Texas Commission on Environmental Quality

Standard Permit New Registration

Site Information (Regulated Entity)

What is the name of the site to be authorized?	FORMOSA POINT COMFORT PLANT
Does the site have a physical address?	Yes
Physical Address	
Number and Street	201 FORMOSA DR
City	POINT COMFORT
State	ТХ
ZIP	77978
County	CALHOUN
Latitude (N) (##.######)	28.6888
Longitude (W) (-###.######)	-96.5472
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	325211
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100218973
What is the name of the Regulated Entity (RE)?	FORMOSA POINT COMFORT PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	201 FORMOSA DR
City	POINT COMFORT
State	ТХ
ZIP	77978
County	CALHOUN
Latitude (N) (##.######)	28.6888
Longitude (W) (-###.######)	-96.5472
Facility NAICS Code	325211
What is the primary business of this entity?	INDUSTRIAL CHEMICAL MANUFACTURING PLANT

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN600130017
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Formosa Plastics Corporation, Texas

	5407500
Texas SOS Filing Number	5107506
Federal Tax ID	222355464
State Franchise Tax ID	12223554648
State Sales Tax ID	
Local Tax ID	
DUNS Number	106238165
Number of Employees	
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	Formosa Plastics Corporation, Texas
Prefix	MR
First	Mike
Middle	
Last	Rivet
Suffix	
Credentials	
Title	Assistant Vice President/Site Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 700
Routing (such as Mail Code, Dept., or Attn:)	
City	POINT COMFORT
State	ТХ
ZIP	77978
Phone (###-#####)	3619877000
Extension	
Alternate Phone (###-###+###)	
Fax (###-###+###)	
E-mail	tlasater@ftpc.fpcusa.com
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	CN600130017, Formosa Plastics Corporation, Texas

Organization Name

Prefix

Formosa Plastics Corporation, Texas

MR

First	Mike
Middle	WIKE
Last	Rivet
Suffix	Kivet
Credentials	
Title	Assistant Vice President/Site Manager
Enter new address or copy one from list:	Assistant vice Fresident/Site Manager
Mailing Address	Domestic
Address Type	
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 700
Routing (such as Mail Code, Dept., or Attn:)	
City	POINT COMFORT
State	ТХ
ZIP	77978
Phone (###-###+###)	3619877000
Extension	
Alternate Phone (###-######)	
Fax (###-####)	
E-mail	tlasater@ftpc.fpcusa.com
Technical Contact	
Technical Contact Person TCEQ should contact for questions about this application:	
Person TCEQ should contact for questions	
Person TCEQ should contact for questions about this application:	Formosa Plastics Corporation Texas
Person TCEQ should contact for questions about this application: Same as another contact?	Formosa Plastics Corporation Texas MS
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name	·
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix	MS
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First	MS
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle	MS LeAnn
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Middle Last	MS LeAnn
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix Prefix First Middle Last Suffix	MS LeAnn
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix Pirst First Middle Last Suffix Credentials	MS LeAnn Usoff
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials Title	MS LeAnn Usoff Air Permitting Assistant Manager
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix First Kiddle Last Suffix Credentials Title Enter new address or copy one from list:	MS LeAnn Usoff Air Permitting Assistant Manager
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address	MS LeAnn Usoff Air Permitting Assistant Manager Responsible Official Contact
Person TCEQ should contact for questions 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	MS LeAnn Usoff Air Permitting Assistant Manager Responsible Official Contact
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix Prefix First 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)	MS LeAnn Usoff Air Permitting Assistant Manager Responsible Official Contact
Person TCEQ should contact for questions about this application: Same as another contact? Organization Name Prefix Prefix First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Type Mailing Address (include Suite or Bldg. here, if applicable) Routing (such as Mail Code, Dept., or Attn:)	MS LeAnn Usoff Air Permitting Assistant Manager Responsible Official Contact Domestic PO BOX 700

ZIP	77978
Phone (###-###-####)	3619209401
Extension	
Alternate Phone (###-###+###)	
Fax (###-###-####)	
E-mail	leannu@ftpc.fpcusa.com

Standard Permit General Information- New Reg Sites

1) Is this facility permanent or temporary?	Permanent
2) Will the proposed facility meet all of the requirements of the standard permit?	Yes
3) Select the type of unit that is being registered:	POLLUTION CONTROL PROJECTS
3.1. Select the rule associated to the unit specified.	6001 - NON RULE 2011-FEB-09
3.2. Does the project result in any collateral increases of emissions?	No
Standard Permit Attachments	

1) Please attach PI-1S, NAAQS analysis and/or impacts analysis if applicable, and all other required documents to complete the project.

[File Properties]	
File Name	EDC Incinerator PCP SP App 2024-07-08.signed.pdf</a
Hash	DD3A61EE9EDE878A36167977ED3FD296144461A542FE0CB1E7E3A7A3F1C5D207
MIME-Type	application/pdf
Confidential	No

2) Please attach any other necessary information needed to complete the registration.

Expedite

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite the processing of this application? 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 Leann Usoff, the owner of the STEERS account ER070511.
- 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 New Registration.
- 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: Leann Usoff OWNER OPERATOR

Account Number:	ER070511
Signature IP Address:	74.192.118.129
Signature Date:	2024-07-08
Signature Hash:	5422D95FA2B118CCDBC4EC6E9D62F8E3AF570E7E8B3E437490192E92AA1A3371
Form Hash Code at time of Signature:	0E082C97FE82A118F35C57BC6F235ED483BE9933C065ECD619397CF5FE40E63B

Fee Payment

Transaction by:	The application fee payment transaction was made by ER070511/Leann Usoff
Paid by:	The application fee was paid by LEANN USOFF
Fee Amount:	\$900.00
Paid Date:	The application fee was paid on 2024-07-08
Transaction/Voucher number:	The transaction number is 582EA000616757 and the voucher number is 712229
Submission	
Reference Number:	The application reference number is 659757
Submitted by:	The application was submitted by ER070511/Leann Usoff

Submitted Timestamp:	The application was submitted on 2024-07-08 at 11:07:50 CDT
Submitted From:	The application was submitted from IP address 74.192.118.129
Confirmation Number:	The confirmation number is 549727
Steers Version:	The STEERS version is 6.78
Additional Information	
Application Creator: This account was created by Austin A Miller	