From: <u>TVAPPS</u>

To: Rosa Mora-Nichols

Cc: APIRT

Subject: FW: STEERS / TV 38507 / 4779 - Initial - NAVSTAR SAN ANTONIO MANUFACTURING - 798748

**Date:** Thursday, July 10, 2025 1:12:13 PM

Sean Wheeler Business Support Section Process Coordinator Air Permits Division | TCEQ 512-239-2253 | Sean.Wheeler@tceq.texas.gov

----Original Message-----

From: steers@tceq.texas.gov <steers@tceq.texas.gov>

Sent: Thursday, July 10, 2025 10:49 AM

To: RFCAIR13 <a href="mailto:RFCAIR13@tceq.texas.gov">RFCAIR13@tceq.texas.gov</a>; kyle.cunningham@sanantonio.gov; TVAPPS

<tvapps@tceq.texas.gov>

Subject: STEERS Title V Application Submittal (New Application)

The TV-N application has been successfully submitted by Fabricio Babler. The submittal was received at 07/10/2025 10:48 AM.

The Reference number for this submittal is 798748

The confirmation number for this submittal is 663790.

The Area ID for this submittal is 4779.

The Project ID for this submittal is 38507.

The hash code for this submittal is

5E9570CB3CA5676E90277CFAE488AB1EF6031359690310B8260C4CBD476B3C74.

You may access the original application submittal and the notice of final action documents from the COR Viewer which is available at <a href="https://ida.tceq.texas.gov/steersstaff/index.cfm?">https://ida.tceq.texas.gov/steersstaff/index.cfm?</a> 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.

## 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: Navistar San Antonio Manufacturing, LLC   |
| B.    | Customer Reference Number (CN): CN 605774488  |
| C.    | Submittal Date (mm/dd/yyyy): 07/10/2025   |
| II.   | Site Information  |
| A.    | Site Name: Navistar San Antonio Manufacturing   |
| B.    | Regulated Entity Reference Number (RN): RN 111030250  |
| C.    | Indicate affected state(s) required to review permit application: (Check the appropriate box[es].)                                      |
| Δ     | R CO KS LA NM OK N/A  |
| D.    | Indicate all pollutants for which the site is a major source based on the site's potential to emit: (Check the appropriate box[es].)    |
| X V   | $OC \qquad \square \ NO_X \qquad \square \ SO_2 \qquad \square \ PM_{10} \qquad \square \ CO \qquad \square \ Pb \qquad \square \ HAPS$ |
| Other |   |
| E.    | Is the site a non-major source subject to the Federal Operating Permit Program?   |
| F.    | Is the site within a local program area jurisdiction?   |
| G.    | Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? ☐ Yes ☒ No   |
| H.    | Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging: N/A   |
| III.  | Permit Type   |
| Α.    | Type of Permit Requested: (Select only one response)  |
| X Si  | ite Operating Permit (SOP)  |

## Federal Operating Permit Program Site Information Summary Form OP-1 (Page 2)

| IV.                                     | Initial Application Information (Complete for Initial Issuance Applications Only.)  |                  |
|---|---|------------------|
| A.                                      | Is this submittal an abbreviated or a full application?   | Abbreviated Full |
| B.                                      | If this is a full application, is the submittal a follow-up to an abbreviated application?  | Yes No           |
| C.                                      | If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?  | ☐ Yes 🔀 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.) | ? X Yes No       |
| E.                                      | Has the required Public Involvement Plan been included with this application?   | X Yes No         |
| V.                                      | Confidential Information  |                  |
| A.                                      | Is confidential information submitted in conjunction with this application?   | ☐ Yes 🗙 No       |
| VI.                                     | Responsible Official (RO) Identifying Information   |                  |
| RO N                                    | Name Prefix: (X Mr. Mrs. Ms. Dr.)   |                  |
| RO F                                    | rull Name: Fabricio Babler  |                  |
| RO T                                    | Citle: Plant Manager  |                  |
| Employer Name: International Motors LLC |   |                  |
| Maili                                   | ing Address: 14607 S HWY 281  |                  |
| City:                                   | San Antonio   |                  |
| State                                   | : Texas   |                  |
| ZIP (                                   | Code: 78221   |                  |
| Territory:                              |   |                  |
| Country: United States of America       |   |                  |
| Foreign Postal Code:                    |   |                  |
| Inter                                   | nal Mail Code:  |                  |
| Telep                                   | phone No.: (331) 998-3227   |                  |
| Fax No.:                                |   |                  |
| Emai                                    | l: Fabricio.Babler@international.com  |                  |

