

Texas Commission on Environmental Quality

Title V Existing

1240

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	INGLESIDE CHEMICAL PLANT
County	SAN PATRICIO
Latitude (N) (##.#####)	27.880833
Longitude (W) (-###.#####)	97.244166
Primary SIC Code	2812
Secondary SIC Code	
Primary NAICS Code	325180
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100211176
What is the name of the Regulated Entity (RE)?	OXYCHEM INGLESIDE PLANT
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	TWO MILES WEST OF HWY 1069 ON HWY 361
City	GREGORY
State	TX
ZIP	78359
County	SAN PATRICIO
Latitude (N) (##.#####)	27.880833
Longitude (W) (-###.#####)	-97.244166
Facility NAICS Code	
What is the primary business of this entity?	

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN600125256
Type of Customer	Corporation
Full legal name of the applicant:	

Legal Name	Occidental Chemical Corporation
Texas SOS Filing Number	1889306
Federal Tax ID	160484732
State Franchise Tax ID	11604847324
State Sales Tax ID	
Local Tax ID	
DUNS Number	61805003
Number of Employees	21-100
Independently Owned and Operated?	

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	OCCIDENTAL CHEMICAL CORPORATION
Prefix	MR
First	TODD
Middle	
Last	BEHNE
Suffix	
Credentials	
Title	PLANT MANAGER
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX CC
Routing (such as Mail Code, Dept., or Attn:)	
City	INGLESIDE
State	TX
ZIP	78362
Phone (###-###-####)	3617766310
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	todd_behne@oxy.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

Anna Longnecker

Prefix

MS

First

Anna

Middle

Last

Longnecker

Suffix

Credentials

Title

Environmental Engineer

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

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

PO BOX CC

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

City

INGLESIDE

State

TX

ZIP

78362

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

3617766058

Extension

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

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

E-mail

Anna_Longnecker@oxy.com

Title V General Information - Existing

1) Permit Type:

SOP

2) Permit Latitude Coordinate:

27 Deg 52 Min 51 Sec

3) Permit Longitude Coordinate:

97 Deg 14 Min 39 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)

[File Properties]

File Name

OP_1_OCC Form OP-1 061625.pdf

Hash

B3E1879FA303AD4A25B7F1CB8226A6AFCBC2A50371C227F8F85F24AC4B07FB44

MIME-Type

application/pdf

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

[File Properties]

File Name

OP_2_OCC Form OP-2 061625.pdf

Hash

27ABCE53F6BEF7BB35E95D34033CC20E8D1C4364215EF59AD0D1F5F11851678C

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)

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 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 Todd J Behne, the owner of the STEERS account ER055562.
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 1240.
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: Todd J Behne OWNER OPERATOR

Account Number: ER055562

Signature IP Address: 134.231.156.60

Signature Date: 2025-06-16

Signature Hash: 3E5970DB147AAC234D06E75B91ACB0FE81FAB7992D5BA05FB87B2C0E7BAECEE8

Form Hash Code at time of Signature: 4E033FFD51439900C5BF11F9755C402D35D7361705E9BF781FA6FEE4F75A4E4B

Submission

Reference Number:

The application reference number is 793705

Submitted by:

The application was submitted by ER055562/Todd J Behne

Submitted Timestamp:

The application was submitted on 2025-06-16 at 13:12:24 CDT

Submitted From:

The application was submitted from IP address 134.231.156.60

Confirmation Number:

The confirmation number is 659158

Steers Version:

The STEERS version is 6.91

Permit Number:

The permit number is 1240

Additional Information

Application Creator: This account was created by Stuart L Keil

**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: Occidental Chemical Corporation
B.	Customer Reference Number (CN): CN 600125256
C.	Submittal Date (mm/dd/yyyy): 06/16/2025
II. Site Information	
A.	Site Name: Ingleside Plant
B.	Regulated Entity Reference Number (RN): RN 100211176
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 type="checkbox"/> SO ₂ <input checked="" type="checkbox"/> PM ₁₀ <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input checked="" type="checkbox"/> HAPS
Other: GHG	
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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No
E. Has the required Public Involvement Plan been included with this application? <input 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: Todd J. Behne
RO Title: Plant Manager
Employer Name: Occidental Chemical Corporation
Mailing Address: P.O. Box CC
City: Ingleside
State: TX
ZIP Code: 78362
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 361-776-6310
Fax No.:
Email: Todd_Behne@oxy.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 type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Anna Longnecker
Technical Contact Title: Environmental Engineer
Employer Name: Occidental Chemical Corporation
Mailing Address: P.O. Box CC
City: Ingleside
State: TX
ZIP Code: 78362
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 361-776-6058
Fax No.:
Email: Anna_Longnecker@oxy.com
VIII. Reference Only Requirements <i>(For reference only.)</i>
A. State Senator: Judith Zaffirini, District 21
B. State Representative: Todd Hunter, District 32
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. Indicate the alternate language(s) in which public notice is required: Spanish

**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:
B. Physical Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
C. Physical Location:
D. Contact Name Prefix: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Contact Full Name:
E. Telephone No.:
X. Application Area Information
A. Area Name: Ingleside Plant
B. Physical Address:
City:
State:
ZIP Code:
C. Physical Location: Two miles west of Hwy 1069 on Hwy 71
D. Nearest City: Gregory
E. State: TX
F. ZIP Code: 78359

**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): 27.880833
H. Longitude (nearest second): -97.244166
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: 70
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: Bell Whittington Public Library
B. Physical Address: 2400 Memorial Parkway
City: Portland
ZIP Code: 78374
C. Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Contact Person Full Name: Anna Longnecker
Contact Mailing Address: P.O. Box CC
City: Ingleside
State: TX
ZIP Code: 78362
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 361-776-6058

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

Date: 06/16/2025	
Permit No.: O1240	
Regulated Entity No.: 100211176	
Company Name: Occidental Chemical Corporation	
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: GHG

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: 06/16/2025
Permit No.: O1240
Regulated Entity No.: 100211176
Company Name: Occidental Chemical Corporation

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

Revision No.	Revision Code		Unit/Group	Process	NSR Authorization	Description of Change and Provisional Terms and Conditions
		New Unit	ID No.	Applicable Form		
1	MS-A	NO	304	NA	Std Permit 6001 (effective date 02/09/2011)	The replacement of the existing Elephant Trunk Scrubber, Unit ID No. 304, will be authorized by a Non-Rule Standard Permit No. 6001. The replacement scrubber will not result in changes to the unique attributes for any sources on the permit. Therefore, no substantive changes to the permit are needed. However, the New Source Review Authorization References Table needs to be updated to identify this new Non-Rule Standard Permit.