

**From:** [TVAPPS](#)  
**To:** [Rosa Mora-Nichols](#)  
**Cc:** [APIRT](#)  
**Subject:** FW: STEERS / TV 38315 / 4771 - Initial - QUALITY INVESTMENT PROPERTIES IRVING - 791511  
**Date:** Friday, June 13, 2025 7:01:23 AM

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Sean Wheeler  
Business Support Section Process Coordinator  
Air Permits Division | TCEQ  
512-239-2253 | [Sean.Wheeler@tceq.texas.gov](mailto:Sean.Wheeler@tceq.texas.gov)

-----Original Message-----

From: [steers@tceq.texas.gov](mailto:steers@tceq.texas.gov) <[steers@tceq.texas.gov](mailto:steers@tceq.texas.gov)>  
Sent: Thursday, June 12, 2025 5:18 PM  
To: RFCAIR4 <[RFCAIR4@tceq.texas.gov](mailto:RFCAIR4@tceq.texas.gov)>; [mebaker@cityofirving.org](mailto:mebaker@cityofirving.org); [sstephen@cityofirving.org](mailto:sstephen@cityofirving.org); TVAPPS <[tvapps@tceq.texas.gov](mailto:tvapps@tceq.texas.gov)>  
Subject: STEERS Title V Application Submittal (New Application)

The TV-N application has been successfully submitted by John Larkin. The submittal was received at 06/12/2025 05:18 PM.

The Reference number for this submittal is 791511

The confirmation number for this submittal is 658659.

The Area ID for this submittal is 4771.

The Project ID for this submittal is 38315.

The hash code for this submittal is

CA9C2971E0B6410FD8FB8640BFD5B9E16A2F3D3F7E39CC13B09C4C68BFA436.

You may access the original application submittal and the notice of final action documents from the COR Viewer which is available at <https://ida.tceq.texas.gov/steersstaff/index.cfm?fuseaction=openadmin.submitlog&newsearch=yes>.

If you have any questions, please contact the STEERS Help Line at 512-239-6925 or by e-mail at [steers@tceq.texas.gov](mailto:steers@tceq.texas.gov).



May 22, 2025

Air Permits Division MC-163  
Texas Commission on Environmental Quality  
PO Box 13087  
Austin, Texas 78711-3087

**Re: TCEQ Abbreviated Title V Application**  
**QTS Irving Data Center**  
**Customer Reference Number: CN 604379792**  
**Regulated Entity Reference Number: RN 102166386**

Dear Rule Registrations Section:

Quality Investment Properties Irving, LLC (QTS) currently owns and operates its Irving data center located at 6431 Longhorn Drive, Irving, TX in Dallas County (facility). The facility is currently permitted to operate five fire pumps, 120 diesel-fired emergency generators, and four diesel-fired house generators as part of two separate projects under Permit by Rule (PBR) pursuant to Title 30 Texas Administrative Code (30 TAC) 106.511. All 129 associated diesel storage tanks are permitted by rule through 30 TAC 106.472. The facility also operates 14 water cooling towers and four nitrogen generators through unregistered PBRs under 30 TAC 106.371 and 30 TAC 106.372, respectively.

Due to the redesignation of the Dallas-Fort Worth nonattainment area, a Title V operating permit is required for facilities with emissions greater than 25 tons per year (tpy) for nitrogen oxides (NO<sub>x</sub>) or volatile organic compounds. Under the current PBR, issued February 10, 2025, DC1 through DC4 (EGEN01 – EGEN73, FP1 – FP2, FP4, DC3HSE, and DC4HSE) operate under one 24.9 tpy NO<sub>x</sub> limit while DC5 and DC6 (DC5HSE, DC6HSE, FP5, FP6 and EGEN74 – EGEN120) operate under a separate 24.9 tpy NO<sub>x</sub> limit. As such, Title V permitting is not required for this facility until the operation of any emergency generator associated with DC5 or DC6.

