Texas Commission on Environmental Quality Standard Permit for Existing Registration 161162

Site Information (Regulated Entity)

What is the name of the site to be authorized?	CLEBURNE FACILTY
Does the site have a physical address?	Yes
Physical Address	
Number and Street	2311 PIPELINE RD
City	CLEBURNE
State	ТХ
ZIP	76033
County	JOHNSON
Latitude (N) (##.######)	32.388812
Longitude (W) (-###.#####)	-97.40024
Primary SIC Code	2869
Secondary SIC Code	
Primary NAICS Code	325199
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100976117
What is the name of the Regulated Entity (RE)?	CLEBURNE FACILTY
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	2311 PIPELINE RD
City	CLEBURNE
State	ТХ
ZIP	76033
County	JOHNSON
Latitude (N) (##.#####)	32.388812
Longitude (W) (-###.#####)	-97.40024
Facility NAICS Code	
What is the primary business of this entity?	QUARTENARY AMMONIUM SALTS PROD

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN600383855
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Sachem, Inc.

Texas SOS Filing Number	21002400
Federal Tax ID	742286932
State Franchise Tax ID	32040950910
State Sales Tax ID	
Local Tax ID	
DUNS Number	8117400
Number of Employees	101-250
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	Sachem, Inc.
Prefix	
First	ТОМ
Middle	
Last	MOONEY
Suffix	
Credentials	
Title	SENIOR VICE PRESIDENT
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5700 S MOPAC EXPY STE 200
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	ТХ
ZIP	78749
Phone (###-####)	5124214904
Extension	
Alternate Phone (###-####-####)	
Fax (###-#####)	
E-mail	TMOONEY@SACHEMINC.COM
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	CN600383855, Sachem, Inc.

Sachem, Inc.

MR TOM

Prefix

First

Organization Name

NA: Juli	
Middle	
Last	MOONEY
Suffix	
Credentials	
Title	SENIOR VICE PRESIDENT
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5700 S MOPAC EXPY STE 200
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	ТХ
ZIP	78749
Phone (###-###+-####)	5124214904
Extension	
Alternate Phone (###-###+)	
Fax (###-###-####)	
E-mail	TMOONEY@SACHEMINC.COM
Technical Contact	
Person TCEQ should contact for questions	
about this application:	
about this application: Same as another contact?	
about this application: Same as another contact? Organization Name	SACHEM INC
about this application: Same as another contact? Organization Name Prefix	MS
about this application: Same as another contact? Organization Name Prefix First	
about this application: Same as another contact? Organization Name Prefix First Middle	MS KATRICE
about this application: Same as another contact? Organization Name Prefix First Middle Last	MS
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix	MS KATRICE
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials	MS KATRICE
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix	MS KATRICE
about this application: Same as another contact? Organization Name Prefix First Middle Last Suffix Credentials	MS KATRICE HARRIS
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials	MS KATRICE HARRIS
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials Title Enter new address or copy one from list:	MS KATRICE HARRIS
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address	MS KATRICE HARRIS HSE DIRECTOR SACHEM AMERICAS
about this application: Same as another contact? Organization Name Prefix Prefix First Middle Last Cadentials Credentials Title Enter new address or copy one from list: Mailing Address (include Suite or Bldg. here, if	MS KATRICE HARRIS HSE DIRECTOR SACHEM AMERICAS
about this application: Same as another contact? Organization Name Prefix First First Middle Last Suffix Credentials Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable)	MS KATRICE HARRIS HSE DIRECTOR SACHEM AMERICAS
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Phone (###-###-####)		8172023228
Extension		
Alternate Phone (###-###-####)		
Fax (###-###-####)		
E-mail		KHARRIS@SACHEMINC.COM
Standard Permit Genera	I Information- Existing	Reg Sites
1) Is this project for a change of rep or a renewal of the standard permit?		Change of Representations
1.1. Is the registration being revised the addition of a new facility?	to represent	Yes
2) Will the revised/renewed facility r the requirements of the standard pe		Yes
Standard Permit Rule A	mendment Information-	Existing Sites
1) Type of unit that is being register	ed	POLLUTION CONTROL PROJECTS
1.1. Does the project result in any contract increases of emissions?	ollateral	Yes
1.1.1. Will the NAAQS and/or impact be attached?	ts analysis	Yes
1.2. Will this project be received by within 180 days of the original regist		No
Standard Permit Attachr	nents	
1) Please attach PI-1S, NAAQS and complete the project.	alysis and/or impacts analysis if ap	plicable, and all other required documents to
[File Properties]		
File Name	<a href=/ePermitsExternal/face: conf-SIGNED.pdf</a 	s/file?fileId=260469>R250415_SP_CI_Scrubber_non-
Hash	394DC81D497D747D28662237A	6A801C100C4722A55DD70D980DCFA5C3AF44BAB
MIME-Type		application/pdf
Confidential		No
[File Properties]		
File Name		=/ePermitsExternal/faces/file?fileId=260470>R250417 CI Scrubber_conf.pdf
Hash	3C795FB6802BE81619BD505A9I	D727D54D69E4A99A3BDBC4981AAECAB021A9E06
MIME-Type		application/pdf
Confidential		Yes

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?

Certification

Fee Payment

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 Thomas J Mooney, the owner of the STEERS account ER036639.
- 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 for Existing Registration 161162.
- 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: Thomas J Mooney OWNER OPERATOR

Account Number:		ER036639
Signature IP Address:		75.141.185.242
Signature Date:		2025-05-28
Signature Hash:	D6F3E7AEAC70B740FCE789268F52	245F7A9DBC362926E439E366E4A213CC7F240
Form Hash Code at time of Signature:	A53CF8C43F541DB15C7B2AFC9120	A0DC47D893D997D772AACF63006DD9866CE5

No

Transaction by:	The application fee payment transaction was made by ER036639/Thomas J Mooney
Paid by:	The application fee was paid by KATRICE VERNACE HARRIS
Fee Amount:	\$900.00
Paid Date:	The application fee was paid on 2025-05-28
Transaction/Voucher number:	The transaction number is 582EA000669929 and the voucher number is 768480
Submission	
Reference Number:	The application reference number is 789591
Submitted by:	The application was submitted by ER036639/Thomas J Mooney
Submitted Timestamp:	The application was submitted on 2025-05-28 at 13:24:09 CDT
Submitted From:	The application was submitted from IP address 75.141.185.242
Confirmation Number:	The confirmation number is 655701
Steers Version:	The STEERS version is 6.91
Permit Number:	The permit number is 161162
Additional Information	
Application Creator: This account was created by Thomas W	arnack