

Form OP-DEL
Delegation of Responsible Official Information
Federal Operating Permit Program
Texas Commission on Environmental Quality

I. Identifying Information
Account Number: HQ-A037-L
Regulated Entity Number: RN 108779729
Customer Reference Number: CN 604679639
Permit Number: O3848
Area Name: Wolf Hollow II
Company Name: Wolf Hollow II Power, LLC
II. Duly Authorized Representative Information
Action Type: <input checked="" type="checkbox"/> New DAR Identification <input 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 (Driver License/STEERS): Timothy Coppenbarger
Title: Plant Manager
Delegation Effective Date: 01/21/2025
Telephone Number: (817) 776-1428
Fax Number:
Company Name: Wolf Hollow II Power, LLC
Mailing Address: 8787 Wolf Hollow Ct
City: Granbury
State: Texas
ZIP Code: 76048
Email Address: timothy.coppenbarger@constellation.com

Form OP-DEL
Delegation of Responsible Official Information
Federal Operating Permit Program
Texas Commission on Environmental Quality

III. Certification of Truth, Accuracy, and Completeness


I, Daniel Inemer

(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)

Certify that, based on information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. *(RO signature required for New DAR Identification only; DAR signature required for any Action Type)*

Responsible Official Signature: 

Date: 1/21/2025

Duly Authorized Representative Signature: 

Date: 1-21-25

IV. Removal of Duly Authorized Representative(s)

The following should be removed as Duly Authorized Representative(s):

Jeffery Klier, Derrick Bryant, Daniel Inemer

(Name(s) printed or typed)

Effective Date: 1/21/25

Responsible Official Signature: 

Date: 1/21/2025

Form OP-DEL
Delegation of Responsible Official Information
Federal Operating Permit Program
(Extension)
Texas Commission on Environmental Quality

V. Additional Identifying Information
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Responsible Official: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name: