

Texas Commission on Environmental Quality

Title V Existing

2449

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	ROCK CREEK GAS PLANT
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	1200 W 10TH ST
City	Borger
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	101.410555
Primary SIC Code	1321
Secondary SIC Code	
Primary NAICS Code	211111
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100216613
What is the name of the Regulated Entity (RE)?	ROCK CREEK GAS PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1000 W 10TH ST
City	BORGER
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	-101.410555
Facility NAICS Code	
What is the primary business of this entity?	NATURAL GAS PROCESSING

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605745843
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Iacx Rock Creek LLC
Texas SOS Filing Number	803314725
Federal Tax ID	
State Franchise Tax ID	32070671923
State Sales Tax ID	

Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	IACX Energy
Prefix	MR
First	Mark
Middle	
Last	McKenna
Suffix	
Credentials	
Title	VP HSSE & Regulatory
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5445 DTC PKWY
Routing (such as Mail Code, Dept., or Attn:)	
City	GREENWOOD VILLAGE
State	CO
ZIP	80111
Phone (###-###-####)	2025052832
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	markmckenna@iacx.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	IACX Energy
Prefix	MR
First	Mark
Middle	
Last	McKenna
Suffix	
Credentials	
Title	VP HSSE and Regulatory
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)	5445 DTC PKWY

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

City

GREENWOOD VILLAGE

State

CO

ZIP

80111

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

2025052832

Extension

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

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

E-mail

markmckenna@iacx.com

Title V General Information - Existing

1) Permit Type:	SOP
2) Permit Latitude Coordinate:	35 Deg 40 Min 26 Sec
3) Permit Longitude Coordinate:	101 Deg 24 Min 38 Sec
4) Is this submittal a new application or an update to an existing application?	Update
4.1. Select the permit/project number for which this update should be applied.	2449-37201
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)

[File Properties]

File Name

OP_1_2025-0604 IACX Rock Creek OP-1.pdf

Hash

43C4A371399AC1A9E2039540E0CEC671F6F37D2D9B9172593BDBECB3D3966F2F

MIME-Type

application/pdf

Attach OP-2 (Application for Permit Revision/Renewal)

Attach OP-ACPS (Application Compliance Plan and Schedule)

Attach OP-REQ1 (Application Area-Wide Applicability Determinations and General Information)

Attach OP-REQ2 (Negative Applicable Requirement Determinations)

Attach OP-REQ3 (Applicable Requirements Summary)

Attach OP-PBR SUP (Permits by Rule Supplemental Table)

Attach OP-SUMR (Individual Unit Summary for Revisions)

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

If applicable, attach OP-AR1 (Acid Rain Permit Application)

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

Attach Void Request Form

Attach any other necessary information needed to complete the permit.

An additional space to attach any other necessary information needed to complete the permit.

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 Mark McKenna, the owner of the STEERS account ER111712.
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 2449.
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: Mark McKenna OWNER OPERATOR

Account Number:	ER111712
Signature IP Address:	70.241.106.13
Signature Date:	2025-06-09
Signature Hash:	0E2D475FE606E3CD329032AEAACD71B2A3E0A382BCD8FAB86DA1F1AE40A8DE6E
Form Hash Code at time of Signature:	6CEA5592C287CE573A36E393C6B14078AAC7B0C6FA695FC0CE24559AF7327FD9

Submission

Reference Number:	The application reference number is 791183
Submitted by:	The application was submitted by ER111712/Mark McKenna
Submitted Timestamp:	The application was submitted on 2025-06-09 at 15:02:57 CDT
Submitted From:	The application was submitted from IP address 70.241.106.13
Confirmation Number:	The confirmation number is 657837
Steers Version:	The STEERS version is 6.91
Permit Number:	The permit number is 2449

Additional Information

Application Creator: This account was created by Hunter J Lohrenz

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 1)
Texas Commission on Environmental Quality**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

I. Company Identifying Information
A. Company Name: IACX Rock Creek LLC
B. Customer Reference Number (CN): CN605745843
C. Submittal Date (mm/dd/yyyy): 04/14/2025
II. Site Information
A. Site Name: Rock Creek Gas Plant
B. Regulated Entity Reference Number (RN): RN100216613
C. Indicate affected state(s) required to review permit application: <i>(Check the appropriate box[es].)</i>
<input type="checkbox"/> AR <input type="checkbox"/> CO <input type="checkbox"/> KS <input type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> N/A
D. Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input checked="" type="checkbox"/> VOC <input checked="" type="checkbox"/> NO _x <input checked="" type="checkbox"/> SO ₂ <input type="checkbox"/> PM ₁₀ <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F. Is the site within a local program area jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
III. Permit Type
A. Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 2)
Texas Commission on Environmental Quality**

IV. Initial Application Information <i>(Complete for Initial Issuance Applications Only.)</i>
A. Is this submittal an abbreviated or a full application? <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Full
B. If this is a full application, is the submittal a follow-up to an abbreviated application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. Has the required Public Involvement Plan been included with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
V. Confidential Information
A. Is confidential information submitted in conjunction with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VI. Responsible Official (RO) Identifying Information
RO Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
RO Full Name: Mark McKenna
RO Title: VP HSSE & Regulatory
Employer Name: IACX Energy
Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832
Fax No.:
Email: MarkMcKenna@iacx.com

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 3)
Texas Commission on Environmental Quality**

VII. Technical Contact Identifying Information <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Mark McKenna
Technical Contact Title: VP HSSE & Regulatory
Employer Name: IACX Energy
Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832
Fax No.:
Email: MarkMcKenna@iacx.com
VIII. Reference Only Requirements <i>(For reference only.)</i>
A. State Senator: Kevin Sparks
B. State Representative: Caroline Fairly
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Indicate the alternate language(s) in which public notice is required:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 4)
Texas Commission on Environmental Quality**

IX. Off-Site Permit Request <i>(Optional for applicants requesting to hold the FOP and records at an off-site location.)</i>
A. Office/Facility Name: IACX Energy
B. Physical Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
C. Physical Location:
D. Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Contact Full Name: Mark McKenna
E. Telephone No.: (202) 505-2832
X. Application Area Information
A. Area Name: Rock Creek Gas Plant
B. Physical Address: 1000 W 10 th St
City: Borger
State: TX
ZIP Code: 79007
C. Physical Location:
D. Nearest City:
E. State:
F. ZIP Code:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 5)
Texas Commission on Environmental Quality**

X. Application Area Information (continued)
G. Latitude (nearest second): 35:40:26
H. Longitude (nearest second): 101:24:38
I. Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J. Indicate the estimated number of emission units in the application area: 72
K. Are there any emission units in the application area subject to the Acid Rain Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L. Affected Source Plant Code (or ORIS/Facility Code):
XI. Public Notice (Complete this section for SOP Applications and Acid Rain Permit Applications only.)
A. Name of a public place to view application and draft permit: Hutchinson County Public Library
B. Physical Address: 625 Weatherly Street
City: Borger
ZIP Code: 79007
C. Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Contact Person Full Name: Mark McKenna
Contact Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 6)
Texas Commission on Environmental Quality**

XII. Delinquent Fees and Penalties
Notice: This form will not be processed until all delinquent fees and/or penalties owed to TCEQ or the Office of Attorney General on behalf of TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol."
Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.
XIII. Designated Representative (DR) Identifying Information
DR Name Prefix: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
DR Full Name:
DR Title:
Employer Name:
Mailing Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.:
Fax No.:
Email:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 7)
Texas Commission on Environmental Quality**

Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.

XIV. Alternate Designated Representative (ADR) Identifying Information

ADR Name Prefix: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)

ADR Full Name:

ADR Title:

Employer Name:

Mailing Address:

City:

State:

ZIP Code:

Territory:

Country:

Foreign Postal Code:

Internal Mail Code:

Telephone No.:

Fax No.:

Email:

From: Hunter Lohrenz <hunter.lohrenz@trinityconsultants.com>
Sent: Wednesday, June 4, 2025 2:00 PM
To: Jennifer Tenney; Mark McKenna
Cc: Katie Jeziorski
Subject: RE: RFI -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Hi Jennifer,

The address should have been listed in the OP-1 as 1000 W 10th St. We've updated the form, and the RO will be submitting in STEERS shortly.

Thank you,

Hunter Lohrenz
Consultant

P 972.661.8100 M 406.871.6616

12700 Park Central Dr., Ste. 600, Dallas, TX, 75251

Email: hunter.lohrenz@trinityconsultants.com

LinkedIn: www.linkedin.com/in/hunter-lohrenz-8738141a3



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From: Jennifer Tenney <Jennifer.Tenney@tceq.texas.gov>
Sent: Tuesday, June 3, 2025 3:38 PM
To: Mark McKenna <markmckenna@iacx.com>
Cc: Hunter Lohrenz <hunter.lohrenz@trinityconsultants.com>; Katie Jeziorski <KJeziorski@trinityconsultants.com>
Subject: FW: RFI -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Good Afternoon,

Can you please confirm the address of the Application Area. Form OP-1 of this application has the address as 1200 W 10th St, Borger. The NSR permits and the regulated entity RN number RN100216613 has the address 1000 W 10th St, Borger. Please let me know by **Wednesday June 4, 2025**. If it is 1000 W 10th St, Borger we will need Form OP-1 submitted to reflect this update.

Application updates may now be submitted through Title V STEERS. Any application updates that are submitted by the RO/DAR through STEERS are certified and do not require

the submittal of an original signature OP-CRO1. Application updates that are provided through email or physical mail require certification using an original signature OP-CRO1.

Thanks,
Jen

Jennifer Tenney
Environmental Permit Specialist I
TCEQ – APD – OP Section (Title V)
(512) 239-1830



How are we doing? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

Texas Commission on Environmental Quality

Title V Existing

2449

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	ROCK CREEK GAS PLANT
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	1200 W 10TH ST
City	Borger
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	101.410555
Primary SIC Code	1321
Secondary SIC Code	
Primary NAICS Code	211111
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100216613
What is the name of the Regulated Entity (RE)?	ROCK CREEK GAS PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1000 W 10TH ST
City	BORGER
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	-101.410555
Facility NAICS Code	
What is the primary business of this entity?	NATURAL GAS PROCESSING

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605745843
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Iacx Rock Creek LLC
Texas SOS Filing Number	803314725
Federal Tax ID	
State Franchise Tax ID	32070671923
State Sales Tax ID	

Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	IACX ROCK CREEK LLC
Prefix	MR
First	MARK
Middle	
Last	MCKENNA
Suffix	
Credentials	
Title	VP HSSE AND REGULATORY
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5445 DTC PKWY
Routing (such as Mail Code, Dept., or Attn:)	
City	GREENWOOD VILLAGE
State	CO
ZIP	80111
Phone (###-###-####)	2025052832
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	markmckenna@iacx.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	IACX Rock Creek LLC
Prefix	MR
First	Mark
Middle	
Last	McKenna
Suffix	
Credentials	
Title	VP HSSE and Regulatory
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)	5445 DTC PKWY

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

City

GREENWOOD VILLAGE

State

CO

ZIP

80111

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

2025052832

Extension

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

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

E-mail

markmckenna@iacx.com

Title V General Information - Existing

1) Permit Type:	SOP
2) Permit Latitude Coordinate:	35 Deg 40 Min 26 Sec
3) Permit Longitude Coordinate:	101 Deg 24 Min 38 Sec
4) Is this submittal a new application or an update to an existing application?	Update
4.1. Select the permit/project number for which this update should be applied.	2449-37201
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-2 (Application for Permit Revision/Renewal)

Attach OP-ACPS (Application Compliance Plan and Schedule)

Attach OP-REQ1 (Application Area-Wide Applicability Determinations and General Information)

[File Properties]

File Name

OP_REQ1_2025-0523 OP-REQ1.pdf

Hash

81ABE3DD0C9AAA96650A3865235A07C9ACA5A53E7841F0AF20428FE2DE8F869C

MIME-Type

application/pdf

Attach OP-REQ2 (Negative Applicable Requirement Determinations)

Attach OP-REQ3 (Applicable Requirements Summary)

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Attach OP-SUMR (Individual Unit Summary for Revisions)

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

If applicable, attach OP-AR1 (Acid Rain Permit Application)

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

Attach Void Request Form

Attach any other necessary information needed to complete the permit.

