

Form OP-DEL-Instructions
Delegation of Responsible Official Information
Texas Commission on Environmental Quality

General:

A Responsible Official (RO) representing a corporation 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. The DAR option is only available for corporations, not partnerships, military bases, or municipalities. [30 TAC Chapter 122.165(c) and 40 CFR 70.2 defining “responsible official”] Note that RO identifying information (name, address, title, etc.) must appear on Form OP-1 (Site Information Summary) even if the RO authority is being delegated to a DAR. Please refer to the Form OP-1 instructions for additional information.

This form also satisfies the requirements for notification of a change of DAR appointment, administrative information changes (e.g., address, phone and title) regarding the DAR, or the removal of a previously appointed DAR. During an application review, change notifications should be included in the next submittal to TCEQ regarding the permit. Please notify TCEQ in advance of changes.

After the initial permit application submittal, include a completed Form OP-CRO2 (Change of Responsible Official) with the next submittal to TCEQ if there is:

1. a new RO, Designated Representative (DR), or Alternate Designated Representative (ADR) appointment; or
2. administrative information changes regarding the RO, DR, or ADR.

For new delegations, this form must bear the signatures of the RO and the DAR. For administrative information changes, this form must bear the signature of either the RO or the DAR. For removal of a previously appointed DAR, this form must bear the signature of the RO. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as **DocuSign will not be accepted. The RO signature date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO delegating to or removing a specific DAR via this action.** The effective date of the RO delegating to the DAR will be based on one of the following:

1. the date the initial application was submitted, if the name of the RO delegating to or removing the DAR was included in the initial application submittal on Form OP-1 (Site Information Summary); or
2. the Appointment Effective Date on Form OP-CRO2, if the RO delegating to or removing the DAR is not the original RO included in the initial Form OP-1 and the RO was changed via Form OP-CRO2.

If the “Action Type” in Section II of this form is designating an “Administrative Information Change,” and the submittal is signed by the DAR, the DAR signature date will be used to validate the signature authority of the DAR and must be on or after the delegation effective date of the DAR certifying the submittal. A DAR cannot certify information unless the DAR has signature authority.

This form must be submitted to TCEQ through Title V STEERS. A copy of the form must also be submitted to the appropriate TCEQ Regional Office and EPA. Information on where to submit this form can be found on the TCEQ website at: www.tceq.texas.gov/permitting/air/titlev/submittal.

TCEQ also requires that a Core Data Form be submitted on all incoming applications unless all the following are met: the Regulated Entity Number (RN) and Customer Reference Number (CN) have been issued by TCEQ and no core data information has changed. The Central Registry is a common record area of TCEQ, which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred as, “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the CN and the RN. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed.

If this is the initial permit for a site, then the Core Data Form must be completed and submitted with application forms. If amending, modifying, or otherwise updating an existing record for a site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ website at: www.tceq.texas.gov/permitting/central_registry/guidance.

Specific:

I. Identifying Information

- **Account No.:** Enter the primary TCEQ account number (XX-XXXX-X) for the site if issued.

Note: Please use these instructions when completing Section V, if applicable.

- **RN:** Enter the Regulated Entity Number (RN) for the site if issued. This number is issued by TCEQ as part of the central registry process. If an RN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space. (maximum 11 characters; RNXXXXXXXXXX)

Note: Please use these instructions when completing Section V, if applicable.

- **CN:** Enter the Customer Reference Number (CN) for the site if issued. This number is issued by TCEQ as part of the central registry process. If a CN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space. (maximum 11 characters; CNXXXXXXXXXX)

Note: Please use these instructions when completing Section V, if applicable.

- **Permit No.:** Enter the operating permit number, if known (OXXXX). If this is an initial application submittal for an SOP, a TOP, or a GOP, the permit number will be assigned upon receipt by TCEQ. In this case, enter “TBA” for “to be assigned.” The permit number will appear on all correspondence from TCEQ regarding a specific application or group of applications. The applicant may contact the permit review engineer for assistance.

Note: Please use these instructions when completing Section V, if applicable.

- **Area Name:** Enter the area name used on Form OP-1 (Site Information Summary) of the initial application. If there is only one *permit* at the site, the area name is the same as the site name. (maximum 50 characters)

Note: Please use these instructions when completing Section V, if applicable.

