Cogen LLC
Prefix	MR
First	Jeffery
Middle	
Last	Ingraham
Suffix	
Credentials	
Title	Vice President
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	13860 BALLANTYNE CORPORATE PL
Routing (such as Mail Code, Dept., or Attn:)	Suite 300
City	CHARLOTTE
State	NC
ZIP	28277
Phone (###-###-####)	7046722905
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	JeffIngraham@cogentrix.com

Duly Authorized Representative Contact

Person TCEQ should contact for questions about this application

Select existing DAR contact or enter a new contact.

Organization Name	ODYSSEY ENERGY ALTURA COGEN LLC
Prefix	MR
First	JEFF
Middle	
Last	PIPPIN
Suffix	
Credentials	
Title	GENERAL MANAGER
Enter new address or copy one from list	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2330 SHELDON RD

Routing (such as Mail Code, Dept., or Attn:)

City

CHANNELVIEW

State

TX

Zip

77530

Phone (###-###-####)

8328072474

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

E-mail

jeffpippin@cogentrix.com

Technical Contact

Person TCEQ should contact for questions about this application:

Select existing TC contact or enter a new contact.

JIMMY HENDRICKS(ODYSSEY ENERGY ...)

Organization Name

ODYSSEY ENERGY ALTURA COGEN LLC

Prefix

MR

First

JIMMY

Middle

Last

HENDRICKS

Suffix

Credentials

Title

MANAGER, ENVIRONMENTAL

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

2330 SHELDON RD

Routing (such as Mail Code, Dept., or Attn:)

City

CHANNELVIEW

State

TX

ZIP

77530

Phone (###-###-####)

8328072478

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

E-mail

jimmyhendricks@cogentrix.com

Title V General Information - Existing

1) Permit Type:

SOP

2) Permit Latitude Coordinate:

29 Deg 48 Min 52 Sec

3) Permit Longitude Coordinate:

95 Deg 6 Min 37 Sec

4) Is this submittal a new application or an update to an existing application?

New Application

4.1. What type of permitting action are you applying for?

Administrative Action

5) Who will electronically sign this Title V application?

Duly Authorized Representative

6) Does this application include Acid Rain Program or Cross-State Air Pollution Rule

N/A

requirements?

Title V Attachments Existing

Attach OP-1 (Site Information Summary)

If applicable, attach OP-AR1 (Acid Rain Permit Application)

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

[File Properties]

File Name

OP_DEL_Form OP-DEL.pdf

Hash

19559F3ED69119CF1563085F1DC311AE7EAFFCD10A8A4A4BB618E79770EB53F4

MIME-Type

application/pdf

Attach any other necessary information needed to complete the permit.

An additional space to attach any other necessary information needed to complete the permit.

Expedite Title V

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite the processing of this application?

No

Certification

I certify that I am the Duly Authorized Representative for this application and that, based on information and belief formed after reasonable inquiry, the statements and information on this form are true, accurate, and complete.

1. I am William J Pippin, the owner of the STEERS account ER086190.
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 Title V Existing 1239.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEC

OWNER OPERATOR Signature: William J Pippin OWNER OPERATOR

Account Number:

ER086190

Signature IP Address:

12.207.223.203

Signature Date:

2024-06-19

Signature Hash: 207A42D133A17A5E54AD4EAAC0B5C060BB9DD4B3BDB392CAFF0BCD94E3C893AF
Form Hash Code at time of Signature: 11E9F478B093334EF1F0FE47C9F87A1A82C92A4406D73A267697791880EDFECB

Submission

Reference Number:	The application reference number is 661871
Submitted by:	The application was submitted by ER086190/William J Pippin
Submitted Timestamp:	The application was submitted on 2024-06-19 at 11:36:44 CDT
Submitted From:	The application was submitted from IP address 12.207.223.203
Confirmation Number:	The confirmation number is 546633
Steers Version:	The STEERS version is 6.77
Permit Number:	The permit number is 1239

Additional Information

Application Creator: This account was created by Allison Sanborn

**Texas Commission on Environmental Quality
Form OP-DEL
Delegation 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. **Send this completed form to the TCEQ Central Office to the attention of the Air Permits Division.** 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

I. Identifying Information		
Account No.: HG1174-V	RN: RN100210863	CN: CN603228941
Permit No.: O-1239	Area Name: Odyssey Energy Altura Cogen	
Company Name: Odyssey Energy Altura Cogen LLC		
II. Duly Authorized Representative Information		
Action Type: <input type="checkbox"/> New DAR Identification <input checked="" type="checkbox"/> Administrative Information Change		
Conventional Title: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
Name: William J Pippin		
Title: General Manager	Delegation Effective Date: 11/15/2023	
Telephone No.: 832-807-2474	Fax No.:	
Company Name: Odyssey Operating Services, LLC		
Mailing Address: P.O. Box 968		
City: Channelview	State: TX	ZIP Code: 77530
E-mail Address: jeffpippin@cogentrix.com		
III. Certification of Truth, Accuracy, and Completeness		
I, <u>William J Pippin</u> , certify that, based on <i>(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)</i>		
information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. <i>(RO signature required for New DAR Identification only; DAR signature required for any Action Type)</i>		
Responsible Official Signature: _____ Date: _____		
Duly Authorized Representative Signature: <u>William J Pippin</u> Date: <u>6/19/2024</u>		
IV. Removal of Duly Authorized Representative(s)		
The following should be removed as Duly Authorized Representative(s): _____ Effective Date: _____ <i>(Name(s) printed or typed)</i>		
Responsible Official Signature: _____ Date: _____		