An additional space to attach any other necessary information needed to complete the permit.

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 Mark McKenna, the owner of the STEERS account ER111712.
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 2449.
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: Mark McKenna OWNER OPERATOR

Account Number:	ER111712
Signature IP Address:	50.190.91.25
Signature Date:	2025-05-29
Signature Hash:	0E2D475FE606E3CD329032AEAACD71B2A3E0A382BCD8FAB86DA1F1AE40A8DE6E
Form Hash Code at time of Signature:	23A262C833B7E59290400C573953C50B110E0A074DC6ADFC6AC910603D51E7C2

Submission

Reference Number:	The application reference number is 788994
Submitted by:	The application was submitted by ER111712/Mark McKenna
Submitted Timestamp:	The application was submitted on 2025-05-29 at 14:35:59 CDT
Submitted From:	The application was submitted from IP address 50.190.91.25
Confirmation Number:	The confirmation number is 656071
Steers Version:	The STEERS version is 6.91
Permit Number:	The permit number is 2449

Additional Information

Application Creator: This account was created by Hunter J Lohrenz

From: Hunter Lohrenz <hunter.lohrenz@trinityconsultants.com>
Sent: Friday, May 23, 2025 4:20 PM
To: Jennifer Tenney
Cc: Mark McKenna; Katie Jeziorski
Subject: RE: RFI -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant
Attachments: 2025-0523 OP-REQ1.pdf

Hi Jennifer,

I'm following up on the below RFI that was sent on May 21 in regards to Project No. 37201. The requested OP-REQ1 document (attached) has been completed and will be submitted via STEERS by the RO shortly. Please reach out if you have any additional questions. Thank you!

Best,

Hunter Lohrenz
Consultant

P 972.661.8100 M 406.871.6616

12700 Park Central Dr., Ste. 600, Dallas, TX, 75251

Email: hunter.lohrenz@trinityconsultants.com

LinkedIn: www.linkedin.com/in/hunter-lohrenz-8738141a3



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Stay current on environmental issues. [Subscribe](#) today to receive Trinity's free *EHS Quarterly*.

From: Jennifer Tenney <Jennifer.Tenney@tceq.texas.gov>
Sent: Wednesday, May 21, 2025 3:36 PM
To: Mark McKenna <markmckenna@iacx.com>
Subject: RFI -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

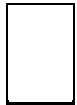
Good Afternoon,

Upon technical review it was noted that NSR authorizations did not include latest permit issuance date for 3131A (09/29/2023). Please update OP-REQ1 (page 88) so we can incorporate this newer issuance date in the draft permit. Please respond to this email by **Friday May 26, 2025**.

Application updates may now be submitted through Title V STEERS. Any application updates that are submitted by the RO/DAR through STEERS are certified and do not require the submittal of an original signature OP-CRO1. Application updates that are provided through email or physical mail require certification using an original signature OP-CRO1.

Thanks
Jen

Jennifer Tenney
Environmental Permit Specialist I
TCEQ – APD – OP Section (Title V)
(512) 239-1830



How are we doing? Fill out our online customer
satisfaction survey
at www.tceq.texas.gov/customersurvey

Application Area-Wide Applicability Determinations and General Information
Form OP-REQ1 (Page 88)
Federal Operating Permit Program
Texas Commission on Environmental Quality

Date	Permit No.	Regulated Entity No.
05/23/2025	2449	RN100216613

For SOP applications, answer ALL questions unless otherwise directed.

◆ For GOP applications, answer ONLY these questions unless otherwise directed.

XII. NSR Authorizations (Attach additional sheets if necessary for sections XII.E-J.)

E. PSD Permits and PSD Major Pollutants

Permit No.	Issuance Date	Pollutant(s):	Permit No.	Issuance Date	Pollutant(s):

If PSD Permits are held for the application area, please complete the Major NSR Summary Table located under the Technical Forms heading at: www.tceq.texas.gov/permitting/air/titlev/site/site_experts.html.

F. Nonattainment (NA) Permits and NA Major Pollutants

Permit No.	Issuance Date	Pollutant(s):	Permit No.	Issuance Date	Pollutant(s):

If NA Permits are held for the application area, please complete the Major NSR Summary Table located under the Technical Forms heading at: www.tceq.texas.gov/permitting/air/titlev/site/site_experts.html.

G. NSR Authorizations with FCAA § 112(g) Requirements

NSR Permit No.	Issuance Date	NSR Permit No.	Issuance Date	NSR Permit No	Issuance Date

Application Area-Wide Applicability Determinations and General Information
Form OP-REQ1 (Page 89)
Federal Operating Permit Program
Texas Commission on Environmental Quality

Date	Permit No.	Regulated Entity No.
05/23/2025	2449	RN100216613

For SOP applications, answer ALL questions unless otherwise directed.

- ◆ For GOP applications, answer ONLY these questions unless otherwise directed.

XII. NSR Authorizations (continued) - (Attach additional sheets if necessary for sections XII.E-J.)

- ◆ **H. Title 30 TAC Chapter 116 Permits, Special Permits, Standard Permits, Other Authorizations (Other Than Permits By Rule, PSD Permits, NA Permits) for the Application Area**

Authorization No.	Issuance Date	Authorization No.	Issuance Date	Authorization No.	Issuance Date
3131A	09/29/2023				

- ◆ **I. Permits by Rule (30 TAC Chapter 106) for the Application Area**

A list of selected Permits by Rule (previously referred to as standard exemptions) that are required to be listed in the FOP application is available in the instructions.

PBR No.	Version No./Date	PBR No.	Version No./Date	PBR No.	Version No./Date

- ◆ **J. Municipal Solid Waste and Industrial Hazardous Waste Permits with an Air Addendum**

Permit No.	Issuance Date	Permit No.	Issuance Date	Permit No.	Issuance Date

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 1)
Texas Commission on Environmental Quality**

**AIR PERMITS DIVISION
MAY 07 2025
RECEIVED**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

I. Company Identifying Information
A. Company Name: IACX Rock Creek LLC
B. Customer Reference Number (CN): CN605745843
C. Submittal Date (mm/dd/yyyy): 04/14/2025
II. Site Information
A. Site Name: Rock Creek Gas Plant
B. Regulated Entity Reference Number (RN): RN100216613
C. Indicate affected state(s) required to review permit application: <i>(Check the appropriate box[es].)</i>
<input type="checkbox"/> AR <input type="checkbox"/> CO <input type="checkbox"/> KS <input type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> N/A
D. Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input checked="" type="checkbox"/> VOC <input checked="" type="checkbox"/> NO _x <input checked="" type="checkbox"/> SO ₂ <input type="checkbox"/> PM ₁₀ <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F. Is the site within a local program area jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
III. Permit Type
A. Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 3)
Texas Commission on Environmental Quality**

VII. Technical Contact Identifying Information <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Mark McKenna
Technical Contact Title: VP HSSE & Regulatory
Employer Name: IACX Energy
Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832
Fax No.:
Email: MarkMcKenna@iacx.com
VIII. Reference Only Requirements <i>(For reference only.)</i>
A. State Senator: Kevin Sparks
B. State Representative: Caroline Fairly
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Indicate the alternate language(s) in which public notice is required:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 5)
Texas Commission on Environmental Quality**

X.	Application Area Information (continued)
G.	Latitude (nearest second): 35:40:26
H.	Longitude (nearest second): 101:24:38
I.	Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Indicate the estimated number of emission units in the application area: 72
K.	Are there any emission units in the application area subject to the Acid Rain Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Affected Source Plant Code (or ORIS/Facility Code):
XI.	Public Notice (Complete this section for SOP Applications and Acid Rain Permit Applications only.)
A.	Name of a public place to view application and draft permit: Hutchinson County Public Library
B.	Physical Address: 625 Weatherly Street
	City: Borger
	ZIP Code: 79007
C.	Contact Person (Someone who will answer questions from the public during the public notice period):
	Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
	Contact Person Full Name: Mark McKenna
	Contact Mailing Address: 5445 DTC Parkway
	City: Denver
	State: CO
	ZIP Code: 80111
	Territory:
	Country: United States
	Foreign Postal Code:
	Internal Mail Code:
	Telephone No.: (202) 505-2832

Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 7)
Texas Commission on Environmental Quality

Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.
XIV. Alternate Designated Representative (ADR) Identifying Information
ADR Name Prefix: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
ADR Full Name:
ADR Title:
Employer Name:
Mailing Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.:
Fax No.:
Email:

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, renewal, and reopening permit application submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. Identifying Information	
RN: RN100216613	
CN: CN605745843	
Account No.: HW0020F	
Permit No.: 2449	
Project No.: 37201	
Area Name: Rock Creek Gas Plant	
Company Name: IACX Energy	
II. Certification Type (Please mark appropriate box)	
<input checked="" type="checkbox"/> Responsible Official Representative	<input type="checkbox"/> Duly Authorized Representative
III. Submittal Type (Please mark appropriate box) (Only one response can be accepted per form)	
<input type="checkbox"/> SOP/TOP Initial Permit Application	<input type="checkbox"/> Permit Revision, Renewal, or Reopening
<input type="checkbox"/> GOP Initial Permit Application	<input checked="" type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Other: _____	

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.

I. Identifying Information
Account No.: HW0020F
Regulated Entity Number: RN100216613
Customer Reference Number: CN605745843
Permit Number: 2449
Area Name: Rock Creek Gas Plant
Company: IACX Energy
II. Change Type
Action Type:
<input checked="" type="checkbox"/> New Appointment
<input type="checkbox"/> Administrative Information Change
Contact Type (only one response accepted per form):
<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

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, <u>Mark McKenna</u> , certify that based on information and belief formed Reasonable inquiry, the statement and information stated above are true, accurate, and complete.
Signature: <u>MM</u>
Signature Date: <u>4/14/2025</u>

Texas Commission on Environmental Quality

Title V Existing

2449

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	ROCK CREEK GAS PLANT
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	1200 W 10TH ST
City	Borger
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	101.410555
Primary SIC Code	1321
Secondary SIC Code	
Primary NAICS Code	211111
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100216613
What is the name of the Regulated Entity (RE)?	ROCK CREEK GAS PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1000 W 10TH ST
City	BORGER
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	-101.410555
Facility NAICS Code	
What is the primary business of this entity?	NATURAL GAS PROCESSING

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605745843
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Iacx Rock Creek LLC
Texas SOS Filing Number	803314725
Federal Tax ID	
State Franchise Tax ID	32070671923
State Sales Tax ID	

Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	IACX ROCK CREEK LLC
Prefix	MR
First	MARK
Middle	
Last	MCKENNA
Suffix	
Credentials	
Title	VP HSSE AND REGULATORY
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5445 DTC PKWY
Routing (such as Mail Code, Dept., or Attn:)	
City	GREENWOOD VILLAGE
State	CO
ZIP	80111
Phone (###-###-####)	2025052832
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	markmckenna@iacx.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	IACX Rock Creek LLC
Prefix	MR
First	Mark
Middle	
Last	McKenna
Suffix	
Credentials	
Title	VP HSSE and Regulatory
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)	5445 DTC PKWY

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

City

GREENWOOD VILLAGE

State

CO

ZIP

80111

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

2025052832

Extension

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

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

E-mail

markmckenna@iacx.com

Title V General Information - Existing

1) Permit Type:	SOP
2) Permit Latitude Coordinate:	35 Deg 40 Min 26 Sec
3) Permit Longitude Coordinate:	101 Deg 24 Min 38 Sec
4) Is this submittal a new application or an update to an existing application?	Update
4.1. Select the permit/project number for which this update should be applied.	2449-37201
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-2 (Application for Permit Revision/Renewal)

Attach OP-ACPS (Application Compliance Plan and Schedule)

Attach OP-REQ1 (Application Area-Wide Applicability Determinations and General Information)

Attach OP-REQ2 (Negative Applicable Requirement Determinations)

Attach OP-REQ3 (Applicable Requirements Summary)

Attach OP-PBRSUP (Permits by Rule Supplemental Table)

Attach OP-SUMR (Individual Unit Summary for Revisions)

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

If applicable, attach OP-AR1 (Acid Rain Permit Application)

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

Attach Void Request Form

Attach any other necessary information needed to complete the permit.