## Federal Operating Permit Program Site Information Summary Form OP-1 (Page 3)

| VII. Technical Contact Identifying Information (Complete if different from RO.)                                     |
|---|
| Technical Contact Name Prefix: ( Mr. Mrs. Ms. Dr.)  |
| Technical Contact Full Name: Kate Hauer   |
| Technical Contact Title: Environmental Specialist Lead  |
| Employer Name: International Motors LLC   |
| Mailing Address: 14607 S HWY 281  |
| City: San Antonio   |
| State: Texas  |
| ZIP Code: 78221   |
| Territory:  |
| Country: United States of America   |
| Foreign Postal Code:  |
| Internal Mail Code:   |
| Telephone No.: (201) 870-3134   |
| Fax No.:  |
| Email: Kate.Hauer@international.com   |
| VIII. Reference Only Requirements (For reference only.)   |
| A. State Senator: Senator Roland Gutierrez  |
| B. State Representative: Representative John Lujan  |
| C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)?   Yes No N/A |
| <b>D.</b> Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?    ✓ Yes ☐ 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)

| IX.    | Off-Site Permit Request (Optional for applicants requesting to hold the FOP and records at an off-site location.) |
|--------|---|
| A.     | Office/Facility Name:   |
| В.     | Physical Address:   |
| City:  |   |
| State: |   |
| ZIP C  | Code:   |
| Territ | ory:  |
| Coun   | try:  |
| Foreig | gn Postal Code:   |
| C.     | Physical Location:  |
|        |   |
|        |   |
|        |   |
| D.     | Contact Name Prefix: ( Mr. Mrs. Dr.)  |
| Conta  | act Full Name:  |
| E.     | Telephone No.:  |
| X.     | Application Area Information  |
| A.     | Area Name: Navistar San Antonio Medium and Heavy Duty Vehicle Assembly Plant                                      |
| В.     | Physical Address: 14607 S HWY 281   |
| City:  | San Antonio   |
| State: | Texas   |
| ZIP C  | Code: 78221   |
| C.     | Physical Location:  |
|        |   |
|        |   |
|        |   |
| D.     | Nearest City:   |
| Е.     | State:  |
| F.     | ZIP Code:   |

## Federal Operating Permit Program Site Information Summary Form OP-1 (Page 5)

| X.     | Application Area Information (continued)  |
|--------|---|
| G.     | Latitude (nearest second): 29.276340  |
| Н.     | Longitude (nearest second): -98.473982  |
| 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?  Yes No |
| J.     | Indicate the estimated number of emission units in the application area: 29 EPNs or 37 FINs   |
| K.     | Are there any emission units in the application area subject to the Acid Rain Program?  |
| 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: Cortez Library   |
| В.     | Physical Address: 2803 Hunter Blvd.   |
| City:  | San Antonio   |
| ZIP (  | Code: 78224   |
| C.     | Contact Person (Someone who will answer questions from the public during the public notice period):   |
| Conta  | act Name Prefix: ( Mr. Mrs. Ms. Dr.):   |
| Conta  | act Person Full Name: Kate Hauer  |
| Conta  | act Mailing Address: 14607 S HWY 281  |
| City:  | San Antonio   |
| State  | : Texas   |
| ZIP (  | Code: 78221   |
| Territ | tory:   |
| Coun   | try: United States of America   |
| Forei  | gn Postal Code:   |
| Interr | nal Mail Code:  |
| Telep  | phone No.: (201) 870-3134   |

# Federal Operating Permit Program Site Information Summary Form OP-1 (Page 6)

| XII. Delinquent Fees and Penalties  |
|---|
| <b>Notice:</b> 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: ( Mr. Mrs. 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**

**PRINT FORM** 

**RESET FORM** 

### **Texas Commission on Environmental Quality**

Title V New

Navistar San Antonio Manufacturing

Yes

### Site Information (Regulated Entity)

What is the name of the permit area to be

authorized?

Does the site have a physical address?