QTS is submitting this abbreviated Title V application (application) as required by 30 TAC 122.134(c) prior to the operation of any emergency generator at DC5 and DC6. A full Title V application will be submitted within 12 months of beginning operations of the first emergency generator at DC5 or DC6, which is anticipated for the third quarter of 2025.

The enclosed application includes the following as required by 30 TAC 122.132(c):

- Form OP-1: Federal Operating Permit Program Site Information Summary,
- Form OP-CR01: Certification by Responsible Official, and
- TCEQ Core Data Form.

If you have any questions regarding this submittal or require additional information, please contact Bennett Wildey of Environmental Resources Management (ERM) at (513) 830-9052.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Larkin', is written over a horizontal line.

John Larkin  
Director, Facilities Operations II

cc: Tiffany Cuni, ERM

**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.

<b>I. Company Identifying Information</b>	
A.	Company Name: Quality Investment Properties Irving, LLC
B.	Customer Reference Number (CN): CN 604379792
C.	Submittal Date (mm/dd/yyyy): 05/01/2025
<b>II. Site Information</b>	
A.	Site Name: QTS Dallas Ft Worth
B.	Regulated Entity Reference Number (RN): RN 102166386
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 checked="" 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 type="checkbox"/> VOC <input checked="" type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> SO <sub>2</sub> <input type="checkbox"/> PM <sub>10</sub> <input 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? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
F.	Is the site within a local program area jurisdiction? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
G.	Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
H.	Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
<b>III. Permit Type</b>	
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**

<b>IV. Initial Application Information</b> <i>(Complete for Initial Issuance Applications Only.)</i>	
A. Is this submittal an abbreviated or a full application?	<input checked="" type="checkbox"/> Abbreviated <input 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 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 checked="" 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
<b>V. Confidential Information</b>	
A. Is confidential information submitted in conjunction with this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VI. Responsible Official (RO) Identifying Information</b>	
RO Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)	
RO Full Name: John Larkin	
RO Title: Director, Facilities Operations II	
Employer Name: Quality Investment Properties Irving, LLC	
Mailing Address: 6431 Longhorn Drive	
City: Irving	
State: TX	
ZIP Code: 75063	
Territory:	
Country: USA	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: 214-998-9987	
Fax No.:	
Email: john.larkin@qtsdatacenters.com	

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

<b>VII. Technical Contact Identifying Information</b> <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: Bennett Wildey
Technical Contact Title: Managing Consultant
Employer Name: ERM
Mailing Address: 8044 Montgomery Road, Suite 700-7336
City: Cincinnati
State: Ohio
ZIP Code: 45236
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (513) 830-9052
Fax No.:
Email: bennett.wildey@erm.com
<b>VIII. Reference Only Requirements</b> <i>(For reference only.)</i>
A. State Senator: Ted Cruz
B. State Representative: Terry Meza
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A</span>
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
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**

*(Optional for applicants requesting to hold the FOP and records at an off-site location.)*

**A.** Office/Facility Name:

**B.** Physical Address:

City:

State:

ZIP Code:

Territory:

Country:

Foreign Postal Code:

**C.** Physical Location:

**D.** Contact Name Prefix: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)

Contact Full Name:

**E.** Telephone No.:

**X. Application Area Information**

**A.** Area Name: QTS Dallas Ft Worth

**B.** Physical Address: 6431 Longhorn Drive

City: Irving

State: TX

ZIP Code: 75063

**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**

<b>X. Application Area Information <i>(continued)</i></b>
<b>G.</b> Latitude (nearest second): 32°53'49.25"N
<b>H.</b> Longitude (nearest second): 96°58'58.82"W
<b>I.</b> Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
<b>J.</b> Indicate the estimated number of emission units in the application area: 129
<b>K.</b> Are there any emission units in the application area subject to the Acid Rain Program? <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
<b>XI. Public Notice</b> <i>(Complete this section for SOP Applications and Acid Rain Permit Applications only.)</i>
<b>A.</b> Name of a public place to view application and draft permit: Valley Ranch Library
<b>B.</b> Physical Address: 401 Cimarron Trail
City: Irving
ZIP Code: 75063
<b>C.</b> 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: John Larkin
Contact Mailing Address: 6431 Longhorn Drive
City: Irving
State: TX
ZIP Code: 72063
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 214-998-9987