[File Properties]

File Name	2025-0505 IACX Rock Creek OP-CRO1 (STEERS).pdf
Hash	C37FC7A1B15923F6A686604CFD9E73A303F7428C4724DDEC3FAEC70AD95D76F6
MIME-Type	application/pdf

An additional space to attach any other necessary information needed to complete the permit.

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 Mark McKenna, the owner of the STEERS account ER111712.
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 2449.
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: Mark McKenna OWNER OPERATOR

Account Number:	ER111712
Signature IP Address:	50.190.91.25
Signature Date:	2025-05-05
Signature Hash:	0E2D475FE606E3CD329032AEAACD71B2A3E0A382BCD8FAB86DA1F1AE40A8DE6E
Form Hash Code at time of Signature:	9360DAC577F73BEC92C67D3A5D8DDBE714C5D24BF0FE0B0AFC5F49D12220900A

Submission

Reference Number:	The application reference number is 783908
Submitted by:	The application was submitted by ER111712/Mark McKenna
Submitted Timestamp:	The application was submitted on 2025-05-05 at 14:57:52 CDT
Submitted From:	The application was submitted from IP address 50.190.91.25
Confirmation Number:	The confirmation number is 651030
Steers Version:	The STEERS version is 6.91
Permit Number:	The permit number is 2449

Additional Information

Application Creator: This account was created by Hunter J Lohrenz

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, renewal, and reopening permit application submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. Identifying Information
RN: RN100216613
CN: CN605745843
Account No.: HW0020F
Permit No.: 2449
Project No.: 37201
Area Name: Rock Creek Gas Plant
Company Name: IACX Energy
II. Certification Type <i>(Please mark appropriate box)</i>
<input checked="" type="checkbox"/> Responsible Official Representative <input type="checkbox"/> Duly Authorized Representative
III. Submittal Type <i>(Please mark appropriate box) (Only one response can be accepted per form)</i>
<input type="checkbox"/> SOP/TOP Initial Permit Application <input type="checkbox"/> Permit Revision, Renewal, or Reopening
<input type="checkbox"/> GOP Initial Permit Application <input checked="" type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Other: _____

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, and renewal permit application submittals requiring certification must be accompanied by this form. Updates to acid rain or CSAPR (other than public notice verification materials) must be certified prior to authorization of public notice for the draft permit.

IV. Certification of Truth
This certification does not extend to information which is designated by TCEQ as information for reference only.
I, <u>Mark McKenna</u> certify that I am the <u>RO</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><i>(Certifier Name printed or typed)</i><i>(RO or DAR)</i></div>
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete: <i>Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>
Time Period: From <u>04/14/2025</u> to <u>05/02/2025</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"><i>(Start Date)</i><i>(End Date)</i></div>
Specific Dates: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"><i>(Date 1)</i><i>(Date 2)</i><i>(Date 3)</i><i>(Date 4)</i></div>
_____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"><i>(Date 5)</i><i>(Date 6)</i></div>
Signature: _____ Signature Date: <u>05/05/2025</u>
Title: VP HSSE & Regulatory____

From: Jennifer Tenney
Sent: Monday, May 5, 2025 2:51 PM
To: markmckenna@iacx.com
Cc: RFCAIR1
Subject: Notice of Delinquent Fee and/or Penalty for IACX Rock Creek LLC
Attachments: 37201.docx

Mark Mckenna,

Attached is a notice of delinquent fee and/or penalty concerning your request for the Rock Creek Gas Plant received on September 26, 2024. Please refer to the attached letter for the current status of your request, the deficient item(s) that require your attention and the detailed instructions on how to respond.

Thank you,

Jennifer Tenney

Environmental Permit Specialist I
TCEQ – APD – OP Section (Title V)
(512) 239-1830

How are we doing? Fill out our online customer satisfaction survey
at www.tceq.texas.gov/customersurvey

Brooke T. Paup, *Chairwoman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

May 5, 2025

Re: IACX Rock Creek LLC
Rock Creek Gas Plant
Borger, Hutchinson County
Permit Number: O2449
CN605745843 / RN100216613

The staff of the Texas Commission on Environmental Quality (TCEQ) has determined that payment of the following fees and/or penalties by IACX Rock Creek LLC is required before your application may be considered for issuance:

Account Number	Fee Type	Facility/Permit	Fee Amount
21013131	AEF	140210MSWE	\$29.50

Please be advised that failure to pay fees/penalties within 10 days will result in additional administrative actions affecting your fee accounts and your application with TCEQ. With respect to fees and/or penalties, these actions may include enforcement and collections efforts to recover the debt owed to the state.

If you believe that your liability for any portion of the delinquency noted above has been discharged in bankruptcy, or if you are presently a debtor in a pending bankruptcy proceeding, please immediately furnish the undersigned with file-stamped copies of the following pleadings from the bankruptcy court where your bankruptcy case was/is filed: (1) Bankruptcy Petition; (2) Schedules and Statement of Affairs; (3) Creditor Matrix/Matrices; and (4) Discharge Order or Confirmation Order. Please mail those copies to the TCEQ at P.O. Box 13087, Mail Code 132, Austin, TX 78711-3087, and include any additional documents from the bankruptcy court that you believe are relevant to your responsibilities for the noted delinquency. We will immediately review these pleadings and take appropriate action regarding your permit application.

Payment may be made through the following methods: cash, check, ACH (electronic check), money order, or credit card through TCEQ electronic payment portal (e-pay). Additional information regarding payment options is available at www.tceq.texas.gov/agency/financial/fees/delin/index.html. Upon payment, please send documentation reflecting payment of all delinquent fees and penalties to the Texas Commission on Environmental Quality, Office of Air, Air Permits Division, MC-163, P.O. Box 13087, Austin, Texas 78711-3087. If you have any questions regarding your delinquent fees or penalties you may contact a Program Fee Coordinator listed on the attachment provided or if you need a copy of your billing statement you may contact TCEQ Financial Administration Division at (512) 239-0300. If you have any questions regarding the delinquent fees or penalties process you may contact Ms. Jennifer Tenney at (512) 239-1830.

Program Fee Coordinators as of March 2019

FEE	FEE TYPE	PROGRAM FEE COORD.
AEF	AIR EMISSIONS FEE	AQPI Division (512) 239-1459
AST	ABOVEGROUND STORAGE TANKS	PST Registration Team (512) 239-2160
BLP	WATERSHED MGMT. BENEF. LAND APPLIC.	Michael Anstice (512) 239-4327
BWM	BRAZOS WATER MASTER	Molly Mohler (254)-761-3027
BYP	RADIOACTIVE BY-PRODUCTS DISPOSAL	Tom Robichaux (512) 239-6455
CAV	ADMIN PENAL - AIR POLL	Zaynah Thomas (512) 239-0343
CDP	HW COMMERCIAL (MGMT FEES)/COUNTY PMT	Susie Medrano (512) 239-0517
CRW	CONCHO RIVER WATERMASTER	Alisha Multer (325) 481-8069
CWQ	CONSOLIDATED WATER QUALITY FEE	WQ Applications Team (512) 239-4671
DCP	ADMIN PENAL - DRY CLEANING	Zaynah Thomas (512) 239-0343
DCR	DRYCLEANING REGISTRATION FEE	Drycleaner Reg. Team (512) 239-2160
EIF	AIR INSPECTION FEE	AQPI Division (512) 239-1459
GPS	GENERAL PERMIT STORMWATER FEE	Stormwater Permit Team (512) 239-3700 *
GPW	GENERAL PERMIT WASTEWATER FEE	Stormwater Permit Team (512) 239-4671 *
HWC	HW COMMERCIAL (MGMT FEES)/COUNTY PMT	Susie Medrano (512) 239-0517
HWF	HAZARDOUS WASTE FACILITY	Susie Medrano (512) 239-0517
HWG	HAZARDOUS WASTE GENERATION	Andi Windham (512) 239-1325
HWX	HW COMMERCIAL (MGMT FEES)/COUNTY PMT	Susie Medrano (512) 239-0517
ILP	INNOCENT LANDOWNER	Jennifer Westerman (512) 239-5969
NWF	NONHAZARDOUS WASTE FACILITY	Susie Medrano (512) 239-0517
NWG	NONHAZARDOUS WASTE GENERATION	Andi Windham (512) 239-1325
Penalties	ADMIN PENALTIES - CAV, WDV, WQV, DCP, QWV	Brenda Loggins (512) 239-5136
PHS	PUBLIC HEALTH SERVICE	Public Drinking Water (512) 239-4691
RAF	REGULATORY ASSESSMENT FEE	Teri Cisneros (512) 239-6963
RGR	RIO GRANDE WATERMASTER	Jose Davila (830) 773-5059
RLA	RADIOACTIVE SUBSTANCE LICENSING FEE	Kathryn Ploch (512) 239-6577
SDP	SURFACE DISPOSAL FEE	Michael Anstice (512) 239-4327
STX	SOUTH TEXAS WATERMASTER	Alisha Multer (325) 481-8069
SWD	SOLID WASTE DISPOSAL FACILITIES	Susie Medrano (512) 239-0517
SWM	SOLID WASTE MEDICAL TRANSPORTER FEE	Gwinda Casper (512) 239-6814
TOX	TOXIC REPORTING FEE	Blake Kidd (512) 239-1441
T2M,T2NM,T2PE	TIER II CHEMICAL REPORTING	Ann Adams (512) 239-5064
UST	UNDERGROUND STORAGE TANKS	PST Registration Team (512) 239-2160
VCP	VOLUNTARY CLEAN-UP	Jennifer Westerman (512) 239-5969
WDV	ADMN PENAL - WASTE DISP	Zaynah Thomas (512) 239-0343
WMB	WATERSHED MGMT. BENEF. LAND USE	ARP Team (512) 239-4671
WMS	WATERSHED MGMT. SLUDGE HAULERS	Gwinda Casper (512) 239-6814
WQV	ADMIN PENAL - WATER QUAL	Zaynah Thomas (512) 239-0343
WRU	WU REGULATORY ASSESSMENT FEES	Terri Cisneros (512) 239-6963
WTR	WASTEWATER TRTMT. RESRCH. COUNCIL	Tanya Mitchell (512) 239-1937
WUF	WATER USE ASSESSMENT (WTR. RIGHTS)	Sarah Eagle (512) 239-6329

* Notes:

GPW permit processing handled by App. Review & Processing Team, x4671

GPS permit processing handled by the University of Texas at Arlington at (512) 239-3700 or

swpermit@tceq.state.tx.us

For invoice copies, or an explanation of late fees and cost recovery fees, please call the Revenue Section at (512) 239-0369. For an explanation of the fee assessment, please call the Program Fee Coordinator listed above for the applicable fee.

From: Mark McKenna <MarkMcKenna@iacx.com>
Sent: Friday, May 2, 2025 2:56 PM
To: Jennifer Tenney
Subject: RE: Working Draft Permit - SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Jennifer.

We have reviewed the WDP and have no comments.

Regards,

Mark McKenna
Vice President HSSE & Regulatory
M: 202 505 2832

Cimarron Midstream
(Previously IACX Energy)
5445 DTC Parkway,
Greenwood Village
Denver, CO, 80111

From: Jennifer Tenney <Jennifer.Tenney@tceq.texas.gov>
Sent: Wednesday, April 16, 2025 1:27 PM
To: Mark McKenna <MarkMcKenna@iacx.com>
Subject: Working Draft Permit - SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Good Afternoon,

I have conducted a technical review of revision application for IACX Rock Creek LLC/Rock Creek Gas Plant. An electronic copy of the Working Draft Permit (WDP) is attached for your review. This WDP contains the TCEQ determination of applicable requirements based on the information submitted in your application, and any updates provided.