**Physical Address** 

Number and Street 14607 S US HIGHWAY 281

SAN ANTONIO City

State TX ZIP 78221 **BEXAR** County Latitude (N) (##.#####) 29.27634 Longitude (W) (-###.#####) -98.473982 Primary SIC Code 3711

Secondary SIC Code

Primary NAICS Code 336120

Secondary NAICS Code

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)? RN111030250

What is the name of the Regulated Entity (RE)? NAVISTAR SAN ANTONIO MANUFACTURING

Does the RE site have a physical address? Yes

Physical Address

Number and Street 14607 S US HIGHWAY 281

SAN ANTONIO City

State TX ZIP 78221 **BEXAR** County 29.275466 Latitude (N) (##.#####) Longitude (W) (-###.#####) -98.479145 336120 Facility NAICS Code

What is the primary business of this entity? HEAVY DUTY VEHICLE MANUFACTURING

## **Customer (Applicant) Information**

How is this applicant associated with this site? Owner Operator CN605774488 What is the applicant's Customer Number

(CN)?

Type of Customer

Full legal name of the applicant:

Legal Name Navistar San Antonio Manufacturing LLC

Corporation

Texas SOS Filing Number 803438407 Federal Tax ID 843250405

State Franchise Tax ID 32072150934 State Sales Tax ID

Local Tax ID

**DUNS Number** 

Number of Employees 501+ Independently Owned and Operated? No

## Responsible Official Contact

Person TCEQ should contact for questions

about this application:

Organization Name International Motor LLC

Prefix MR
First Fabricio

Middle

Last Babler

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 14607 S US HIGHWAY 281

applicable)

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

City SAN ANTONIO

 State
 TX

 ZIP
 78221

 Phone (###-###)
 3319983227

Extension

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

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

E-mail Fabricio.Babler@international.com

#### **Technical Contact**

Person TCEQ should contact for questions

about this application:

Same as another contact?

Organization Name International Motors LLC

Prefix MS
First Kate

Middle

Last Hauer

Suffix

Credentials

Title Environmental Specialist Lead

Enter new address or copy one from list:

Mailing Address

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if 14607 S US HIGHWAY 281

applicable)

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

City SAN ANTONIO

State TX ZIP 78221

Phone (###-####) 2108703134

Extension

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

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

E-mail Kate.Hauer@international.com

#### Title V General Information - New

1) Permit Latitude Coordinate: 29 Deg 16 Min 35 Sec

2) Permit Longitude Coordinate: 98 Deg 28 Min 26 Sec

3) Is this submittal a new application or an New Application update to an existing application?

3.1. What type of Federal Operating Permit are SOP you applying for?

3.2. Is this submittal an abbreviated or a full Abbreviated

3.3. Is this application for a portable facility?

No

3.4. Is the site a non-major source subject to No the Federal Operating Permit Program?

3.5. Are there any permits that should be No voided upon issuance of this permit application

through permit conversion?

3.6. Are there any permits that should be No voided upon issuance of this permit application

through permit consolidation?
4) Does this application include Acid Rain

No

requirements?

application?

#### Title V Attachments New

Attach OP-1 (Site Information Summary)

Program or Cross-State Air Pollution Rule

[File Properties]

File Name <a href=/ePermitsExternal/faces/file? fileId=268278>OP 1 Form OP-

1\_Navistar\_TV\_July 2025.pdf</a>

Hash F2E5E6089DCB93ACA1FC717E888652D9278AD08FD7F17E13A29F83DACE760EB0

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.

[File Properties]

File Name <a href=/ePermitsExternal/faces/file?

fileId=268279>Abbreviated Title V
Application\_Navistar\_July 2025.pdf</a>

Hash DB14758EA539AD0F0C3350AB521316D54925F45641E836B35577D5B5FAE982B8

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 Fabricio R Babler, the owner of the STEERS account ER111869.
- 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 enforcemer 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 TCEC

#### OWNER OPERATOR Signature: Fabricio R Babler OWNER OPERATOR

Account Number: ER111869
Signature IP Address: 170.85.98.188
Signature Date: 2025-07-10

 Signature Hash:
 B16882917DABBF0ED60942DB6A0C24FCEF85203AD48A8EDAAD009C50AA6C68CE

 Form Hash Code at
 5E9570CB3CA5676E90277CFAE488AB1EF6031359690310B8260C4CBD476B3C74

time of Signature:

## Submission

Reference Number: The application reference number is 798748

Submitted by: The application was submitted by ER111869/Fabricio R Babler

Submitted Timestamp: The application was submitted on 2025-07-10

at 10:48:24 CDT

Submitted From: The application was submitted from IP address

170.85.98.188

Confirmation Number: The confirmation number is 663790

Steers Version: The STEERS version is 6.92

## **Additional Information**

Application Creator: This account was created by Amy L Lawson



Air Permits Division Air Permits Initial Review Team (APIRT) Texas Commission on Environmental Quality (TCEQ) MC-161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753

Date: July 10, 2025

Subject: Title V Site Operating Permit - Initial Issuance Application

Navistar San Antonio Manufacturing LLC San Antonio, Bexar County, Texas TCEQ Account Number: BGA033G

Customer Reference Number: CN605774488 Regulated Entity Number: RN111030250 Arcadis U.S., Inc. 1330 Post Oak Blvd. Suite 2250 Houston, TX 77056 United States Phone: 713 953 4800

www.arcadis.com

TX Engineering License # F-533 TX Geoscientist License # 50158

#### To Whom It May Concern:

On behalf of Navistar San Antonio Manufacturing LLC (Navistar), Arcadis U.S., Inc. (Arcadis) submits this abbreviated initial Title V application in accordance with 30 Texas Administrative Code (TAC) Chapter 122 for the Navistar San Antonio, Texas facility. At this facility, Navistar operates a medium/heavy-duty truck assembly plant under the authority of TCEQ New Source Review (NSR) Permit No. 161083 and various Permits by Rule. In accordance with 30 TAC § 122.130 and TCEQ's Site Operating Permit (SOP) Form OP-1 (Site Information Summary), this abbreviated application must include Form OP-1, Form OP-CRO1 (Certification by Responsible Official), and the TCEQ Core Data Form. Because this abbreviated application is for a new permit, it also contains the TCEQ's Public Involvement Plan (PIP) Form which is intended to provide an applicant and the agency with information to determine if additional public outreach is necessary or beneficial.

Navistar became a major source when the 2015 Eight-Hour Ozone Standard Designation of Bexar County was changed to Serious Nonattainment effective July 22, 2024. The facility currently has a voluntary pollution control project underway that will add a Regenerative Thermal Oxidizer (RTO) to the chassis coating line. This project is in the final design phase. Navistar plans to submit a Pollution Control Standard Permit later this summer to authorize installation of the RTO and once approved Navistar will roll this Standard Permit into NSR Permit No. 161083. Once operational, the addition of the RTO will reduce volatile organic compound (VOC) emissions at the facility below the major source threshold of 50 tons, making the facility once again a minor source and no longer applicable to 30 TAC Chapter 122. Navistar anticipates the installation of the RTO in the first quarter of 2026 and issuance of a Title V permit will not be needed.

APIRT TCEQ July 10, 2025

If you have any questions or comments, please contact either Ms. Kate Hauer of Navistar at (210) 870-3134 or me at (832) 212-8401.

Sincerely,

Arcadis U.S., Inc.



North American Air & Noise Community of Practice Leader

Email: Amy.Lawson@arcadis.com

amy Lawson

Mobile: (832) 212-8401

CC. TCEQ Region 13, San Antonio (submitted electronically through STEERS)

City of San Antonio (submitted electronically through STEERS)

EPA Region 6 (submitted electronically to R6AirPermitsTX@epa.gov)

Kate Hauer, International

Suchismita Bose, International

Liz Carson, Arcadis

#### **Enclosures:**

Form OP-1

Form OP-CRO1

Core Data Form

PIP Form

## 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: Navistar San Antonio Manufacturing, LLC  |
| В.    | Customer Reference Number (CN): CN 605774488   |
| C.    | Submittal Date (mm/dd/yyyy): 07/10/2025  |
| II.   | Site Information   |
| A.    | Site Name: Navistar San Antonio Manufacturing  |
| B.    | Regulated Entity Reference Number (RN): RN 111030250   |
| C.    | Indicate affected state(s) required to review permit application: (Check the appropriate box[es].)                                   |
| Δ     | R CO KS LA NM OK N/A   |
| D.    | Indicate all pollutants for which the site is a major source based on the site's potential to emit: (Check the appropriate box[es].) |
| X V   | $OC  \square \ NO_X  \square \ SO_2  \square \ PM_{10}  \square \ CO  \square \ Pb  \square \ HAPS$                                  |
| Other | r:   |
| E.    | Is the site a non-major source subject to the Federal Operating Permit Program? ☐ Yes ☒ No   |
| F.    | Is the site within a local program area jurisdiction?  |
| G.    | Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? ☐ Yes ☒ No  |
| H.    | Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging: N/A  |
| III.  | Permit Type  |
| Α.    | Type of Permit Requested: (Select only one response)   |
| X Si  | ite Operating Permit (SOP)   |