**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 the TCEQ or the Office of Attorney General on behalf of the 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: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ 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:

**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.

<b>I. Identifying Information</b>	
RN: 102166386	
CN: 604379792	
Account No.:	
Permit No.: TBA	
Project No.: TBA	
Area Name: QTS Dallas Ft Worth	
Company Name: Quality Investment Properties Irving, LLC	
<b>II. Certification Type</b> <i>(Please mark appropriate box)</i>	
<input checked="checked" type="checkbox"/> Responsible Official Representative	<input type="checkbox"/> Duly Authorized Representative
<b>III. Submittal Type</b> <i>(Please mark appropriate box) (Only one response can be accepted per form)</i>	
<input checked="checked" type="checkbox"/> SOP/TOP Initial Permit Application	<input 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**

**IV. Certification of Truth**

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

I, John Larkin certify that I am the Responsible Official (RO)  
(Certifier Name printed or typed) (RO or DAR)

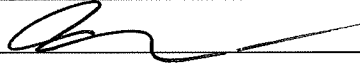
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:

*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).*

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
(Start Date) (End Date)

Specific Dates: \_\_\_\_\_  
(Date 1) (Date 2) (Date 3) (Date 4)

\_\_\_\_\_  
(Date 5) (Date 6)

Signature:  Signature Date: 6/5/25

Title: Director, Facilities Operations II



# TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (If issued)	Follow this link to search for CN or RN numbers in <a href="#">Central Registry**</a>	3. Regulated Entity Reference Number (If issued)
CN 604379792		RN 102166386

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		5/1/2025	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
Quality Investment Properties Irving, LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
801744201		32050342529		760838056	
10. DUNS Number (If applicable)					
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		13. Independently Owned and Operated?			
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		6431 Longhorn Drive			
City		Irving		State TX	
ZIP		75063		ZIP + 4	
16. Country Mailing Information (If outside USA)		17. E-Mail Address (If applicable)			
		john.larkin@qtsdatacenters.com			

18. Telephone Number ( 214 ) 998-9987	19. Extension or Code	20. Fax Number (if applicable) (   ) -
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### SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If "New Regulated Entity" is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information								
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
QTS Dallas Ft Worth								
23. Street Address of the Regulated Entity:  (No PO Boxes)	6431 Longhorn Drive							
	City	Irving	State	TX	ZIP	75063	ZIP + 4	
24. County	Dallas							

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:							
26. Nearest City				State		Nearest ZIP Code	
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
32	53	49.25	96	58	58.82		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
7374		3674		541519		541513	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Data Center							
34. Mailing Address:	6431 Longhorn Drive						
	City	Irving	State	TX	ZIP	75063	ZIP + 4
35. E-Mail Address:		john.larkin@qtsdatacenters.com					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
( 214 ) 998-9987				(   ) -			

**39. TCEQ Programs and ID Numbers** Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form Instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input checked="" type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	John Larkin			<b>41. Title:</b>	Director, Facilities Operations
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 214 ) 998-9987		( ) -	john.larkin@qtsdatacenters.com		

### **SECTION V: Authorized Signature**

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

<b>Company:</b>	Quality Investment Properties Irving, LLC		<b>Job Title:</b>	Director, Facilities Operations	
<b>Name (In Print):</b>	John Larkin			<b>Phone:</b>	( 214 ) 998- 9987
<b>Signature:</b>				<b>Date:</b>	6/5/25