Please review the WDP and submit to me any comments you have on the working draft permit by **Monday May 5, 2025**.

Please review the second portion of the "SOP Technical Review Fact Sheet" located at http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_wdp_factsheet.pdf. This guidance contains important information regarding WDP review and comment procedures.

Note that a Certification by Responsible Official (Form OP-CRO1) for any uncertified application information, including application updates supporting the WDP comments, is required. After final review of the WDP, additional changes supported by application updates may require

certification. I will advise you of these changes at a later date. Prior to transmittal of the Public Notice/Announcement Authorization Package, a duly signed OP-CRO1 form may be required which includes the specific dates or time-period of all submitted application documentation that was not previously certified. I will advise you of this requirement prior to sending the Public Notice/Announcement Authorization.

Application updates may now be submitted through Title V STEERS. Any application updates that are submitted by the RO/DAR through STEERS are certified and do not require the submittal of an original signature OP-CRO1. Application updates that are provided through email or physical mail require certification using an original signature OP-CRO1.

Please notify me when these updates have been submitted.

As required on Form OP-1, question IV.D, please remember the FOP application and all application updates must be submitted to EPA Region 6 at R6AirPermitsTX@epa.gov and to the TCEQ regional office having jurisdiction. This submittal information can be found on our website at [Where to Submit FOP Applications and Permit-Related Documents](#).

Contact me if you have any questions regarding the guidelines, the project schedule, or any other details regarding your application or permit.

Thanks
Jen

Jennifer Tenney
Environmental Permit Specialist I
TCEQ – APD – OP Section (Title V)
(512) 239-1830



How are we doing? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Mark McKenna <MarkMcKenna@iacx.com>
Sent: Tuesday, April 15, 2025 8:42 AM
To: Jennifer Tenney
Subject: RE: NOD/RFI - Technical Review -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant
Attachments: 2025-0414 IACX Rock Creek OP-1.pdf; OP - CR01 - IACX.pdf; OP-CR02 - IACX.pdf

Morning Jen.

Please find attached the updated forms.

Please see the below responses to the received questions regarding 30 TC Chapter 112 requirements for Rock Creek Gas Plant:

FLR1 –

- Are you going to comply with 112.213(a)(1)(A) or 112.213(a)(1)(B)?
 - **IACX will comply with 112.213(a)(1)(B).**

INCIN1 –

- Are you going to comply with 112.213(a)(1) or 112.213(a)(2)?
 - **IACX will comply with 112.213(a)(1).**
- If you are complying with 112.213(a)(1), are you going to comply with 112.213(a)(1)(A) or 112.213(a)(1)(B)?
 - **IACX will comply with 112.213(a)(1)(B).**

FLR1, INCIN1 –

- Both units can include 112.213(a)(4) which allows you to request approval for minor modifications to monitoring methods. Please let us know if you are using this provision.
 - **IACX is not currently using this provision.**

Do you need the attached forms sent to you by post or will email suffice?

Regards,

Mark McKenna
VP HSSE & Regulatory
M: 202 505 2832

IACX Energy,
5445 DTC Parkway,
Greenwood Village
Denver, CO, 80111

From: Jennifer Tenney <Jennifer.Tenney@tceq.texas.gov>
Sent: Thursday, April 10, 2025 1:58 PM
To: Mark McKenna <MarkMcKenna@iacx.com>

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 1)
Texas Commission on Environmental Quality**

**AIR PERMITS DIVISION
MAY 07 2025
RECEIVED**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

I. Company Identifying Information	
A.	Company Name: IACX Rock Creek LLC
B.	Customer Reference Number (CN): CN605745843
C.	Submittal Date (mm/dd/yyyy): 04/14/2025
II. Site Information	
A.	Site Name: Rock Creek Gas Plant
B.	Regulated Entity Reference Number (RN): RN100216613
C.	Indicate affected state(s) required to review permit application: <i>(Check the appropriate box[es].)</i>
<input type="checkbox"/> AR <input type="checkbox"/> CO <input type="checkbox"/> KS <input type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> N/A	
D.	Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input checked="" type="checkbox"/> VOC <input checked="" type="checkbox"/> NO _x <input checked="" type="checkbox"/> SO ₂ <input type="checkbox"/> PM ₁₀ <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS	
Other:	
E.	Is the site a non-major source subject to the Federal Operating Permit Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Is the site within a local program area jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
III. Permit Type	
A.	Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)	

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 3)
Texas Commission on Environmental Quality**

VII. Technical Contact Identifying Information <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Mark McKenna
Technical Contact Title: VP HSSE & Regulatory
Employer Name: IACX Energy
Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832
Fax No.:
Email: MarkMcKenna@iacx.com
VIII. Reference Only Requirements <i>(For reference only.)</i>
A. State Senator: Kevin Sparks
B. State Representative: Caroline Fairly
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Indicate the alternate language(s) in which public notice is required:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 5)
Texas Commission on Environmental Quality**

X.	Application Area Information (continued)
G.	Latitude (nearest second): 35:40:26
H.	Longitude (nearest second): 101:24:38
I.	Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Indicate the estimated number of emission units in the application area: 72
K.	Are there any emission units in the application area subject to the Acid Rain Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Affected Source Plant Code (or ORIS/Facility Code):
XI.	Public Notice (Complete this section for SOP Applications and Acid Rain Permit Applications only.)
A.	Name of a public place to view application and draft permit: Hutchinson County Public Library
B.	Physical Address: 625 Weatherly Street
	City: Borger
	ZIP Code: 79007
C.	Contact Person (Someone who will answer questions from the public during the public notice period):
	Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
	Contact Person Full Name: Mark McKenna
	Contact Mailing Address: 5445 DTC Parkway
	City: Denver
	State: CO
	ZIP Code: 80111
	Territory:
	Country: United States
	Foreign Postal Code:
	Internal Mail Code:
	Telephone No.: (202) 505-2832

Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 7)
Texas Commission on Environmental Quality

Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.
XIV. Alternate Designated Representative (ADR) Identifying Information
ADR Name Prefix: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
ADR Full Name:
ADR Title:
Employer Name:
Mailing Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.:
Fax No.:
Email:

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, renewal, and reopening permit application submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. Identifying Information	
RN: RN100216613	
CN: CN605745843	
Account No.: HW0020F	
Permit No.: 2449	
Project No.: 37201	
Area Name: Rock Creek Gas Plant	
Company Name: IACX Energy	
II. Certification Type (Please mark appropriate box)	
<input checked="" type="checkbox"/> Responsible Official Representative	<input type="checkbox"/> Duly Authorized Representative
III. Submittal Type (Please mark appropriate box) (Only one response can be accepted per form)	
<input type="checkbox"/> SOP/TOP Initial Permit Application	<input type="checkbox"/> Permit Revision, Renewal, or Reopening
<input type="checkbox"/> GOP Initial Permit Application	<input checked="" type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Other: _____	

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.

I. Identifying Information
Account No.: HW0020F
Regulated Entity Number: RN100216613
Customer Reference Number: CN605745843
Permit Number: 2449
Area Name: Rock Creek Gas Plant
Company: IACX Energy
II. Change Type
Action Type: <input checked="" type="checkbox"/> New Appointment <input type="checkbox"/> Administrative Information Change
Contact Type (only one response accepted per form): <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

III. Responsible Official/Designated Representative/Alternate Designated Representative Information
Conventional Title:
<input checked="" type="checkbox"/> Mr.
<input type="checkbox"/> Mrs.
<input type="checkbox"/> Ms.
<input type="checkbox"/> Dr.
Name (Driver's License/STEERS): Mark McKenna
Title: VP HSSE & Regulatory
Appointment Effective Date: 04/14/2025
Telephone Number: (202) 505-2832
Fax Number.:
Company Name: IACX Energy
Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Email Address: MarkMcKenna@iacx.com

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

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

Signature: MM

Signature Date: 4/14/2025

**Change of Responsible Official
Federal Operating Permit Program
(Extension)**

V. Additional Identifying Information
Account No.: MR0029L
Regulated Entity Number: RN100220052
Customer Reference Number: CN605745843
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 No.:
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:

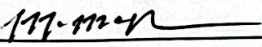
Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, renewal, and reopening permit application submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. Identifying Information
RN: RN100216613
CN: CN605745843
Account No.: HW0020F
Permit No.: 2449
Project No.: 37201
Area Name: Rock Creek Gas Plant
Company Name: IACX Energy
II. Certification Type <i>(Please mark appropriate box)</i>
<input checked="" type="checkbox"/> Responsible Official Representative <input type="checkbox"/> Duly Authorized Representative
III. Submittal Type <i>(Please mark appropriate box) (Only one response can be accepted per form)</i>
<input type="checkbox"/> SOP/TOP Initial Permit Application <input type="checkbox"/> Permit Revision, Renewal, or Reopening
<input type="checkbox"/> GOP Initial Permit Application <input checked="" type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Other: _____

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, and renewal permit application submittals requiring certification must be accompanied by this form. Updates to acid rain or CSAPR (other than public notice verification materials) must be certified prior to authorization of public notice for the draft permit.

IV. Certification of Truth			
This certification does not extend to information which is designated by TCEQ as information for reference only.			
I, <u>Mark McKenna</u>		certify that I am the <u>RO</u>	
<i>(Certifier Name printed or typed)</i>		<i>(RO or DAR)</i>	
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:			
<i>Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>			
Time Period: From _____ to _____			
<i>(Start Date)</i>		<i>(End Date)</i>	
Specific Dates: <u>04/14/2025</u> _____			
<i>(Date 1)</i>	<i>(Date 2)</i>	<i>(Date 3)</i>	<i>(Date 4)</i>
_____		_____	
<i>(Date 5)</i>		<i>(Date 6)</i>	
Signature: <u></u>		Signature Date: <u>4/14/2025</u>	
Title: VP HSSE & Regulatory _____			

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 1)
Texas Commission on Environmental Quality**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

I. Company Identifying Information
A. Company Name: IACX Rock Creek LLC
B. Customer Reference Number (CN): CN605745843
C. Submittal Date (mm/dd/yyyy): 04/14/2025
II. Site Information
A. Site Name: Rock Creek Gas Plant
B. Regulated Entity Reference Number (RN): RN100216613
C. Indicate affected state(s) required to review permit application: <i>(Check the appropriate box[es].)</i>
<input type="checkbox"/> AR <input type="checkbox"/> CO <input type="checkbox"/> KS <input type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> N/A
D. Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input checked="" type="checkbox"/> VOC <input checked="" type="checkbox"/> NO _x <input checked="" type="checkbox"/> SO ₂ <input type="checkbox"/> PM ₁₀ <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F. Is the site within a local program area jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
III. Permit Type
A. Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 2)
Texas Commission on Environmental Quality**

IV. Initial Application Information <i>(Complete for Initial Issuance Applications Only.)</i>
A. Is this submittal an abbreviated or a full application? <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Full
B. If this is a full application, is the submittal a follow-up to an abbreviated application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. Has the required Public Involvement Plan been included with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
V. Confidential Information
A. Is confidential information submitted in conjunction with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VI. Responsible Official (RO) Identifying Information
RO Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
RO Full Name: Mark McKenna
RO Title: VP HSSE & Regulatory
Employer Name: IACX Energy
Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832
Fax No.:
Email: MarkMcKenna@iacx.com

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 3)
Texas Commission on Environmental Quality**

VII. Technical Contact Identifying Information <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Mark McKenna
Technical Contact Title: VP HSSE & Regulatory
Employer Name: IACX Energy
Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832
Fax No.:
Email: MarkMcKenna@iacx.com
VIII. Reference Only Requirements <i>(For reference only.)</i>
A. State Senator: Kevin Sparks
B. State Representative: Caroline Fairly
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Indicate the alternate language(s) in which public notice is required:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 4)
Texas Commission on Environmental Quality**