## Federal Operating Permit Program Site Information Summary Form OP-1 (Page 2)

| IV.                                     | Initial Application Information (Complete for Initial Issuance Applications Only.)  |                            |
|---|---|----------------------------|
| A.                                      | Is this submittal an abbreviated or a full application?   | Abbreviated Full           |
| B.                                      | If this is a full application, is the submittal a follow-up to an abbreviated application?  | Yes No                     |
| C.                                      | If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?  | ☐ Yes 🔀 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.) | ? X Yes \( \subseteq \) No |
| E.                                      | Has the required Public Involvement Plan been included with this application?   | X Yes No                   |
| V.                                      | Confidential Information  |                            |
| A.                                      | Is confidential information submitted in conjunction with this application?   | ☐ Yes 🔀 No                 |
| VI.                                     | Responsible Official (RO) Identifying Information   |                            |
| RO N                                    | Name Prefix: (X Mr. Mrs. Ms. Dr.)   |                            |
| RO F                                    | ull Name: Fabricio Babler   |                            |
| RO T                                    | itle: Plant Manager   |                            |
| Employer Name: International Motors LLC |   |                            |
| Mailing Address: 14607 S HWY 281        |   |                            |
| City:                                   | San Antonio   |                            |
| State                                   | : Texas   |                            |
| ZIP (                                   | Code: 78221   |                            |
| Territory:                              |   |                            |
| Country: United States of America       |   |                            |
| Foreign Postal Code:                    |   |                            |
| Interi                                  | nal Mail Code:  |                            |
| Telep                                   | phone No.: (331) 998-3227   |                            |
| Fax No.:                                |   |                            |
| Emai                                    | l: Fabricio.Babler@international.com  |                            |

### Federal Operating Permit Program Site Information Summary Form OP-1 (Page 3)

# Federal Operating Permit Program Site Information Summary Form OP-1 (Page 4)

| IX.    | Off-Site Permit Request (Optional for applicants requesting to hold the FOP and records at an off-site location.) |
|--------|---|
| Α.     | Office/Facility Name:   |
| В.     | Physical Address:   |
| City:  |   |
| State: |   |
| ZIP C  | Code:   |
| Territ | ory:  |
| Coun   | try:  |
| Foreig | gn Postal Code:   |
| C.     | Physical Location:  |
|        |   |
|        |   |
|        |   |
| D.     | Contact Name Prefix: ( Mr. Mrs. Dr.)  |
| Conta  | act Full Name:  |
| E.     | Telephone No.:  |
| X.     | Application Area Information  |
| A.     | Area Name: Navistar San Antonio Medium and Heavy Duty Vehicle Assembly Plant                                      |
| В.     | Physical Address: 14607 S HWY 281   |
| City:  | San Antonio   |
| State: | Texas   |
| ZIP C  | Code: 78221   |
| C.     | Physical Location:  |
|        |   |
|        |   |
|        |   |
| D.     | Nearest City:   |
| Е.     | State:  |
| F.     | ZIP Code:   |

## Federal Operating Permit Program Site Information Summary Form OP-1 (Page 5)

| X.     | Application Area Information (continued)  |
|--------|---|
| G.     | Latitude (nearest second): 29.276340  |
| Н.     | Longitude (nearest second): -98.473982  |
| 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?  Yes No |
| J.     | Indicate the estimated number of emission units in the application area: 29 EPNs or 37 FINs   |
| K.     | Are there any emission units in the application area subject to the Acid Rain Program?  |
| 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: Cortez Library   |
| В.     | Physical Address: 2803 Hunter Blvd.   |
| City:  | San Antonio   |
| ZIP (  | Code: 78224   |
| C.     | Contact Person (Someone who will answer questions from the public during the public notice period):   |
| Conta  | act Name Prefix: ( Mr. Mrs. Ms. Dr.):   |
| Conta  | act Person Full Name: Kate Hauer  |
| Conta  | act Mailing Address: 14607 S HWY 281  |
| City:  | San Antonio   |
| State  | : Texas   |
| ZIP (  | Code: 78221   |
| Territ | tory:   |
| Coun   | try: United States of America   |
| Forei  | gn Postal Code:   |
| Interr | nal Mail Code:  |
| Telep  | phone No.: (201) 870-3134   |

# Federal Operating Permit Program Site Information Summary Form OP-1 (Page 6)

| XII. Delinquent Fees and Penalties  |
|---|
| <b>Notice:</b> 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: ( Mr. Mrs. 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**

