

#### **Document Control Sheet**

Sheet Title:

Box ID:

Control Sheet ID:

Record Series Name:

Record Series:

Primary ID:

Secondary ID:

Doc Type:

Security:

Date:

Title:

Tertiary ID

AIR CAIR - OLS

39830

0000-0000-0084-6288

AIR / Clean Air Interstate Rule (CAIR)

AIR CAIR

AIR PRODUCTS LLC

NUP

**Applications** 

Public

7/13/2009 12:00AM

**Applications** 

# NOTICE OF OCUMENT QUALITY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

THE QUALITY OF THE FOLLOWING ORIGINAL PAPER DOCUMENT(S) WAS SUCH THAT ALL OR PORTIONS OF THE SCANNED IMAGE

MAY BE DIFFICULT TO READ OR ILLEGIBLE.

#### Some reasons for poor quality:

There are multiple densities per page, different types of ink, faded document, and some documents are different colors. Many of the photographs, charts, graphs, maps are of poor quality.

# TCEQ

#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



JUL 13 Zas

AIR QU

## FORM CNA-2 (Page 1) APPLICATION FOR CAIR NOX ALLOWANCES FROM THE NEW UNIT SET-ASIDE TRADING BUDGET

AIR CAIR\_ Company:

L C	OMPANY IDENTIFYIN	G INFORM	MATION		AIR PRODUCTS LLC circle one: AUP or GP or SP  APL			
A. Company Name: Air Products LLC					20 0 9 - 0 7 - 1 3 APPLICATIONS			
	Mailing Address: 10202 Strang Road							
	City: La Porte		ate: TX		Zip: 77571			
1	Telephone: 281-479-5901	Fax: 281-4	178-3042	Email:	•			
C.	Operator of the Site: Air Products LLC							
D.	TCEQ Customer Identification Number: CN 602299257							
E.	Site Name: Exelon La Porte Generating Station							
	Street Address (If no street address, give driving directions in writing):							
	Nearest City: La Porte Zip		ip Code: 77571	Code: 77571 Email: caldwewf@airproducts.co				
F.	TCEQ Regulated Entity Number: RN 102041282							
G.	TCEQ Air Account Number (if applicable): HG-0010-N							
H.	CAIR Compliance Account Number: 055365FACLTY RECEIVED							
11.	CAIR DESIGNATED R	EPRESEN'	FATIVE CONTA	CT INFORMA	TION NOV 2 0 2024			
A.	Name: (_x_MrMrsMsDr.) David C. Hefele			3				
	Title: West Gulf Coast Area Manager			est part des seus marien autres autres autres sociétées de marient débit de s'écoles de absence seus autres au	TCEQ CENTRAL FILE ROOM			
	Mailing Address: 10202 Strang Road							
	City: La Porte		State: TX		Zip Code: 77571			
	Telephone: 281-478-3132	Fax:	281-478-3042	E-Mail: he	eledc@airproducts.com			
111	ALTERNATE CAIR D	ESIGNAT	ED REPRESENT	TATIVE CONTA	CT INFORMATION			
A.	Name: (_x_MrMrs	_Ms Dr	.) David K. Latli	p				
	Title: ASU Facility Manager  Mailing Address: 10202 Strang Road							
	City: La Porte	and majority of the complete part of the complete p	State: TX		Zip Code: 77571			
	Telephone: 281-478-3008	Fax	281-478-3082 E-Mail: latlipdk@airproducts.com		tlipdk@airproducts.com			

# FORM CNA-2 (Page 2) APPLICATION FOR CAIR NOX ALLOWANCES FROM THE NEW UNIT SET-ASIDE TRADING BUDGET

A. Federal Unit ID	B. Online Year	C. NOx Tons Reported to the EPA <sup>1</sup>	D. Requested CAIR NOx Amount (not to exceed Column C amount)	
GT-I	2001	4.6	4.6	
GT-2	2001	5.1	5.1	
GT-3	2001	4.0	4.0	
GT-4	2001	3.3	3,3	

<sup>1</sup>CAIR NOx unit's total tons must have been determined in accordance with 40 CFR Part 75, to the extent the unit was otherwise subject to the requirements of 40 CFR Part 75 for the year, or must be based on the best available data reported to the executive director for the unit, to the extent the unit was not otherwise subject to the requirements of 40 CFR Part 75 for the year.



#### FORM CNA-2 (Page 3) APPLICATION FOR CAIR NOx ALLOWANCES FROM THE JUL 13 ZUUS NEW UNIT SET-ASIDE TRADING BUDGET

AIR QU/ TY DIVISI

#### V. CERTIFICATION BY AUTHORIZED CAIR DESIGNATED REPRESENTATIVE

I am authorized to make this submission on behalf of the owners and operators of the source or units for which the submission is made, I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

DATE 7-7-09 SIGNATURE

David C. Hefele

(Please print or type the name of the authorized CAIR designative representative signed above)

NOTE - ORIGINAL SIGNATURE IN INK IS REQUIRED.

Mail application to:

**Texas Commission on Environmental Quality Emission Banking and Trading Program MC-206** P.O. BOX 13087 AUSTIN, TX 78711-3087

# TCEQ

#### TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## FORM CNA-2 (Page 1) APPLICATION FOR CAIR NOX ALLOWANCES FROM THE NEW UNIT SET-ASIDE TRADING BUDGET

I. (	L COMPANY IDENTIFYING INFORMATION						
A.	Company Name: Air Products LLC						
B.	Mailing Address: 10202 Strang Road						
	City: La Porte		State: TX		Zip: 77571		
	Telephone: 281-479-5901 Fax: 28		1-478-3042 Email:				
C.	Operator of the Site: Air Products LLC						
D.	TCEQ Customer Identification Number: CN 602299257						
E.	Site Name: Exelon La Porte Generating Station						
	Street Address (If no street address, give driving directions in writing):						
	Nearest City: La Porte	Nearest City: La Porte Zip Code: 77571 Email: caldwewf@airproducts.com					
F.	TCEQ Regulated Entity Number: RN 102041282						
G.	TCEQ Air Account Number	r (if app	olicable): HG-0010-N				
H.	H. CAIR Compliance Account Number: 055365FACLTY						
L							
_	CAIR DESIGNATED RE			T INFORMATI	ON .		
11.	CAIR DESIGNATED RE	PRESI	ENTATIVE CONTACT	r information	ON		
11. A.		PRESE	Dr.) David C. Hefele	TINFORMATION OF THE PROPERTY O	ON		
11. A.	Name: (_x_MrMrs	PRESE Ms Manag	ENTATIVE CONTACT Dr.) David C. Hefele ger	TINFORMATIO	ON		
11. A.	Name: (_x_MrMrs Title: West Gulf Coast Area	PRESE Ms Manag	ENTATIVE CONTACT Dr.) David C. Hefele ger	I INFORMATIO	Zip Code: 77571		
II. A.	Name: (_x_MrMrs Title: West Gulf Coast Area Mailing Address: 10202 Str	PRESI Ms I Manay rang Ros	Dr.) David C. Hefele ger ad				
11. A.	Name: (_x_MrMrs Title: West Gulf Coast Area Mailing Address: 10202 Str City: La Porte	PRESI Ms a Manay ang Roo	Dr.) David C. Hefele ger ad State: TX ax: 281-478-3042	E-Mail: hefel	Zip Code: 77571 edc@airproducts.com		
II. A.	Name: (_x_MrMrs Title: West Gulf Coast Area Mailing Address: 10202 Str City: La Porte Telephone: 281-478-3132	PRESE Ms i Manag ang Ro	Dr.) David C. Hefele ger ad State: TX ax: 281-478-3042	E-Mail: hefel	Zip Code: 77571 edc@airproducts.com		
II. A. III.	Name: (_x_MrMrs Title: West Gulf Coast Area Mailing Address: 10202 Str City: La Porte Telephone: 281-478-3132  ALTERNATE CAIR DE	PRESE Ms a Manag ang Ros Fr SIGNA Ms	Dr.) David C. Hefele ger ad State: TX ax: 281-478-3042	E-Mail: hefel	Zip Code: 77571 edc@airproducts.com		
II. A. III.	Name: (_x_MrMrs Title: West Gulf Coast Area Mailing Address: 10202 Str City: La Porte Telephone: 281-478-3132  ALTERNATE CAIR DE Name: (_x_MrMrs	PRESE Ms i Manag ang Ros  Fi SIGNA Ms er	ENTATIVE CONTACTOR Dr.) David C. Hefele ger ad State: TX fax: 281-478-3042  ATED REPRESENTAT Dr.) David K. Latlip	E-Mail: hefel	Zip Code: 77571 edc@airproducts.com		
III. A. III.	Name: (_x_MrMrs Title: West Gulf Coast Area Mailing Address: 10202 Str City: La Porte Telephone: 281-478-3132  ALTERNATE CAIR DE Name: (_x_MrMrs Title: ASU Facility Manage	PRESE Ms i Manag ang Ros  Fi SIGNA Ms er	ENTATIVE CONTACTOR Dr.) David C. Hefele ger ad State: TX fax: 281-478-3042  ATED REPRESENTAT Dr.) David K. Latlip	E-Mail: hefel	Zip Code: 77571 edc@airproducts.com		

## FORM CNA-2 (Page 2) APPLICATION FOR CAIR NOX ALLOWANCES FROM THE NEW UNIT SET-ASIDE TRADING BUDGET

A. Federal Unit ID	B. Online Year	C. NOx Tons Reported to the EPA <sup>1</sup>	D. Requested CAIR NOx Amount (not to exceed Column C amount)	
GT-1	2001	4.6	4.6	
GT-2	2001	5.1	5.1	
GT-3	2001	4.0	4.0	
GT-4	2001	3.3	3,3	

<sup>1</sup>CAIR NOx unit's total tons must have been determined in accordance with 40 CFR Part 75, to the extent the unit was otherwise subject to the requirements of 40 CFR Part 75 for the year, or must be based on the best available data reported to the executive director for the unit, to the extent the unit was not otherwise subject to the requirements of 40 CFR Part 75 for the year.

### FORM CNA-2 (Page 3) APPLICATION FOR CAIR NOx ALLOWANCES FROM THE NEW UNIT SET-ASIDE TRADING BUDGET

#### V. CERTIFICATION BY AUTHORIZED CAIR DESIGNATED REPRESENTATIVE

I am authorized to make this submission on behalf of the owners and operators of the source or units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

DATE 7-7-09 SIGNATURE

David C. Hefele

(Please print or type the name of the authorized CAIR designative representative signed above)

NOTE - ORIGINAL SIGNATURE IN INK IS REQUIRED.

Mail application to:
Texas Commission on Environmental Quality
Emission Banking and Trading Program MC-206
P.O. BOX 13087
AUSTIN, TX 78711-3087