IX. Off-Site Permit Request <i>(Optional for applicants requesting to hold the FOP and records at an off-site location.)</i>
A. Office/Facility Name: IACX Energy
B. Physical Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
C. Physical Location:
D. Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Contact Full Name: Mark McKenna
E. Telephone No.: (202) 505-2832
X. Application Area Information
A. Area Name: Rock Creek Gas Plant
B. Physical Address: 1200 W 10 th St
City: Borger
State: TX
ZIP Code: 79007
C. Physical Location:
D. Nearest City:
E. State:
F. ZIP Code:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 5)
Texas Commission on Environmental Quality**

X. Application Area Information (continued)
G. Latitude (nearest second): 35:40:26
H. Longitude (nearest second): 101:24:38
I. Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J. Indicate the estimated number of emission units in the application area: 72
K. Are there any emission units in the application area subject to the Acid Rain Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L. Affected Source Plant Code (or ORIS/Facility Code):
XI. Public Notice (Complete this section for SOP Applications and Acid Rain Permit Applications only.)
A. Name of a public place to view application and draft permit: Hutchinson County Public Library
B. Physical Address: 625 Weatherly Street
City: Borger
ZIP Code: 79007
C. Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Contact Person Full Name: Mark McKenna
Contact Mailing Address: 5445 DTC Parkway
City: Denver
State: CO
ZIP Code: 80111
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (202) 505-2832

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 6)
Texas Commission on Environmental Quality**

XII. Delinquent Fees and Penalties
Notice: This form will not be processed until all delinquent fees and/or penalties owed to TCEQ or the Office of Attorney General on behalf of TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol."
Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.
XIII. Designated Representative (DR) Identifying Information
DR Name Prefix: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
DR Full Name:
DR Title:
Employer Name:
Mailing Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.:
Fax No.:
Email:

**Federal Operating Permit Program
Site Information Summary
Form OP-1 (Page 7)
Texas Commission on Environmental Quality**

Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.

XIV. Alternate Designated Representative (ADR) Identifying Information

ADR Name Prefix: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)

ADR Full Name:

ADR Title:

Employer Name:

Mailing Address:

City:

State:

ZIP Code:

Territory:

Country:

Foreign Postal Code:

Internal Mail Code:

Telephone No.:

Fax No.:

Email:

From: Jennifer Tenney

Sent: Thursday, April 10, 2025 2:46 PM

To: Justin Wheeler <justinwheeler@iacx.com>

Subject: NOD/RFI - Technical Review -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Good Afternoon,

We have identified a couple of follow up questions regarding the applicable citations from 30 TAC Chapter 112, Requirements in the Hutchinson County Nonattainment Area, Requirements for the IACX Rock Creek Gas Plant, for Unit IDs FLR1 and INCIN1. Please respond by **Tuesday April 15, 2025**.

- FLR1 – Are you going to comply with 112.213(a)(1)(A) or 112.213(a)(1)(B)?
- INCIN1 –
 - Are you going to comply with 112.213(a)(1) or 112.213(a)(2)?
 - If you are complying with 112.213(a)(1), are you going to comply with 112.213(a)(1)(A) or 112.213(a)(1)(B)?
- FLR1, INCIN1 - Both units can include 112.213(a)(4) which allows you to request approval for minor modifications to monitoring methods. Please let us know if you are using this provision.

Application updates may now be submitted through Title V STEERS. Any application updates that are submitted by the RO/DAR through STEERS are certified and do not require the submittal of an original signature OP-CRO1. Application updates that are provided through email or physical mail require certification using an original signature OP-CRO1.

Please notify me when updates have been submitted.

Thanks

Jen

Jennifer Tenney

Environmental Permit Specialist I

TCEQ – APD – OP Section (Title V)

(512) 239-1830



How are we doing? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Mark McKenna <MarkMcKenna@iacx.com>
Sent: Friday, April 11, 2025 8:28 AM
To: Jennifer Tenney
Subject: RE: NOD/RFI - Technical Review -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Caution: This email may contain suspicious content. Please take care when clicking links or opening attachments. When in doubt, contact the TCEQ Help Desk.

Morning Jen.

That's received and response date noted.

I went into STEERS to look for this but under title V permits it's asking me for a reference number and password. I assume you'd like the response in the system rather than just by email, so are you able to help me access it?

Regards,

Mark McKenna
VP HSSE & Regulatory
M: 202 505 2832

IACX Energy,
5445 DTC Parkway,
Greenwood Village
Denver, CO, 80111

From: Jennifer Tenney <Jennifer.Tenney@tceq.texas.gov>
Sent: Thursday, April 10, 2025 1:58 PM
To: Mark McKenna <MarkMcKenna@iacx.com>
Subject: NOD/RFI - Technical Review -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Mark,

I saw that Justin Wheeler is no longer with the company and that I should contact you. Please see my email below for some initial questions we have for the Title V permit application.

We will also need the following forms submitted.

- OP-1 update the RO and Technical Contact
- OP-CRO2 to designate a new RO

Thanks
Jen

From: Jennifer Tenney
Sent: Monday, October 28, 2024 8:02 AM
To: Justin Wheeler
Subject: Technical Review -- SOP O2449/Project 37201, IACX Rock Creek LLC/Rock Creek Gas Plant

Justin,

I have been assigned to the Federal Operating Permit (FOP) revision application of Permit No. O2449 for IACX Rock Creek LLC/Rock Creek Gas Plant. This application has been assigned Project No. 37201. Please address all correspondence pertaining to this permit application, including any updates, to me at the address below, and use both the Permit and Project reference numbers above to facilitate tracking.

In addition, I wanted to let you know that EPA has, on occasion, objected to Title V permits based on the following:

- a. NSR permit and PBR monitoring sufficiency –please refer to our periodic monitoring guidance for reference of monitoring that EPA has, so far, considered sufficient.
- b. Reference to confidential business information (CBI) in NSR permits and PBR submittals.
- c. High level terms in the SOP Applicable Requirement Summary Table. The high level terms are sometimes used in SOPs when unit attribute forms have not yet been updated due to regulatory amendments.
- d. Accuracy of PBR information provided on the supplemental table and in the permit – please refer to Forms OP-PBRSUP and OP-REQ1 Instructions.

If you have any questions or concerns on any of these items or think you need to do any additional updates, let me know and we can discuss further.

Application updates may now be submitted through Title V STEERS. Any application updates that are submitted by the RO/DAR through STEERS are certified and do not require the submittal of an original signature OP-CRO1. Application updates that are provided through email or physical mail require certification using an original signature OP-CRO1.

Please notify me whenever updates have been submitted.

As required on Form OP-1, question IV.D, please remember the FOP application and all application updates must be submitted to EPA Region 6 at R6AirPermitsTX@epa.gov and to the TCEQ regional office having jurisdiction. This submittal information can be found on our website at [Where to Submit FOP Applications and Permit-Related Documents](#).

Please review the “SOP Technical Review Fact Sheet” located at http://www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_wdp_factsheet.pdf. This guidance contains important information regarding the review process and application update procedures. Contact me if you have any questions regarding the guidelines, the project schedule, or any other details regarding your application or permit.

Thank you for your cooperation.

Sincerely,

Jennifer Tenney

Environmental Permit Specialist I
OA/Air Permits Division/OP Section
Texas Commission on Environmental Quality
MC-163, P.O. Box 13087
Austin, TX 78711-3087
jennifer.tenney@tceq.texas.gov

Phone: (512) 239-1830

Fax: (512) 239-1400



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Texas Commission on Environmental Quality

Title V Existing

2449

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	ROCK CREEK GAS PLANT
Does the site have a physical address?	Yes
Physical Address	
Number and Street	1000 W 10TH ST
City	BORGER
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	101.410555
Primary SIC Code	1321
Secondary SIC Code	
Primary NAICS Code	211111
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100216613
What is the name of the Regulated Entity (RE)?	ROCK CREEK GAS PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1000 W 10TH ST
City	BORGER
State	TX
ZIP	79007
County	HUTCHINSON
Latitude (N) (##.#####)	35.673888
Longitude (W) (-###.#####)	-101.410555
Facility NAICS Code	
What is the primary business of this entity?	NATURAL GAS PROCESSING

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605745843
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Iacx Rock Creek LLC
Texas SOS Filing Number	803314725
Federal Tax ID	
State Franchise Tax ID	32070671923
State Sales Tax ID	

Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	IACX ENERGY
Prefix	MR
First	JUSTIN
Middle	
Last	WHEELER
Suffix	
Credentials	
Title	DIRECTOR OF EHS
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	5001 LBJ FWY STE 300
Routing (such as Mail Code, Dept., or Attn:)	
City	DALLAS
State	TX
ZIP	75244
Phone (###-###-####)	9726792147
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	justinwheeler@iacx.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	IACX Energy
Prefix	MR
First	Justin
Middle	
Last	Wheeler
Suffix	
Credentials	
Title	Director of EHS
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)	5001 LBJ FWY STE 300

Routing (such as Mail Code, Dept., or Attn:)	
City	DALLAS
State	TX
ZIP	75244
Phone (###-###-####)	9726792147
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	justinwheeler@iacx.com

Title V General Information - Existing

1) Permit Type:	SOP
2) Permit Latitude Coordinate:	35 Deg 40 Min 26 Sec
3) Permit Longitude Coordinate:	101 Deg 24 Min 38 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?	Streamlined Revision
4.1.1. Are there any permits that should be voided upon issuance of this permit application through permit conversion?	No
4.1.2. Are there any permits that should be voided upon issuance of this permit application through permit consolidation?	No
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-2 (Application for Permit Revision/Renewal)

[File Properties]

File Name	OP_2_2024-0926 Rock Creek Title V Minor Revision.pdf
Hash	D714D483A6A8B5194A8D45652B22E4F4CFB29CD0E6D55557CDE296369500761E
MIME-Type	application/pdf

Attach OP-REQ1 (Application Area-Wide Applicability Determinations and General Information)

Attach OP-REQ2 (Negative Applicable Requirement Determinations)

Attach OP-REQ3 (Applicable Requirements Summary)

[File Properties]

File Name	OP_REQ3_2024-0926 Rock Creek Title V Minor Revision.pdf
Hash	D714D483A6A8B5194A8D45652B22E4F4CFB29CD0E6D55557CDE296369500761E
MIME-Type	application/pdf

Attach OP-PBRSUP (Permits by Rule Supplemental Table)

Attach OP-SUMR (Individual Unit Summary for Revisions)

[File Properties]

File Name	OP_SUMR_2024-0926 Rock Creek Title V Minor Revision.pdf
Hash	D714D483A6A8B5194A8D45652B22E4F4CFB29CD0E6D55557CDE296369500761E
MIME-Type	application/pdf

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

[File Properties]

File Name	2024-0926 Rock Creek Title V Minor Revision.pdf
Hash	D714D483A6A8B5194A8D45652B22E4F4CFB29CD0E6D55557CDE296369500761E
MIME-Type	application/pdf

If applicable, attach OP-AR1 (Acid Rain Permit Application)

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

Attach any other necessary information needed to complete the permit.