**PRINT FORM** 

**RESET FORM** 

# 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: RN111030250                                 |   |
| CN: CN605774488                                 |   |
| Account No.: BGA033G                            |   |
| Permit No.: TBD                                 |   |
| Project No.: TBD                                |   |
| Area Name: Navistar San Antonio Medium and Hea  | vy Duty Vehicle Assembly Plant                    |
| Company Name: Navistar San Antonio Manufacturi  | ng, LLC   |
| II. Certification Type (Please mark appropria   | te box)   |
| ■ Responsible Official Representative           | Duly Authorized Representative                    |
| III. Submittal Type (Please mark appropriate if | box) (Only one response can be accepted per form) |
| SOP/TOP Initial Permit Application              | Permit Revision, Renewal, or Reopening            |
| GOP Initial Permit Application                  | Update to Permit Application                      |
| 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 des                                       | ignated by TCEQ as in   | formation for reference only. |  |
| I,_Fabricio Babler   | certify that   | I am the Responisible ( | Official (RO)                 |  |
| (Certifier Name prin   | ed or typed)   |                         | (RO or DAR)                   |  |
| and that, based on information and be<br>the time period or on the specific date<br>Note: Enter Either a Time Period or a<br>certification is not valid without docu | e(s) below, are true, accurate<br>Specific Date(s) for each ce | e, and complete:        | ·                             |  |
| Time Period: From  | tc   | )                       |                               |  |
|  | (Start Date) (End Date)  |                         |                               |  |
| Specific Dates: <u>07/10/2025</u>  |  |                         |                               |  |
| (Date 1)   | (Date 2)   | (Date 3)                | (Date 4)                      |  |
| (Date 5)   |  | (Date 6)                |                               |  |
| Signature:   |  | Signature Date:         | 7/10/25                       |  |
| Plant Manager Title:   |  |                         |                               |  |



## **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.)

| Renewal (Core Data Form should be submitted with the renewal form) |   |   |                               |  |                                 |                            |  |
|--|---|---|-------------------------------|--|---------------------------------|----------------------------|--|
| 2. Customer Re<br>CN 605774488                                     | eference Number (if issued)                           | Follow this link to search for CN or RN numbers in Central Registry** | 1                             | 3. Regulated Entity Reference Number (if issued)  RN 111030250 |                                 |                            |  |
|  | II: Customer  |   |                               |  |                                 |                            |  |
| 4. General Cust  | tomer Information                                     | 5. Effective Date for Customer In                                     | tormation                     | <b>Updates</b> (mm/dd/   | уууу)                           |                            |  |
| New Custome  | er 🔲 l  | Jpdate to Customer Information  | Char                          | nge in Regulated Ent   | ity Owne                        | ership                     |  |
| ☐Change in Leg   | al Name (Verifiable with the Te                       | exas Secretary of State or Texas Comptro                              | ller of Public                | Accounts)  |                                 |                            |  |
|  | Name submitted here may<br>Comptroller of Public Acco | be updated automatically based of<br>unts (CPA).                      | n what is c                   | urrent and active  | with th                         | e Texas Secretary of State |  |
| 6. Customer Le   | gal Name (If an individual, pr                        | int last name first: eg: Doe, John)                                   |                               | If new Customer,   | enter pre                       | evious Customer below:     |  |
|  |   |   |                               |  |                                 |                            |  |
|  |   |   |                               |  |                                 |                            |  |
| 7. TX SOS/CPA  | Filing Number   |   | 9. Federal Tax ID  (9 digits) |  | 10. DUNS Number (if applicable) |                            |  |
|  |   |   |                               |  | 1                               |                            |  |
| 11. Type of Cus  | stomer: Corpora                                       | ation   | ☐ Individ                     | lual   | Partne                          | rship: 🔲 General 🔲 Limited |  |
| Government: 🔲  | City County Federal                                   | Local State Other   | Sole P                        | roprietorship  | Otl                             | ner:                       |  |
| 12. Number of  | Employees   |   |                               | 13. Independer   | ntly Ow                         | ned and Operated?          |  |
| 0-20 21  | -100 🗌 101-250 📗 251                                  | -500  |                               | ☐ Yes  | □ No                            |                            |  |
|  | <b>Role</b> (Proposed or Actual) – <i>as</i>          | it relates to the Regulated Entity listed o                           | n this form.                  | Please check one of  | the follo                       | wing                       |  |
| 14. Customer F   |   | Owner & Operator  |                               | Other:   |                                 |                            |  |
| 14. Customer F  Owner  Occupational                                | ☐ Operator Licensee ☐ Responsible Pa                  | ·   |                               |  |                                 |                            |  |
| Owner Occupational   | <u> </u>  |   |                               |  |                                 |                            |  |
| Owner  | <u> </u>  |   |                               |  |                                 |                            |  |
| Owner Occupational  15. Mailing Address:                           | Licensee Responsible Pa                               | arty VCP/BSA Applicant  | 1                             |  |                                 |                            |  |
| Owner Occupational  15. Mailing Address:                           | <u> </u>  |   | ZIP                           |  |                                 | ZIP + 4                    |  |