**Texas Commission on Environmental Quality**

## Title V New

**Site Information (Regulated Entity)**

What is the name of the permit area to be authorized?	QTS Dallas Ft Worth
Does the site have a physical address?	Yes
Physical Address	
Number and Street	6431 LONGHORN DR
City	IRVING
State	TX
ZIP	75063
County	DALLAS
Latitude (N) (##.#####)	32.897014
Longitude (W) (-###.#####)	-96.983006
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN102166386
What is the name of the Regulated Entity (RE)?	QUALITY INVESTMENT PROPERTIES IRVING
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	6431 LONGHORN DR
City	IRVING
State	TX
ZIP	75063
County	DALLAS
Latitude (N) (##.#####)	32.896972
Longitude (W) (-###.#####)	-96.983052
Facility NAICS Code	541519
What is the primary business of this entity?	DATA CENTER



## Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN604379792
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	QUALITY INVESTMENT PROPERTIES IRVING, LLC
Texas SOS Filing Number	801744201
Federal Tax ID	760838056
State Franchise Tax ID	32050342529
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	Quality Investment Properties Irving LLC
Prefix	MR
First	John
Middle	
Last	Larkin
Suffix	
Credentials	
Title	Director, Facilities Operations II
Enter new address or copy one from list:	Site Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	6431 LONGHORN DR
Routing (such as Mail Code, Dept., or Attn:)	
City	IRVING
State	TX
ZIP	75063
Phone (###-###-####)	2149989987

Extension

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

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

E-mail

john.larkin@qtsdatacenters.com

## Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

ERM

Prefix

MR

First

Bennett

Middle

Last

Willey

Suffix

Credentials

Title

Managing Consultant

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

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

8044 MONTGOMERY RD STE 700-7336

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

City

CINCINNATI

State

OH

ZIP

45236

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

5138309052

Extension

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

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

E-mail

bennett.willey@erm.com

## Title V General Information - New

1) Permit Latitude Coordinate:

32 Deg 53 Min 49 Sec

2) Permit Longitude Coordinate:

96 Deg 58 Min 59 Sec

3) Is this submittal a new application or an update to an existing application?	New Application
3.1. What type of Federal Operating Permit are you applying for?	SOP
3.2. Is this submittal an abbreviated or a full application?	Abbreviated
3.3. Is this application for a portable facility?	No
3.4. Is the site a non-major source subject to the Federal Operating Permit Program?	No
3.5. Are there any permits that should be voided upon issuance of this permit application through permit conversion?	No
3.6. Are there any permits that should be voided upon issuance of this permit application through permit consolidation?	No
4) Does this application include Acid Rain Program or Cross-State Air Pollution Rule requirements?	No

## Title V Attachments New

Attach OP-1 (Site Information Summary)

[File Properties]

File Name

<a href=/ePermitsExternal/faces/file?fileId=262288>OP\_1\_QTS DFW Abbreviated TV App v1.0\_signed.pdf</a>

Hash

2895ED217FC3D412B3315044200590BC739BA4E78581A0F2039DFA1D806B98F0

MIME-Type

application/pdf

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-SUM (Individual Unit Summary)

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

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.

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 John Larkin, the owner of the STEERS account ER066941.
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 New.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER OPERATOR Signature: John Larkin OWNER OPERATOR

Account Number:

ER066941

Signature IP Address:

209.11.178.20

Signature Date:

2025-06-12

Signature Hash:

6709D9DBF7F87137CA947E637E4345E79655136DA788A4B749F214D1CDE5FB77

Form Hash Code at time of Signature:

CA9C2971E0B6410FD8FB8640BFD5E5B9E16A2F3D3F7E39CC13B09C4C68BFA436

## Submission

Reference Number:

The application reference number is 791511

Submitted by:

The application was submitted by ER066941/John Larkin

Submitted Timestamp:

The application was submitted on 2025-06-12 at 17:18:03 CDT

Submitted From:

The application was submitted from IP address 209.11.178.20

Confirmation Number:

The confirmation number is 658659

Steers Version:

The STEERS version is 6.91

## Additional Information

Application Creator: This account was created by Brittany Crutchfield