[File Properties]

File Name	2024-0926 Rock Creek Title V Minor Revision.pdf
Hash	D714D483A6A8B5194A8D45652B22E4F4CFB29CD0E6D55557CDE296369500761E
MIME-Type	application/pdf

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 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 Justin Wheeler, the owner of the STEERS account ER032955.
- 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 2449.
- 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: Justin Wheeler OWNER OPERATOR

Account Number:	ER032955
Signature IP Address:	99.27.202.41
Signature Date:	2024-09-26
Signature Hash:	DB5B36ACCD3B3BE0A257223A2E9109A867D831E5FCC9001B4D2FECFC77E04319
Form Hash Code at time of Signature:	D41D23C07FB6373016C9C78B9A73121D0214C8AA9A82F9C7D2F16D7AE1A5EB78

Submission

Reference Number:	The application reference number is 686413
Submitted by:	The application was submitted by ER032955/Justin Wheeler
Submitted Timestamp:	The application was submitted on 2024-09-26 at 15:36:08 CDT
Submitted From:	The application was submitted from IP address 99.27.202.41
Confirmation Number:	The confirmation number is 566557
Steers Version:	The STEERS version is 6.82
Permit Number:	The permit number is 2449

Additional Information

Application Creator: This account was created by Hunter J Lohrenz

SITE OPERATION PERMIT (SOP) MINOR MODIFICATION

IACX Rock Creek LLC > Rock Creek Gas Plant



Prepared By:

Katie Jeziorski – Managing Consultant
Stephen Beene – Senior Consultant
Hunter Lohrenz – Consultant

TRINITY CONSULTANTS

12700 Park Central Drive
Suite 600
Dallas, Texas 75251
(972) 661-8100

September 2024

Project 244401.0136



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1. EXECUTIVE SUMMARY

IACX Rock Creek LLC (IACX) owns and operates a gas plant located in Borger, Texas (Rock Creek Gas Plant). IACX operates under Texas Commission on Environmental Quality (TCEQ) Customer Reference Number (CN) 100216613. The Rock Creek Gas Plant has been assigned TCEQ Air Quality Account Number HW0020F and Regulated Entity Number (RN) 100216613. The site is authorized by New Source Review (NSR) Permit No. 3131A and various Permits By Rule (PBRs).

Hutchinson County is currently an attainment or unclassified area for all criteria pollutants except for SO₂. The Rock Creek Gas Plant is an existing a major source with respect to Prevention of Significant Deterioration (PSD). The Nonattainment New Source Review (NNSR) program is not applicable to the Rock Creek Gas Plant. The Rock Creek Gas Plant operates under the federal operating permit program (Title V) due to potential emissions of volatile organic compounds (VOC), oxides of nitrogen (NOX), sulfur dioxide (SO₂), and carbon monoxide (CO). The IACX Rock Creek Gas Plant currently operates under Site Operating Permit (SOP) / Title V Permit No. O-2449.

With this application, IACX requests to modify Title V Permit No. O-2449. Rock Creek is located in the Hutchinson County SO₂ Nonattainment area and is subject to the requirements listed in Texas Administrative Code (TAC) Section 112, Subchapter F, Division 2. Therefore, the current Title V Permit is being modified to include the Section 112 requirements and associated New Source Review (NSR) modifications.

1.1 30 TAC Chapter 112

How the Rock Creek Gas Plant will comply with the 30 TAC 112, Subchapter F, Division 2 requirements is discussed below.

1.1.1 §112.210 Applicability

(a) The requirements in this division apply to affected sources at the IACX Rock Creek Gas Plant, which is located at 1000 West Tenth Street in Borger, Texas in the Hutchinson County sulfur dioxide nonattainment area. Affected sources will remain subject to this division regardless of ownership, operational control, or other documentation changes.

(b) Affected sources are designated by the source name and emission point number (EPN) used in the site's New Source Review (NSR) permit as issued on the specified date. The specific affected sources are as follows:

- (1) Acid Gas Flare (EPN FLR1) in NSR Permit 3131A dated July 12, 2011; and
- (2) Acid Gas Incinerator (EPN INCIN1) in NSR Permit 3131A dated July 12, 2011.

IACX understands the Rock Creek Gas Plant is an applicable site under this rule.

1.1.2 §112.211 Definition

Unless specifically defined in the Texas Clean Air Act (Texas Health and Safety Code, Chapter 382), or in §101.1 or §112.1 of this title (relating to Definitions, respectively), the terms in this division have the meanings commonly used in the field of air pollution control. The following meanings apply in this division unless the context clearly indicates otherwise.

- (1) Block one-hour average - An hourly average of data, collected starting at the beginning of each clock hour of the day and continuing until the start of the next clock hour (e.g., from 12:00:00 to 12:59:59).
- (2) Continuous Monitoring - Monitoring for which readings are recorded at least once every 15 minutes.
- (3) Hutchinson County sulfur dioxide (SO₂) nonattainment area--The portion of Hutchinson County designated by the United States Environmental Protection Agency (EPA) as nonattainment for the 2010 SO₂ National Ambient Air Quality Standard, 40 Code of Federal Regulations §81.344.

IACX understands the above requirements.

1.1.3 §122.212 Control Requirements

- (a) Acid Gas Flare (EPN FLR1) and Acid Gas Incinerator (EPN INCIN1) may not operate simultaneously.
- (b) Acid Gas Flare (EPN FLR1) emissions may not exceed 140.00 lb/hr sulfur dioxide (SO₂).
- (c) Acid Gas Incinerator (EPN INCIN1) emissions may not exceed 140.00 lb/hr SO₂.
- (d) The owner or operator may request an alternate means of control under the provisions of §112.232(k) of this title (relating to Control Requirements).

IACX understands the above requirements and this application is submitted to comply with the above requirements.

1.1.4 §122.213 Monitoring and Testing Requirements

- (a) Monitoring requirements. The owner or operator shall continuously monitor, at a point prior to the manifold that directs gases to the Acid Gas Flare (EPN FLR1) or Acid Gas incinerator (EPN INCIN1), the gases routed to Acid Gas Flare (EPN FLR1) or Acid Gas Incinerator (EPN INCIN1) by using the following:

- (1) monitor at a point the sulfur content of the gas stream as follows:

(A) using a separate dedicated analyzer capable of accurately measuring and recording total sulfur (including sulfur dioxide (SO₂), hydrogen sulfide (H₂S), and organic sulfur compounds levels) with an accuracy of ±5% on a continuous basis, the sulfur concentration must be determined in accordance 40 Code of Federal Regulations (CFR) §60.107a(e)(1) regardless of whether these requirements are otherwise applicable or exempt the flare or incinerator, and hourly SO₂ emissions must be determined using the following equation; or

$$SO_2 = Scc \times FFa \times \frac{Tsc}{Ta} \times \frac{Pa}{Psc} \times \frac{lb \text{ mole}}{385.27 \text{ scf}} \times \frac{64.06 \text{ lb } SO_2}{lb \text{ mole}}$$

Where:

- SO₂ = Sulfur dioxide emissions in units of pounds per hour;
- Scc = inlet sulfur compound concentration in cubic feet per 1,000,000 cubic feet of waste gas;
- FFa = inlet waste gas stream flow in actual cubic feet per hour;
- Psc = regulatory standard condition pressure of 14.7 pounds per square inch (psia);

Pa = FFa measurement pressure in units of psia;
 Tsc = regulatory standard condition temperature of 528 degrees Rankin; and
 Ta = inlet actual stream temperature in degrees Rankin

(B) using a separate dedicated analyzer capable of accurately measuring and recording H₂S to an accuracy of ±5% on a continuous basis, determine the H₂S concentration in the flared gas stream, derive an inlet flare or incinerator gas total sulfur concentration for each monitored hourly H₂S concentration in accordance 40 CFR §60.107a(e)(2) methodology regardless of whether these requirements are otherwise applicable or exempt the flare or incinerator, and calculate the SO₂ emissions from the flare and the incinerator for each operating hour that either is operated using the following equation:

$$SO_2 = H_2S_{mc} \times \frac{S_{cc}}{H_2S_{sc}} \times FFa \times \frac{T_{sc}}{Ta} \times \frac{Pa}{P_{sc}} \times \frac{lb \text{ mole}}{385.27 \text{ scf}} \times \frac{64.06 \text{ lb } SO_2}{lb \text{ mole}}$$

Where:

SO₂ = Sulfur dioxide emissions in units of pounds per hour;
 H₂S_{mc} = monitored inlet hydrogen sulfide (H₂S) concentration in units of cubic feet of flare gas inlet stream sulfur compounds per 1,000,000 cubic feet of waste gas;
 S_{cc} = inlet sulfur compound concentration in units of cubic feet of waste gas inlet stream sulfur compounds per 1,000,000 cubic feet of flare gas derived in accordance with 40 CFR §60.107a(e)(2) methodology regardless of whether these requirements are otherwise applicable;
 H₂S_{sc} = sampled H₂S concentration in units of cubic feet of waste gas inlet stream sulfur compounds per 1,000,000 cubic feet of flare gas;
 FFa = inlet gas stream flow in units of actual cubic feet per hour;
 P_{sc} = regulatory standard condition pressure of 14.7 pounds per square inch (psia);
 Pa = FFa measurement pressure in units of psia;
 Tsc = regulatory standard condition temperature of 528 degrees Rankin; and
 Ta = inlet stream actual temperature in degrees Rankin (the Tsc/Ta factor is used to convert FFa actual cubic feet to FFa standard cubic feet).

(C) a totalizing gas flow meter with an accuracy of ±5% that is installed, calibrated, maintained, and operated according to per the manufacturer's specifications directions to continuously measure and record the volume of gas directed to the Acid Gas Flare (EPN FLR1) or Acid Gas Incinerator (EPN INCIN1); and

(D) monitor the temperature of gases routed to the flare or incinerator using a temperature measurement device with an accuracy of ±1%; the inlet flare gas temperature measurement device must be installed, calibrated, maintained, and operated according to the manufacturer's recommendations and specifications.

(2) In lieu of the monitoring requirements of §112.213(a)(1) of this subsection, the owner or operator may install, calibrate, and maintain a continuous emissions monitoring system to monitor exhaust SO₂ from the Acid Gas Incinerator (EPN INCIN1) in accordance with the requirements of 40 CFR §60.13, 40 CFR Part 60, Appendix B, Performance Specification 2 and 6, for SO₂, and 40 CFR Part 60, Appendix F, quality assurance procedures;

(3) Continuous monitoring data collected in accordance with requirements in this subsection must undergo an appropriate quality assurance and quality control process and be validated for at least 95% of the time that the monitored emission point has emissions; an owner or operator must utilize an appropriate data substitution process based on the most accurate methodology available, which is at least equivalent to engineering judgment, to obtain all missing or invalidated monitoring data for the remaining period the monitored emission point has emissions.

(4) Minor modifications to monitoring methods may be approved by the executive director. Monitoring methods other than those specified in this section may be used if approved by the executive director and validated by 40 CFR Part 63, Appendix A, Test Method 301. For the purposes of this subsection, substitute "executive director" in each place that Test Method 301 references "administrator." These validation procedures may be waived by the executive director or a different protocol may be granted for site-specific applications. Minor modifications that may be approved under this subsection include increases in the frequency of monitoring provided appropriate quality assurance control, accuracy specifications, and data validation requirements are specified and no less stringent than monitoring requirements for a comparable EPN in this subchapter.

IACX understands the above monitoring requirements and will select one of the calculation options. However, IACX proposes to conduct periodic (weekly) sampling instead of continuous monitoring.

(b) Testing requirements.

(1) The owner or operator shall perform initial testing for monitoring devices required by subsection (a) of this section if documentation is not available to demonstrate initial tests have been conducted, as well as all subsequent testing, in accordance with the manufacturer's specifications to ensure that the required monitors are calibrated and function properly by the compliance date in §112.218 of this title (relating to Compliance Schedules).

(2) The owner or operator shall conduct initial performance testing by the compliance date in §112.218 of this title. During performance testing, the owner or operator shall operate the source at the maximum rated capacity, or as near thereto as practicable. The owner or operator shall conduct additional performance tests on the incinerator at least every five years after the compliance date to ensure the accuracy of the monitors for the gas stream sent to the incinerator or flare.

(3) The owner or operator shall conduct additional performance testing, if requested by the executive director, in compliance with 40 CFR §60.104a to demonstrate compliance with applicable emission limits or standards. The notification requirements of 40 CFR §60.8(d) apply to each initial performance test and to each subsequent performance test required by the executive director.

(4) All performance tests must be conducted using test methods allowed in §112.213(c).

IACX understands the above requirements and will conduct the required performance test.

(c) Approved test methods.

(1) Tests required under paragraph (b) of this section must be conducted using the test methods in 40 CFR Part 60, Appendices A-1 through A-8 and Appendix B or other methods as specified in this section, except as provided in §60.8(b).

(2) Sulfur dioxide in exhaust gases from the incinerator during testing must be determined using United States Environmental Protection Agency (EPA) Test Method 6 or 6C (40 CFR, Part 60, Appendix A).