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| ( ) -   |                                   |                    |                        |                           | '                | ( ) -                 |  |                 |  |
|---|-----------------------------------|--------------------|------------------------|---------------------------|------------------|-----------------------|--|-----------------|--|
| ECTION III:   | Regula                            | ated Ent           | ity Inforr             | nation                    | 1                |                       |  |                 |  |
| 21. General Regulated Er  | ntity Informa                     | ition (If 'New Reg | ulated Entity" is sele | cted, a new p             | ermit applicatio | on is also required.) |  |                 |  |
| ☐ New Regulated Entity  | Update to                         | Regulated Entity   | Name 🔲 Update          | to Regulated              | Entity Informati | ion                   |  |                 |  |
| The Regulated Entity Nai<br>as Inc, LP, or LLC).                                  | me submitte                       | d may be updat     | ted, in order to me    | eet TCEQ Cor              | re Data Stand    | ards (removal of o    | rganization                              | al endings such |  |
| 22. Regulated Entity Nan  | <b>ne</b> (Enter nam              | e of the site wher | e the regulated actio  | on is taking plo          | ace.)            |                       |  |                 |  |
| 23. Street Address of   |                                   |                    |                        |                           |                  |                       |  |                 |  |
| the Regulated Entity:   |                                   |                    |                        |                           |                  |                       |  |                 |  |
| (No PO Boxes)   | City                              |                    | State                  |                           | ZIP              |                       | ZIP + 4                                  |                 |  |
| 24. County  |                                   | 1                  | 1                      |                           |                  |                       |  | 1               |  |
|   | •                                 | If no Stree        | et Address is provi    | ided, fields 2            | 25-28 are requ   | uired.                |  |                 |  |
| 25. Description to  |                                   |                    |                        |                           |                  |                       |  |                 |  |
| Physical Location:  |                                   |                    |                        |                           |                  |                       |  |                 |  |
| 26. Nearest City  |                                   |                    |                        |                           | 9                | State                 | Nea                                      | rest ZIP Code   |  |
| Latitude/Longitude are r<br>used to supply coordinat<br>27. Latitude (N) In Decim | es where no                       |                    |                        | accuracy).                | Data Standara    |                       | he Physical                              | Address may be  |  |
| Degrees   |                                   |                    | Seconds                | Degrees                   |                  | Minutes               |  | Seconds         |  |
| 0   |                                   |                    |                        | 8                         |                  |                       |  |                 |  |
| 29. Primary SIC Code (4 digits)   | 30. Secondary SIC Code (4 digits) |                    | Code                   | 31. Prima<br>(5 or 6 digi | ry NAICS Code    | 5                     | 32. Secondary NAICS Code (5 or 6 digits) |                 |  |
| 33. What is the Primary I   | Business of t                     | his entity? (Do    | o not repeat the SIC ( | or NAICS descr            | ription.)        |                       |  |                 |  |
|   |                                   |                    |                        |                           |                  |                       |  |                 |  |
| 34. Mailing   | -                                 |                    |                        |                           |                  |                       |  |                 |  |
| Address:  | City                              |                    | State                  |                           | ZIP              |                       | ZIP + 4                                  |                 |  |
| 35. E-Mail Address:   |                                   |                    |                        |                           |                  |                       |  |                 |  |
|   |                                   |                    |                        |                           |                  |                       |  |                 |  |
| 36. Telephone Number  |                                   |                    | 37. Extension or       | Code                      | 38. Fax          | Number (if applica    | ble)                                     |                 |  |