- **Company Name:** Enter the name of the company, corporation, organization, individual, etc. applying for or holding the referenced permit. (maximum 50 characters)

Note: Please use these instructions when completing Section V, if applicable.

II. Duly Authorized Representative (DAR) Information

- **Action Type:** Indicate the type of action, “New DAR Identification” or “Administrative Information Change,” by placing an “X” in the appropriate box.
- **Conventional Title:** Place an “X” next to the appropriate conventional title (Mr. /Mrs. /Ms. /Dr.).
- **Name:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the name of the new DAR being appointed (maximum 25 characters). For submittals with an “Action Type” designation of “Administrative Information Change,” enter the name of the current DAR, incorporating any necessary changes (maximum 25 characters). Note: Use the name on the driver’s license associated with the STEERS account.
- **Title:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the title of the new DAR (maximum 25 characters). For submittals with an “Action Type” designation of “Administrative Information Change,” enter the title of the current DAR, incorporating any necessary changes (maximum 25 characters).
- **Delegation Effective Date:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the date that the appointment of the new DAR became, or will become, effective (MM/DD/YYYY).

For submittals with an “Action Type” designation of “Administrative Information Change,” leave the Delegation Effective Date blank. The signature date of the RO or DAR that is entered in Section III of this form will become the “Delegation Effective Date.”

- **Telephone Number:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the telephone number with the area code of the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the telephone number of the current DAR, if changed. If the telephone number is unchanged, leave the space blank.
- **Fax Number:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the fax number with the area code of the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the fax number of the current DAR, if changed. If the fax number is unchanged, leave the space blank.
- **Company Name:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the company name for the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the company name for the current DAR, if changed. If the company name is unchanged, leave the space blank.
- **Mailing Address:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the mailing address of the new DAR, including city, state, and ZIP Code. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the city, state, and ZIP Code of the mailing address for the current DAR, if changed. If any portion of the mailing address is unchanged, leave the corresponding space blank. (address maximum - 50 characters; city maximum - 25 characters)
- **Email Address:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the email address for the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the email address for the current DAR, if changed. If the email address is unchanged, leave the space blank. (email address - maximum 50 characters)

III. Certification of Truth, Accuracy, and Completeness

Submittals with an “Action Type” designation of “New DAR Identification” must be signed by the RO whose authority is being delegated to a specific DAR via this action. Submittals with an “Action Type” designation of “Administrative Information Change” may be signed by the RO or DAR.

- **Certifier Name (Responsible Official (RO) or DAR):** For submittals with “Action Type” designation of “New DAR Identification,” print or type the name of the RO whose authority is being delegated to the DAR via this action (maximum 25 characters). For submittals with “Action Type” designation of “Administrative Information Change,” print or type the name of the RO or DAR certifying this submittal (maximum 25 characters).

- **Responsible Official Signature:** Signature of the RO is required.

- **Responsible Official Signature Date:** Enter the date this form was signed by the RO (MM/DD/YYYY).

Note: The Signature Date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO delegating to a specific DAR via this action. See the “General” section for information regarding the effective date of an RO.

- **Duly Authorized Representative Signature:** Signature of the DAR is required. A DAR must sign submittals with “Action Type” designation of “New DAR Identification” where an RO is delegating authority to a specific DAR.

- **Duly Authorized Representative Signature Date:** Enter the date this form was signed by the DAR (MM/DD/YYYY).

Note: For submittals with “Action Type” designation of “New DAR Identification,” the DAR Signature Date is used as an indication that the DAR is in agreement with the delegation. For submittals with “Action Type” designation of “Administrative Information Change,” and the submittal is signed by the DAR, the Signature Date will be used to validate the signature authority of the DAR and must be on or after the Delegation Effective Date of the DAR certifying the submittal.

IV. Removal of Duly Authorized Representative(s) (DAR)

Requests to remove DAR(s) must be signed by the RO who is removing DAR signature authority via this action.

- **DAR Name(s):** Print or type the name of each DAR whose signature authority is being removed via this action.
- **Effective Date:** Enter the date the removal of DAR signature authority became, or will become, effective (MM/DD/YYYY).
- **Responsible Official Signature:** Signature of the RO is required.
- **Responsible Official Signature Date:** Enter the date this form was signed by the RO (MM/DD/YYYY).