(3) Alternate test methods as approved by the executive director and the EPA may be used.

The required performance test will follow the above test methods.

1.1.5 §122.216 Recordkeeping Requirements

The owner or operator shall maintain records in written or electronic format for a minimum of five years of the continuous monitoring of the sulfur content and flow rate of gases routed to either the flare or the incinerator as well as which control device was in use and of all monitoring data and emission calculations required under §112.213 of this title (relating to Monitoring Requirements). The owner or operator shall maintain records for a minimum of five years of all testing done for monitors and copies of each performance test conducted. The owner or operator shall maintain documentation for a minimum of five years of any period that emission limits or standards were exceeded and copies of required exceedance reports submitted to the appropriate Texas Commission on Environmental Quality Regional Office.

IACX understands the above requirements and will maintain the required records.

1.1.6 §122.217 Reporting Requirements

(a) For a source that is subject to an emissions limit in §112.212 of this title (relating to Control Requirements) and that exceeds an applicable emission limit or fails to meet a required stack parameter, the owner or shall submit to the Texas Commission on Environmental Quality (TCEQ) Regional Office for the area where the plant is located a report by March 31 of the year after an exceedance occurs documenting the excess emissions during the preceding calendar year, including at least the following:

- (1) the date that each exceedance or failure to meet a required stack parameter occurred;
- (2) an explanation of the exceedance or failure to meet a required stack parameter;
- (3) a statement of whether the exceedance or failure to meet a required stack parameter was concurrent with a maintenance, startup, or shutdown period for, or malfunction of, an affected source or control system;
- (4) a description of the action taken, if any; and
- (5) a written statement, signed by the owner or operator, certifying the accuracy and completeness of the information contained in the report.

(b) The owner or operator shall submit a copy of each performance test report to the appropriate TCEQ regional office and any local air pollution control agency having jurisdiction for the area where the plant is located within 60 days after completion of the test.

(c) After the effective date of a determination by the Environmental Protection Agency (EPA) that the Hutchinson County sulfur dioxide (SO₂) nonattainment area has failed to attain the 2010 one-hour SO₂ National Ambient Air Quality Standard or failed to meet reasonable further progress (RFP) pursuant to federal Clean Air Act §179(c), 42 United States Code §7509(c), the TCEQ will notify the owner or operator of the failure to attain and that the contingency measures in this subsection are triggered. Once notification is

received from the TCEQ, the owner or operator shall perform a full system audit (FSA) of all SO₂ sources subject to §112.210 of this title (relating to Applicability).

(1) Within 90 calendar days after the date of the notification, the owner or operator shall submit the FSA, including recommended provisional SO₂ emission control strategies as necessary, to the executive director of the TCEQ.

(2) As part of the FSA, the owner or operator shall conduct a root cause analysis of the circumstances surrounding the cause of the determination of failure to attain or failure to meet RFP, including a review and consideration of the following:

(A) for all causes of the determination of failure to attain or failure to meet RFP, at a minimum, hourly mass emissions of SO₂ from each SO₂ source subject to this division; and

(B) for a determination of failure to attain based on ambient air monitor data or modeling data, at a minimum, the meteorological conditions recorded at the monitor or other relevant meteorological data, including the frequency distribution of wind direction temporally correlated with SO₂ readings greater than 75 parts per billion at the monitor for which the EPA's determination of failure to attain was made; and any emissions event that may have occurred. The root cause analysis and associated records used to conduct the audit must consider information on the days that monitored exceedances occurred during the time period that the EPA evaluated in making the failure to attain determination.

IACX understands the above requirements and will follow applicable reporting requirements.

1.1.7 §112.218 Compliance Schedules

The owner or operator of a source subject to §112.210 of this title (relating to Applicability) shall comply with the requirements of this division no later than October 1, 2023.

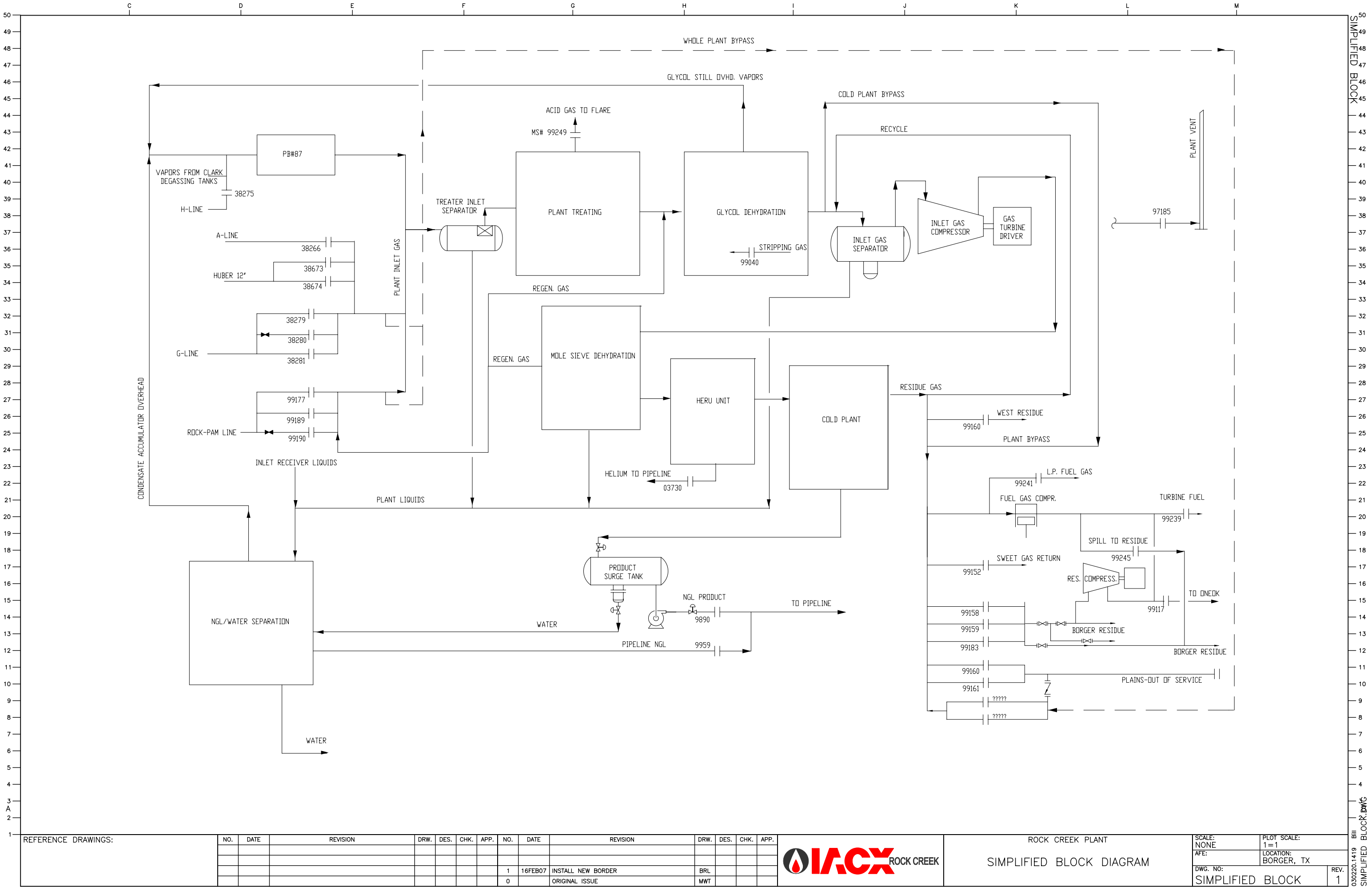
IACX submitted an amendment application for NSR permit No. 3131A to incorporate the 30 TAC 112 Subchapter F Division 2 requirements to obtain permit issuance by October 1, 2023.

1.2 APPLICATION CONTENTS

The enclosed SOP initial application for RFAB consists of the following TCEQ Forms and supplemental information:

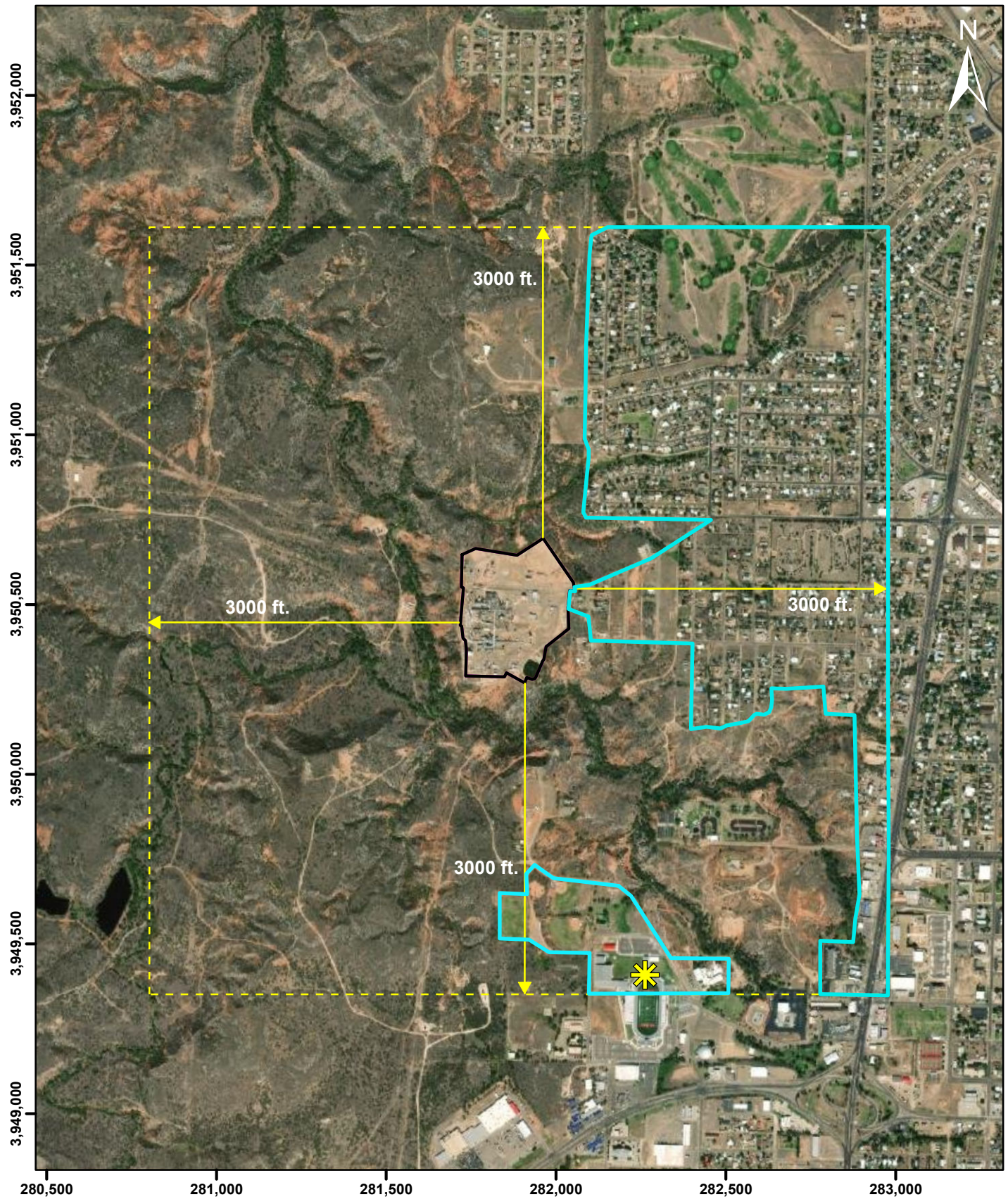
- Section 2. Process Flow Diagram
- Section 3. Area Map
- Section 4. Plot Plan
- Section 5. Form OP-CRO1
- Section 6. Form OP-2
- Section 7. Form OP-REQ3
- Section 8. Form OP-SUMR
- Section 9. Form OP-UA1

