

Gulf Coast Growth Ventures LLC  
P.O. Box 367  
Gregory, TX 78359-0367



**CERTIFIED MAIL NO. 7020 1290 0000 6618 7791**  
**RETURN RECEIPT REQUESTED**

November 15, 2021

Texas Commission on Environmental Quality  
Air Permits Division  
P. O. Box 13087 – Mail Code 163  
Austin, Texas 78711-3087

**AIRPERMITS DIVISION**

**NOV 17 2021**

**RECEIVED**

**Re: Change of Responsible Official and Delegation of RO**  
**Permit No. O4169**  
**Gulf Coast Growth Ventures LLC**  
**Customer Reference No: CN605632439**  
**Regulated Entity No: RN109753731**



To Whom It May Concern:

Gulf Coast Growth Ventures LLC (GCGV) is submitting notification of a new Responsible Official and new Duly Authorized Representative. The required TCEQ Form OP-CRO2 and Form OP-DEL are included in this submittal.

If you have any questions about this submittal, please contact Ms. Hanh Tran at 361-977-3326 or via email at [hanh.m.tran@exxonmobil.com](mailto:hanh.m.tran@exxonmobil.com).

Sincerely,

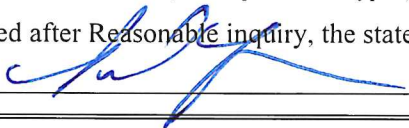
Brady J. Fontenot  
Environmental Section Supervisor  
Gulf Coast Growth Ventures LLC

Enclosure

cc: TCEQ Region 14 – Air Program Manager  
500 N. Shoreline Blvd., Ste. 500  
Corpus Christi, Texas 78401-0318  
**CERTIFIED MAIL NO. 7020 1290 0000 6618 7807**

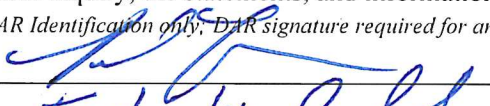
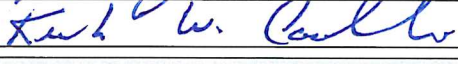
**Form OP-CRO2**  
**Change of Responsible Official Information**  
**Federal Operating Permit Program**

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. **Send this completed form to the TCEQ Central Office to the attention of the Air Permits Division.** 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 the TCEQ.*

<b>I. Identifying Information</b>		
Account No.: <b>SD-A013-M</b>	RN: <b>109753731</b>	CN: <b>605632439</b>
Permit No.: <b>O4169</b>	Area Name: <b>Olefins, Derivative and Utilities</b>	
Company Name: <b>Gulf Coast Growth Ventures LLC</b>		
<b>II. Change Type</b>		
Action Type:	<input checked="" type="checkbox"/> New Appointment	<input type="checkbox"/> Administrative Information Change
Contact Type ( <i>only one response can be accepted per form</i> ):		
<input checked="" type="checkbox"/> Responsible Official	<input type="checkbox"/> Designated Representative	<input type="checkbox"/> Alternate Designated Representative
<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: <b>Paul Fritsch</b>		
Title: <b>President</b>	Appointment Effective Date: <b>11/15/2021</b>	
Telephone No.: <b>361-977-3001</b>	Fax No.:	
Company Name: <b>Gulf Coast Growth Ventures LLC</b>		
Mailing Address: <b>P. O. Box 367</b>		
City: <b>Gregory</b>	State: <b>TX</b>	ZIP Code: <b>78359-0367</b>
E-mail Address: <b>paul.b.fritsch@exxonmobil.com</b>		
<b>IV. Certification of Truth, Accuracy, and Completeness</b>		
<b>This certification does not extend to information, which is designated by the TCEQ as information for reference only.</b>		
I, <u><b>Paul Fritsch</b></u> , certify that, based on information		
(Name printed or typed)		
and belief formed after Reasonable inquiry, the statements and information stated above are true, accurate, and complete.		
Signature: 		Signature Date: <u><b>11/15/2021</b></u>

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

A Responsible Official (RO) may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. **Send this completed form to the TCEQ Central Office to the attention of the Air Permits Division.** Signature stamps can be accepted in place of an original signature. Faxes, photocopies, and electronic submittals can be accepted in place of an original Form OP-DEL; however, a follow-up submittal of the original Form OP-DEL is requested

<b>I. Identifying Information</b>		
Account No.: <b>SD-A013-M</b>	RN: <b>109753731</b>	CN: <b>605632439</b>
Permit No.: <b>O4169</b>	Area Name: <b>Olefins, Derivative and Utilities</b>	
Company Name: <b>Gulf Coast Growth Ventures LLC</b>		
<b>II. Duly Authorized Representative Information</b>		
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: <b>Keith Cascarelli</b>		
Title: <b>Process Manager</b>	Delegation Effective Date: <b>11/15/2021</b>	
Telephone No.: <b>409-812-4096</b>	Fax No.:	
Company Name: <b>Gulf Coast Growth Ventures LLC</b>		
Mailing Address: <b>P. O. Box 367</b>		
City: <b>Gregory</b>	State: <b>TX</b>	ZIP Code: <b>78359-0367</b>
E-mail Address: <b>keith.w.cascarelli@exxonmobil.com</b>		
<b>III. Certification of Truth, Accuracy, and Completeness</b>		
I, <u><b>Paul Fritsch</b></u> , certify that, based on <i>(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)</i> information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. <i>(RO signature required for New DAR Identification only; DAR signature required for any Action Type)</i>		
Responsible Official Signature: 		Date: <u><b>11/15/2021</b></u>
Duly Authorized Representative Signature: 		Date: <u><b>11/15/2021</b></u>
<b>IV. Removal of Duly Authorized Representative(s)</b>		
The following should be removed as Duly Authorized Representative(s): _____ <i>(Name(s) printed or typed)</i> Effective Date: _____		
Responsible Official Signature: _____		Date: _____