

## Texas Commission on Environmental Quality

Title V Existing

3335

### Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	MARSHALL PLANT
Does the site have a physical address?	Yes
Physical Address	
Number and Street	3200 UNIVERSITY AVE
City	MARSHALL
State	TX
ZIP	75670
County	HARRISON
Latitude (N) (##.#####)	32.535555
Longitude (W) (-###.#####)	94.4
Primary SIC Code	2819
Secondary SIC Code	
Primary NAICS Code	325180
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN102609724
What is the name of the Regulated Entity (RE)?	NORIT AMERICA INC
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	3200 UNIVERSITY AVE
City	MARSHALL
State	TX
ZIP	75670
County	HARRISON
Latitude (N) (##.#####)	32.535555
Longitude (W) (-###.#####)	-94.395277
Facility NAICS Code	
What is the primary business of this entity?	INORGANIC CHEMICALS

### Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN600356372
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Norit Americas, Inc.
Texas SOS Filing Number	9869306
Federal Tax ID	590142210
State Franchise Tax ID	15901422103
State Sales Tax ID	

Local Tax ID	
DUNS Number	4062857
Number of Employees	21-100
Independently Owned and Operated?	No

## Responsible Official Contact

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Person TCEQ should contact for questions about this application:

Organization Name	Norit Americas Inc
Prefix	MR
First	Michael
Middle	
Last	Dawson
Suffix	
Credentials	
Title	SH&E Specialist
Enter new address or copy one from list:	Site Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	3200 UNIVERSITY AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	MARSHALL
State	TX
ZIP	75670
Phone (###-###-####)	9039231000
Extension	
Alternate Phone (###-###-####)	9037022988
Fax (###-###-####)	
E-mail	Michael.Dawson@norit.com

## Technical Contact

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Person TCEQ should contact for questions about this application:

Select existing TC contact or enter a new contact.	New Contact
Organization Name	Norit Americas Inc
Prefix	MR
First	Michael
Middle	
Last	Dawson
Suffix	
Credentials	
Title	SH&E Specialist
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)	3200 UNIVERSITY AVE

Routing (such as Mail Code, Dept., or Attn:)	
City	MARSHALL
State	TX
ZIP	75670
Phone (###-###-####)	9039231000
Extension	
Alternate Phone (###-###-####)	9037022988
Fax (###-###-####)	
E-mail	Michael.Dawson@norit.com

## Title V General Information - Existing

1) Permit Type:	SOP
2) Permit Latitude Coordinate:	32 Deg 32 Min 8 Sec
3) Permit Longitude Coordinate:	94 Deg 24 Min 0 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) Does this application include Acid Rain Program or Cross-State Air Pollution Rule requirements?	No

## Title V Attachments Existing

Attach OP-1 (Site Information Summary)

Attach OP-CRO2 (Change of Responsible Official Information)

[File Properties]

File Name	<a href=/ePermitsExternal/faces/file?fileId=247478>OP_CRO2_RO Change.pdf</a>
Hash	42D53BAC9584FF44AF4621BC42DD4625B1C50C0C680B9137EFD9E89AF88FDC1F
MIME-Type	application/pdf

Attach OP-DEL (Delegation of Responsible Official)

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
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## Certification

I certify that I am the Responsible Official 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 Michael Dawson, the owner of the STEERS account ER082763.
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 3335.
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: Michael Dawson OWNER OPERATOR

Account Number:	ER082763
Signature IP Address:	165.225.37.87
Signature Date:	2025-03-31
Signature Hash:	8BECDF6056521544A2E141D58B8598B61EC9DB2EF13AD94AE1C28F5B1DE71EFB
Form Hash Code at time of Signature:	C4B0633A6F0BB9A0E2331FB87743C45FAD1E40B78D26CE0F007FE4EEDD40762E

## Submission

Reference Number:	The application reference number is 772843
Submitted by:	The application was submitted by ER082763/Michael Dawson
Submitted Timestamp:	The application was submitted on 2025-03-31 at 10:17:22 CDT
Submitted From:	The application was submitted from IP address 165.225.37.87
Confirmation Number:	The confirmation number is 642867
Steers Version:	The STEERS version is 6.89
Permit Number:	The permit number is 3335

## Additional Information

Application Creator: This account was created by Bridgett Howard

**Form OP-CRO2**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**

The Texas Commission on Environmental Quality (TCEQ) shall be notified of a new appointment or administrative information change (e.g., address, phone number, title) for a Responsible Official (RO), Designated Representative (DR), or Alternate Designated Representative (ADR) in the next submittal. This form satisfies the requirements for notification (a revised Certificate of Representation must also be submitted to the U.S. Environmental Protection agency for changes in the DR and ADR). After the initial submittal, if there is a change of Duly Authorized Representative (DAR) appointment or administrative information changes for the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to TCEQ.

<b>I. Identifying Information</b>
Account No.: HH-0019-H
Regulated Entity Number: RN102609724
Customer Reference Number: CN600356372
Permit Number: 03335
Area Name: Marshall Plant
Company: Norit Americas Inc.
<b>II. Change Type</b>
Action Type: <input checked="" type="checkbox"/> New Appointment <input type="checkbox"/> Administrative Information Change
Contact Type ( <b>only one response accepted per form</b> ): <input checked="" type="checkbox"/> Responsible Official <input type="checkbox"/> Designated Representative ( <i>Acid Rain Program and/or CSAPR sources only</i> ) <input type="checkbox"/> Alternate Designated Representative ( <i>Acid Rain Program and/or CSAPR sources only</i> )

**Form OP-CRO2**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**

<b>III. Responsible Official/Designated Representative/Alternate Designated Representative Information</b>
Conventional Title:
<input checked="" type="checkbox"/> Mr.
<input type="checkbox"/> Mrs.
<input type="checkbox"/> Ms.
<input type="checkbox"/> Dr.
Name (Driver's License/STEERS): Michael Dawson
Title: SH&E Specialist
Appointment Effective Date: 01/24/2025
Telephone Number: 903.923.1000
Fax Number.:
Company Name: Norit Activated Carbon
Mailing Address: 3200 University Avenue
City: Marshall
State: Texas
ZIP Code: 75670
Email Address: Michael.Dawson@norit.com

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**Change of Responsible Official Information**  
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**IV. Certification of Truth, Accuracy, and Completeness**

**This certification does not extend to information, which is designated by TCEQ as information for reference only.**

I, Michael Dawson, certify that based on information and belief formed Reasonable inquiry, the statement and information stated above are true, accurate, and complete.

Signature: 

Signature Date: 1/24/25