Texas Commission on Environmental Quality

Annual Operational Status Report

Year: 2024

Site Information (Regulated Entity)

Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN101613511
What is the name of the Regulated Entity (RE)?	ALTIVIA OXIDE CHEMICALS
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	16503 RAMSEY RD
City	CROSBY
State	TX
ZIP	77532
County	HARRIS
Latitude (N) (##.######)	29.921666
Longitude (W) (-###.######)	-95.053055
Facility NAICS Code	325199
What is the primary business of this entity?	INDUSTRIAL

Section 1# Authorization Information

AUTH#: 1

Authorization Number, Site Name, Authorization Type	150789|ALTIVIA OXIDE CHEMICALS|STDPMT

AUTH#: 2

Authorization Number, Site Name, Authorization Type	172404|ALTIVIA OXIDE CHEMICALS|PBR

AUTH#: 3

Authorization Number, Site Name, Authorization Type	175946|ALTIVIA OXIDE CHEMICALS|PBR

Customer Information

How is this applicant associated with this site?	Multiple
What is the applicant's Customer Number (CN)?	CN605783661
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	ALTIVIA Oxide Chemicals, LLC
Texas SOS Filing Number	803621103
Federal Tax ID	842975580
State Franchise Tax ID	32074270896
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	ALTIVIA Oxide Chemicals LLC
Prefix	MR
First	Tim
Middle	
Last	Albert
Suffix	
Credentials	
Title	Vice President - Manufacturing
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 180
Routing (such as Mail Code, Dept., or Attn:)	
City	HAVERHILL
State	OH
ZIP	45636
Phone (###-###-####)	7405335200
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	talbert@altivia.com

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	ALTIVIA Petrochemicals
Prefix	MR
First	Jason
Middle	
Last	Patrick
Suffix	
Credentials	
Title	ESH Manager
Enter new address or copy one from list:	Responsible Official Contact
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 180
Routing (such as Mail Code, Dept., or Attn:)	
City	HAVERHILL
State	OH
ZIP	45636
Phone (###-###-####)	7405335267
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	jpatrick@altivia.com

Section 1# Operational Status

Permit#: 1

1) Permit Number	150789
2) Is the permitted activity operational?	Yes

Permit#: 2

1) Permit Number	172404
2) Is the permitted activity operational?	Yes

Permit#: 3

1) Permit Number	175946
2) Is the permitted activity operational?	Yes

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.

1. I am Jason Patrick, the owner of the STEERS account ER074620.
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 Annual Operational Status Report Year: 2024.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

MULTIPLE Signature: Jason Patrick MULTIPLE

Customer Number:	CN605783661
Legal Name:	ALTIVIA Oxide Chemicals, LLC
Account Number:	ER074620
Signature IP Address:	24.172.140.146
Signature Date:	2024-12-17
Signature Hash:	FCB98F0A450B4FA011424E15979D07B7D4AAD302F2B75F36C25F9FCA3AE1695B
Form Hash Code at time of Signature:	F2FC858311700851AB30FC2126F0AC595FFE9C06D9AD6B4D945A00CB1B156951

Submission

Reference Number:	The application reference number is 714684

Submitted by:	The application was submitted by ER074620/Jason Patrick
Submitted Timestamp:	The application was submitted on 2024-12-17 at 12:02:29 CST
Submitted From:	The application was submitted from IP address 24.172.140.146
Confirmation Number:	The confirmation number is 600373
Steers Version:	The STEERS version is 6.84

Additional Information

Application Creator: This account was created by Melissa Ryan