2. PROCESS FLOW DIAGRAM



3. AREA MAP

Area Map



Legend

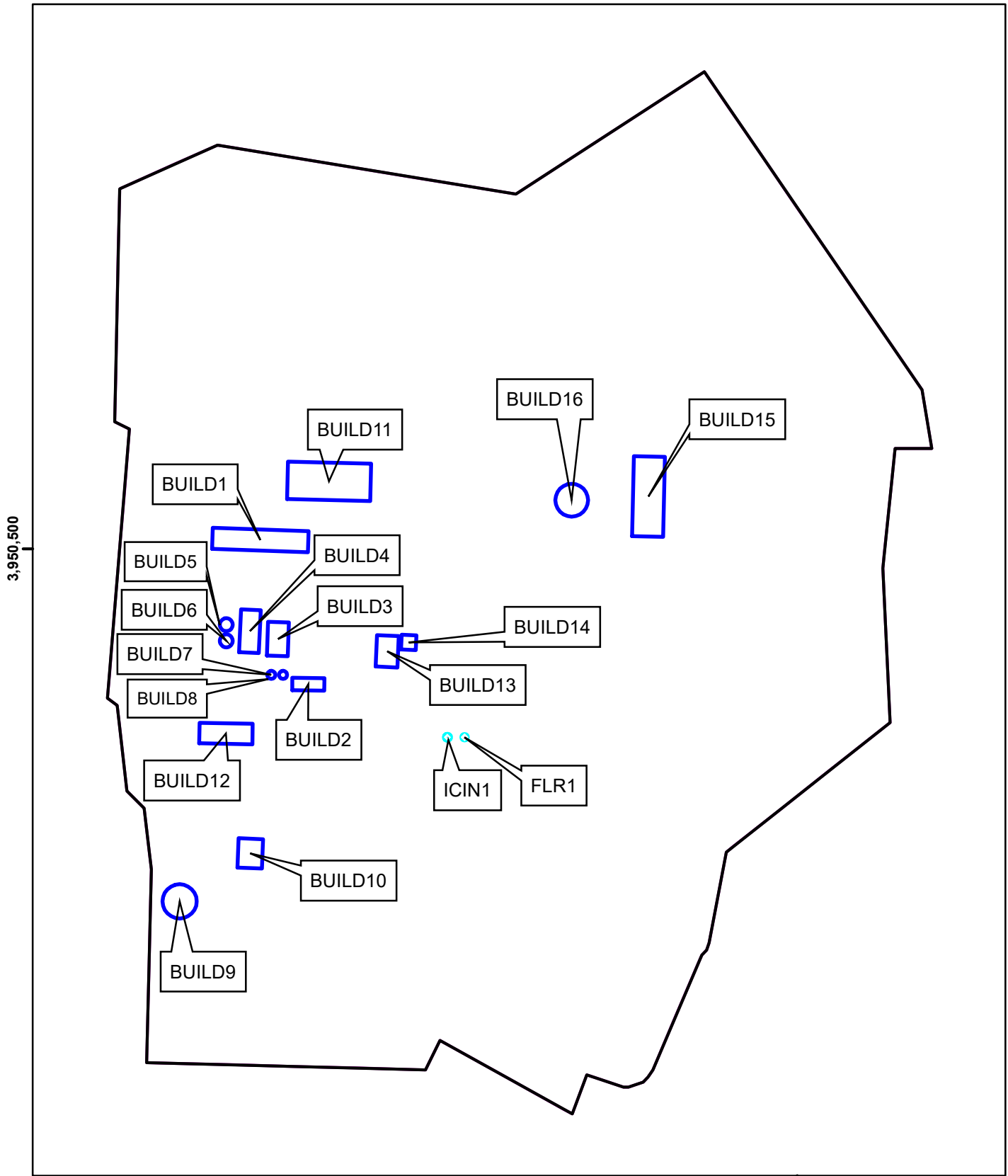
- Property Line
- Residential Area
- School

0 750 1,500 3,000 Feet

NAD 1983 UTM Zone 14

4. PLOT PLAN

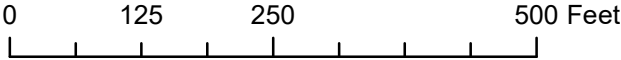
Plot Plan



NAD 1983 UTM Zone 14

Legend

- Property Line
- Building
- Point Source



5. TCEQ FORM OP-CRO1

Certification by Responsible Official

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, renewal, and reopening permit application submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. Identifying Information
RN: RN100216613
CN: CN605745843
Account No.: HW-0020-F
Permit No.: O-2449
Project No.: 30874
Area Name: Rock Creek Gas Plant
Company Name: IACX Rock Creek LLC
II. Certification Type <i>(Please mark appropriate box)</i>
<input checked="" type="checkbox"/> Responsible Official Representative <input type="checkbox"/> Duly Authorized Representative
III. Submittal Type <i>(Please mark appropriate box) (Only one response can be accepted per form)</i>
<input type="checkbox"/> SOP/TOP Initial Permit Application <input checked="" type="checkbox"/> Permit Revision, Renewal, or Reopening
<input type="checkbox"/> GOP Initial Permit Application <input type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Other: _____

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, and renewal permit application submittals requiring certification must be accompanied by this form. Updates to acid rain or CSAPR (other than public notice verification materials) must be certified prior to authorization of public notice for the draft permit.

IV. Certification of Truth
This certification does not extend to information which is designated by TCEQ as information for reference only.
I, <u>Justin Wheeler</u> certify that I am the <u>RO</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><i>(Certifier Name printed or typed)</i><i>(RO or DAR)</i></div>
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete: <i>Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>
Time Period: From _____ to _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"><i>(Start Date)</i><i>(End Date)</i></div>
Specific Dates: <u>09/26/2024</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><i>(Date 1)</i><i>(Date 2)</i><i>(Date 3)</i><i>(Date 4)</i></div>
<div style="display: flex; justify-content: space-between; margin-top: 5px;">_____ <i>(Date 5)</i>_____ <i>(Date 6)</i></div>
Signature: _____ Signature Date: _____
Title: <u>Director of EHS</u> _____

6. TCEQ FORM OP-2

Application for Permit Revision/Renewal

**Federal Operating Permit Program
Application for Permit Revision/Renewal
Form OP-2-Table 1
Texas Commission on Environmental Quality**

Date: September 26, 2024	
Permit No.: O-2249	
Regulated Entity No.: RN100216613	
Company Name: IACX Rock Creek LLC	
For Submissions to EPA	
Has an electronic copy of this application been submitted (or is being submitted) to EPA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
I. Application Type	
Indicate the type of application:	
<input type="checkbox"/> Renewal	
<input checked="" type="checkbox"/> Streamlined Revision (Must include provisional terms and conditions as explained in the instructions.)	
<input type="checkbox"/> Significant Revision	
<input type="checkbox"/> Revision Requesting Prior Approval	
<input type="checkbox"/> Administrative Revision	
<input type="checkbox"/> Response to Reopening	
II. Qualification Statement	
For SOP Revisions Only <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
For GOP Revisions Only <input type="checkbox"/> YES <input type="checkbox"/> NO	

Federal Operating Permit Program
Application for Permit Revision/Renewal
Form OP-2-Table 1 (continued)
Texas Commission on Environmental Quality

III. Major Source Pollutants (Complete this section if the permit revision is due to a change at the site or change in regulations.)

Indicate all pollutants for which the site is a major source based on the site's potential to emit:

(Check the appropriate box[es].)

☒ VOC ☒ NO_x ☒ SO₂ ☐ PM₁₀ ☒ CO ☐ Pb ☐ HAP

Other:

IV. Reference Only Requirements (For reference only)

Has the applicant paid emissions fees for the most recent agency fiscal year (September 1 - August 31)? ☒ YES ☐ NO ☐ N/A

V. Delinquent Fees and Penalties

Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and penalty protocol.

**Federal Operating Permit Program
Application for Permit Revision/Renewal
Form OP-2-Table 2
Texas Commission on Environmental Quality**

Date: September 26, 2024
Permit No.: O-2449
Regulated Entity No.: RN100216613
Company Name: IACX Rock Creek LLC

Using the table below, provide a description of the revision.

Revision No.	Revision Code	New Unit	Unit/Group	Process	NSR Authorization	Description of Change and Provisional Terms and Conditions
			ID No.	Applicable Form		
1	MS-C	No	FLR1	OP-UA1	3131A	Emission Limits – 30 TAC 112.212 Monitoring and Testing Requirements -30 TAC 112.213 Recordkeeping Requirements -30 TAC 112.216 Reporting Requirements - 30 TAC 112.217
2	MS-C	No	INCIN1	OP-UA1	3131A	Emission Limits – 30 TAC 112.212 Monitoring and Testing Requirements -30 TAC 112.213 Recordkeeping Requirements -30 TAC 112.216 Reporting Requirements - 30 TAC 112.217

7. TCEQ FORM OP-REQ3

Applicable Requirements Summary

**Applicable Requirements Summary
Form OP-REQ3 (Page 1)
Federal Operating Permit Program**

Table 1a: Additions

Date: 09/26/2024	Regulated Entity No.: RN100216613	Permit No.: O-2449
Company Name: IACX Rock Creek LLC	Area Name: Rock Creek Gas Plant	

Revision No.	Unit/Group/Process ID No.	Unit/Group/Process Applicable Form	SOP/GOP Index No	Pollutant	Applicable Regulatory Requirement Name	Applicable Regulatory Requirement Standard(s)
1	FLR1	OP-UA1	112-1	SO ₂	30 TAC Chapter 112	§112.212 §112.213 §112.216 §112.217
2	INCIN1	OP-UA1	112-1	SO ₂	30 TAC Chapter 112	§112.212 §112.213 §112.216 §112.217

TCEQ 10018 (APDG 5939v2, Revised 06/15) OP-REQ3 - Applicable Requirements Summary

This form is for use by sources subject to air quality permit requirements and may be revised periodically. (Title V Release 11/08)

8. TCEQ FORM OP-SUMR

Individual Unit Summary for Revisions

**Texas Commission on Environmental Quality
Federal Operating Permit Program
Individual Unit Summary for Revisions
Form OP-SUMR**

[Table 1](#)

Date	Permit No.	Regulated Entity No.
09/26/2024	3131A	RN100216613

Unit/Process AI	Unit/Process Revision No.	Unit/Process ID No.	Unit/Process Applicable Form	Unit/Process Name/ Description	Unit/Process CAM	Preconstruction Authorizations 30 TAC Chapter 116/ 30 TAC Chapter 106	Preconstruction Authorizations Title I
A	1	FLR1	OP-UA1	Acid Gas Flare		3131A	
A	2	INCIN1	OP-UA1	Acid Gas Incinerator		3131A	

9. TCEQ FORM OP-UA1

Miscellaneous and Generic Unit Attributes

**Texas Commission on Environmental Quality
Miscellaneous Unit Attributes
Form OP-UA1 (Page 1)
Federal Operating Permit Program**

Date:	09/26/2024
Permit No.:	O-2449
Regulated Entity No.:	RN100216613

Unit ID No.	SOP/GOP Index No.	Unit Type	Date Constructed/Placed in Service	Functionally Identical Replacement	Maximum Rated Capacity	Technical Information and Unit Description
FLR1	112-1	CD	10/01/2023			Emission Limits – 30 TAC 112.212 Monitoring and Testing Requirements -30 TAC 112.213 Recordkeeping Requirements -30 TAC 112.216 Reporting Requirements - 30 TAC 112.217

Unit ID No.	SOP/GOP Index No.	Unit Type	Date Constructed/Placed in Service	Functionally Identical Replacement	Maximum Rated Capacity	Technical Information and Unit Description
INCIN1	112-1	CD	10/01/2023			Emission Limits – 30 TAC 112.212 Monitoring and Testing Requirements -30 TAC 112.213 Recordkeeping Requirements -30 TAC 112.216 Reporting Requirements - 30 TAC 112.217