Note: The Signature Date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO removing DAR authority via this action. See the “General” section for information regarding the effective date of an RO.

Extension Page

V. Additional Identifying Information

Complete this table only if this certification form is being used to certify DAR information or remove DAR(s) on multiple application areas or sites for which the RO and DAR(s) have signature authority. Please see the instructions in Section I of this form for completing the identifying information.

Note: Please include Federal Operating Permit Numbers only. New Source Review Permit Numbers should not be included on this form.

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. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as DocuSign will not be accepted. Photocopies and electronic submittals can be submitted, however, must be followed up with the original Form OP-DEL. This form must be submitted to TCEQ through Title V STEERS.

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

I. Identifying Information
Account Number: HG-0696-Q
Regulated Entity Number: RN RN100211317
Customer Reference Number: CN 605004464
Permit Number: O1610
Area Name: Baytown Plant
Company Name: Eco Services Operations Corp.
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): Scott Landon
Title: Site Director
Delegation Effective Date: 3/10/26
Telephone Number: 281-691-6508
Fax Number:
Company Name: Eco Services Operations Corp.
Mailing Address: 3439 Park St.
City: Baytown
State: TX
ZIP Code: 77520
Email Address: scott.landon@eco-services.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, Kurt J. Bitting

(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: 3/12/2026

Duly Authorized Representative Signature: _____

(Name(s) printed or typed) Scott Landon

Date: 03/27/2026

IV. Removal of Duly Authorized Representative(s)

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

Thomas Johns

(Name(s) printed or typed)

Effective Date: 3/27/2026

Responsible Official Signature: _____

Date: 3/12/2026

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:

Arielle Perez

From: Scott Landon <Scott.Landon@eco-services.com>
Sent: Wednesday, April 1, 2026 1:26 PM
To: Arielle Perez; Julio Martinez
Subject: RE: OP-DEL form: permit O1610

Hi Arielle,

Our USPS mailing address is:

Eco-Services
P.O. Box 3331
Baytown, TX 77522-3331

Thanks again,
Scott

From: Arielle Perez <Arielle.Perez@tceq.texas.gov>
Sent: Wednesday, April 1, 2026 1:23 PM
To: Julio Martinez <Julio.Martinez@eco-services.com>
Cc: Scott Landon <Scott.Landon@eco-services.com>
Subject: RE: OP-DEL form: permit O1610

Thank you, Mr. Martinez, for sending in the complete document.

Is there another mailing address I can use for Mr. Landon? The mailing address provided is not USPS verified and the system is not accepting the provided address.

Please let me know if you have any questions

Thank you and have a great day

Mrs. Arielle Perez
APIRT Team
Air Permits Division-TCEQ
Arielle.perez@tceq.texas.gov

From: Julio Martinez <Julio.Martinez@eco-services.com>
Sent: Wednesday, April 1, 2026 12:50 PM
To: Arielle Perez <Arielle.Perez@tceq.texas.gov>
Cc: Scott Landon <Scott.Landon@eco-services.com>
Subject: FW: OP-DEL form: permit O1610

Hi Arielle,

Please see attached for the completed OP-DEL form.

Thanks,



Julio Martinez

Environmental Engineer

8615 Manchester St.
Houston, TX 77012

Office: (713) 924-1410 **Mobile:** (713) 817-5514

ecovyst.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

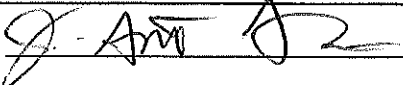
I, Kurt J. Bitting

(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: 3/12/2026

Duly Authorized Representative Signature: 

(Name(s) printed or typed) Scott Landon

Date: 03/27/2026

IV. Removal of Duly Authorized Representative(s)

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

Thomas Johns

(Name(s) printed or typed)

Effective Date: 3/27/2026

Responsible Official Signature: 