19. Extension or Code

20. Fax Number (if applicable)

18. Telephone Number

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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. ☐ Dam Safety Edwards Aquifer ☐ Industrial Hazardous Waste Districts Emissions Inventory Air ☐ New Source ■ Municipal Solid Waste OSSF Petroleum Storage Tank ☐ PWS Review Air Tires ☐ Sludge Storm Water Title V Air Used Oil **Initial Application** ☐ Voluntary Cleanup ■ Wastewater ■ Wastewater Agriculture ☐ Water Rights Other: **SECTION IV: Preparer Information** 40. Name: Kate Hauer 41. Title: **Environmental Specialist Lead** 42. Telephone Number 43. Ext./Code 44. Fax Number 45. E-Mail Address (210)870-3134 ) Kate.Hauer@international.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. Company: Job Title: Plant Manager Navistar San Antonio Manufacturing LLC Name (In Print): Fabricio Babler Phone: (331)998-3227 Signature: Date: 7/10/2025

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## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

| Section 1. Preliminary Screening   |
|--|
| New Permit or Registration Application  New Activity – modification, registration, amendment, facility, etc. (see instructions)  |
| If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.   |
| Section 2. Secondary Screening   |
| Requires public notice,  Considered to have significant public interest, and  Located within any of the following geographical locations:  |
| <ul> <li>Austin</li> <li>Dallas</li> <li>Fort Worth</li> <li>Houston</li> <li>San Antonio</li> <li>West Texas</li> <li>Texas Panhandle</li> <li>Along the Texas/Mexico Border</li> <li>Other geographical locations should be decided on a case-by-case basis</li> </ul> |
| If all the above boxes are not checked, a Public Involvement Plan is not necessary.  Stop after Section 2 and submit the form.   |
|  |

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| Section 3. Application Information   |
|--|
| Type of Application (check all that apply):  |
| Air Initial Federal Amendment Standard Permit Title V  |
| Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire Radioactive Material Licensing Underground Injection Control |
| Water Quality  |
| Texas Pollutant Discharge Elimination System (TPDES)   |
| Texas Land Application Permit (TLAP)   |
| State Only Concentrated Animal Feeding Operation (CAFO)  |
| Water Treatment Plant Residuals Disposal Permit  |
| Class B Biosolids Land Application Permit  |
| Domestic Septage Land Application Registration   |
|  |
| Water Rights New Permit  |
| New Appropriation of Water   |
| New or existing reservoir  |
|  |
| Amendment to an Existing Water Right   |
| Add a New Appropriation of Water   |
| Add a New or Existing Reservoir  |
| Major Amendment that could affect other water rights or the environment  |
| Section 4. Plain Language Summary  |
| Provide a brief description of planned activities.   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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## Section 5. Community and Demographic Information Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools. Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information. (City) (County) (Census Tract) Please indicate which of these three is the level used for gathering the following information. Census Tract County (a) Percent of people over 25 years of age who at least graduated from high school (b) Per capita income for population near the specified location (c) Percent of minority population and percent of population by race within the specified location (d) Percent of Linguistically Isolated Households by language within the specified location (e) Languages commonly spoken in area by percentage (f) Community and/or Stakeholder Groups (g) Historic public interest or involvement

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| Section 6. Planned Public Outreach Activities   |
|---|
| (a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?   |
| Yes No  |
| (b) If yes, do you intend at this time to provide public outreach other than what is required by rule?  |
| Yes No  |
| If Yes, please describe.  |
|   |
| If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.  |
| (c) Will you provide notice of this application in alternative languages?  Yes No   |
| Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language. |
| If yes, how will you provide notice in alternative languages?   |
| Publish in alternative language newspaper   |
| Posted on Commissioner's Integrated Database Website  |
| Mailed by TCEQ's Office of the Chief Clerk  |
| Other (specify)   |
| (d) Is there an opportunity for some type of public meeting, including after notice?  |
| Yes No  |
| (e) If a public meeting is held, will a translator be provided if requested?  |
| Yes No  |
| (f) Hard copies of the application will be available at the following (check all that apply):   |
| TCEQ Regional Office TCEQ Central Office  |
| Public Place (specify)  |
| Section 7. Voluntary Submittal  |
| Section 7. Voluntary Submittal  |
| For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.   |
| Will you provide notice of this application, including notice in alternative languages?   |
| Yes No  |
| What types of notice will be provided?  |
| Publish in alternative language newspaper   |
| Posted on Commissioner's Integrated Database Website  |
| Mailed by TCEQ's Office of the Chief Clerk  |
| Other (specify)   |
|   |
|   |

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