Date: 3/12/2026

Texas Commission on Environmental Quality

Title V Existing

1610

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	BAYTOWN PLANT
County	HARRIS
Latitude (N) (##.#####)	29.748055
Longitude (W) (-###.#####)	95.154444
Primary SIC Code	2819
Secondary SIC Code	
Primary NAICS Code	325188
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100211317
What is the name of the Regulated Entity (RE)?	ECO SERVICES OPERATIONS
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	3439 PARK ST
City	BAYTOWN
State	TX
ZIP	77520
County	HARRIS
Latitude (N) (##.#####)	29.7475
Longitude (W) (-###.#####)	-95.001944
Facility NAICS Code	
What is the primary business of this entity?	MANUFACTURING OF SULFURIC ACID

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605004464
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Eco Services Operations Corp.
Texas SOS Filing Number	802326599
Federal Tax ID	475248216
State Franchise Tax ID	32058753503
State Sales Tax ID	
Local Tax ID	
DUNS Number	10658014
Number of Employees	501+
Independently Owned and Operated?	No

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	ECO SERVICES OPERATIONS CORP
Prefix	MR
First	KURT
Middle	
Last	BITTING
Suffix	
Credentials	
Title	PRESIDENT REFINING SERVICES
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2002 TIMBERLOCH PL STE 300
Routing (such as Mail Code, Dept., or Attn:)	
City	THE WOODLANDS
State	TX
ZIP	77380
Phone (###-###-####)	2819686434
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	kurt.bitting@eco-service.com

Duly Authorized Representative Contact

Person TCEQ should contact for questions about this application

Select existing DAR contact or enter a new contact.

Organization Name	Eco Services Operations Corp
Prefix	MR
First	Scott
Middle	
Last	Landon
Suffix	
Credentials	
Title	Site Director
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)	PO BOX 3331
Routing (such as Mail Code, Dept., or Attn:)	
City	BAYTOWN
State	TX
Zip	77522
Phone (###-###-####)	2816916508
Extension	
Alternate Phone (###-###-####)	

Fax (###-###-####)

E-mail

scott.landon@eco-services.com

Technical Contact

Person TCEQ should contact for questions about this application:

Select existing TC contact or enter a new contact.

New Contact

Organization Name

Eco Services Operations Corp

Prefix

MR

First

Julio

Middle

Last

Martinez

Suffix

Credentials

Title

Environmental Engineer

Enter new address or copy one from list:

Duly Authorized Representative Contact Address

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 3331

Routing (such as Mail Code, Dept., or Attn:)

City

BAYTOWN

State

TX

ZIP

77522

Phone (###-###-####)

2816916508

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

E-mail

julio.martinez@ECO-SERVICES.COM

Title V General Information - Existing

1) Permit Type:

SOP

2) Permit Latitude Coordinate:

29 Deg 44 Min 53 Sec

3) Permit Longitude Coordinate:

95 Deg 9 Min 16 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) Who will electronically sign this Title V application?

Duly Authorized Representative

6) 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)

Attach OP-DEL (Delegation of Responsible Official)

[File Properties]

File Name	OP_DEL_Signed and Dated.pdf
Hash	533D5D2794859F8902DC8744ACA1114A07BC0FB96534DB1B51185F3DE15577D9
MIME-Type	application/pdf

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
---	----

Certification

I certify that I am the Duly Authorized Representative 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 John S Landon, the owner of the STEERS account ER042333.
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 1610.
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: John S Landon OWNER OPERATOR

Account Number:	ER042333
Signature IP Address:	172.108.166.115
Signature Date:	2026-03-31
Signature Hash:	56CBE4187AA20D581406AB70E7C7DFA36CBAF2A4C1A68B23A5F2E0F20E1CFA2B
Form Hash Code at time of Signature:	689A64CABDE0AE05568BDE623BE22EB5ECC10455D9BE53B49BB66E611BFBFA4

Submission

Reference Number:	The application reference number is 912448
-------------------	--

Submitted by:	The application was submitted by ER042333/John S Landon
Submitted Timestamp:	The application was submitted on 2026-03-31 at 15:03:22 CDT
Submitted From:	The application was submitted from IP address 172.108.166.115
Confirmation Number:	The confirmation number is 759265
Steers Version:	The STEERS version is 6.94
Permit Number:	The permit number is 1610

Additional Information

Application Creator: This account was created by Julio C Martinez