

**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: <b>NuStar Logistics, L.P.</b>
B. Customer Reference Number (CN): <b>CN603180662</b>
C. Submittal Date (mm/dd/yyyy): <b>07/16/25</b>
<b>II. Site Information</b>
A. Site Name: <b>San Antonio Terminal East</b>
B. Regulated Entity Reference Number (RN): <b>RN102071131</b>
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 checked="" type="checkbox"/> VOC <input 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 checked="" type="checkbox"/> Yes <input 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)

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Texas Commission on Environmental Quality**

<b>IV. Initial Application Information</b> <i>(Complete for Initial Issuance Applications Only.)</i>
<b>A.</b> Is this submittal an abbreviated or a full application? <span style="float: right;"><input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Full</span>
<b>B.</b> If this is a full application, is the submittal a follow-up to an abbreviated application? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>C.</b> If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>D.</b> Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.) <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>E.</b> Has the required Public Involvement Plan been included with this application? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>V. Confidential Information</b>
<b>A.</b> Is confidential information submitted in conjunction with this application? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<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: <b>Robbie Fowler</b>
RO Title: <b>Sr. Director Operations</b>
Employer Name: <b>Sunoco LP</b>
Mailing Address: <b>2829 Texaco Rd.</b>
City: <b>Corpus Christi</b>
State: <b>Texas</b>
ZIP Code: <b>78402</b>
Territory:
Country: <b>USA</b>
Foreign Postal Code:
Internal Mail Code:
Telephone No.: <b>806-790-7514</b>
Fax No.:
Email: <b>Robbie.fowler@sunoco.com</b>

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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: <b>David Edge</b>
Technical Contact Title: <b>Manager Environmental</b>
Employer Name: <b>Sunoco LP</b>
Mailing Address: <b>2829 Texaco Rd.</b>
City: <b>Corpus Christi</b>
State: <b>Texas</b>
ZIP Code: <b>78402</b>
Territory:
Country: <b>USA</b>
Foreign Postal Code:
Internal Mail Code:
Telephone No.: <b>361-249-9446</b>
Fax No.:
Email: <b>David.edge@sunoco.com</b>
<b>VIII. Reference Only Requirements</b> <i>(For reference only.)</i>
<b>A.</b> State Senator: <b>Sen. Roland Gutierrez</b>
<b>B.</b> State Representative: <b>Rep. Barbara Gervin-Hawkins</b>
<b>C.</b> Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
<b>D.</b> Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>E.</b> Indicate the alternate language(s) in which public notice is required: <b>Spanish</b>

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

<b>IX. Off-Site Permit Request</b> <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.:
<b>X. Application Area Information</b>
A. Area Name: <b>San Antonio East Terminal</b>
B. Physical Address: <b>4719 Corner Parkway #2</b>
City: <b>San Antonio</b>
State: <b>Texas</b>
ZIP Code: <b>78219</b>
C. Physical Location:
D. Nearest City:
E. State:
F. ZIP Code:

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Form OP-1 (Page 5)  
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<b>X. Application Area Information (<i>continued</i>)</b>
<b>G.</b> Latitude (nearest second): <b>29° 26' 59"</b>
<b>H.</b> Longitude (nearest second): <b>98° 23' 56"</b>
<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: <b>15</b>
<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>L.</b> Affected Source Plant Code (or ORIS/Facility Code):
<b>XI. Public Notice</b> (Complete this section for SOP Applications and Acid Rain Permit Applications only.)
<b>A.</b> Name of a public place to view application and draft permit: <b>TCEQ Region 13 Office</b>
<b>B.</b> Physical Address: <b>14250 Judson Road</b>
City: <b>San Antonio</b>
ZIP Code: <b>78233-4480</b>
<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: <b>David Edge</b>
Contact Mailing Address: <b>2829 Texaco Rd.</b>
City: <b>Corpus Christi</b>
State: <b>TX</b>
ZIP Code: <b>78402</b>
Territory:
Country: <b>USA</b>
Foreign Postal Code:
Internal Mail Code:
Telephone No.: <b>361-249-9446</b>

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**XII. Delinquent Fees and Penalties**

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

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

**XIII. Designated Representative (DR) Identifying Information**

DR Name Prefix: (☐ 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:

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**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:

## Texas Commission on Environmental Quality

### Title V New

#### Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	SAN ANTONIO TERMINAL EAST
Does the site have a physical address?	Yes
Physical Address	
Number and Street	4719 CORNER PKWY # 2
City	SAN ANTONIO
State	TX
ZIP	78219
County	BEXAR
Latitude (N) (##.#####)	29.43944
Longitude (W) (-###.#####)	-98.39972
Primary SIC Code	4226
Secondary SIC Code	4613
Primary NAICS Code	493190
Secondary NAICS Code	486910
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN102071131
What is the name of the Regulated Entity (RE)?	SAN ANTONIO TERMINAL EAST
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	4719 CORNER PKWY # 2
City	SAN ANTONIO
State	TX
ZIP	78219
County	BEXAR
Latitude (N) (##.#####)	29.43944
Longitude (W) (-###.#####)	-98.39972
Facility NAICS Code	493190
What is the primary business of this entity?	PETROLEUM BULK STATION AND TERMINAL



## Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN603180662
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	NuStar Logistics, L.P.
Texas SOS Filing Number	13644411
Federal Tax ID	742958817
State Franchise Tax ID	17429588175
State Sales Tax ID	
Local Tax ID	
DUNS Number	848110701
Number of Employees	501+
Independently Owned and Operated?	Yes

## Responsible Official Contact

Person TCEQ should contact for questions about this application:	
Organization Name	Sunoco LP
Prefix	MR
First	Robbie
Middle	
Last	Fowler
Suffix	
Credentials	
Title	Sr. Director Operations
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2829 TEXACO RD
Routing (such as Mail Code, Dept., or Attn:)	
City	CORPUS CHRISTI
State	TX
ZIP	78402
Phone (###-###-####)	8063711304

Extension

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

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

E-mail

robbie.fowler@sunoco.com

## Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

Sunoco LP

Prefix

MR

First

David

Middle

Last

Edge

Suffix

Credentials

Title

Manager Environmental

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

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

2829 TEXACO RD

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

City

CORPUS CHRISTI

State

TX

ZIP

78402

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

3612499446

Extension

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

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

E-mail

david.edge@sunoco.com

## Title V General Information - New

1) Permit Latitude Coordinate:

29 Deg 26 Min 22 Sec

2) Permit Longitude Coordinate:

98 Deg 23 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=269507>OP-1- SAE.pdf</a>
Hash	B4E038401E0C81250DC678DACD61ECA6E2A723E999F650941CA42B9988947706
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=269508>0725  
NuStar SAE Title V App.pdf</a>

Hash

1B072138D942414DD6C91F0C43FFE10F7A461A07C5C4FFB2A245C936633FCE73

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 Robbie L Fowler, the owner of the STEERS account ER089292.
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: Robbie L Fowler OWNER OPERATOR

Account Number:	ER089292
Signature IP Address:	155.190.21.7
Signature Date:	2025-07-16
Signature Hash:	54CE7B41BB4A02D44C547DB707368AC4C9DDDD42B501CCAA9E75611CF0726D64
Form Hash Code at time of Signature:	A816FBA592E2F3C3D336C48ED708070325B733BC01D5D1B9A6758F5B210CB6EF

## Submission

Reference Number:	The application reference number is 801301
Submitted by:	The application was submitted by ER089292/Robbie L Fowler
Submitted Timestamp:	The application was submitted on 2025-07-16 at 15:34:55 CDT
Submitted From:	The application was submitted from IP address 155.190.21.7
Confirmation Number:	The confirmation number is 665080
Steers Version:	The STEERS version is 6.92

## Additional Information

Application Creator: This account was created by David Edge



July 16, 2025

Submitted via STEERS

Texas Commission on Environmental Quality (TCEQ)  
Air Permits Initial Review Team (APIRT), MC 161  
PO Box 13087  
Austin, Texas 78711-3087

RE: **NuStar Logistics, L.P.**  
San Antonio Terminal East  
Initial Federal Operating Permit  
Abbreviated Application  
RN102071131, CN603180662

To whom this may concern:

NuStar Logistics, L.P. (NuStar) owns and operates the San Antonio Terminal East (SAE) located in San Antonio, Bexar County, Texas. Refined products are received at the site via pipeline, stored in above ground storage tanks and loaded into tanker trucks for distribution to local markets. SAE is currently authorized by TCEQ New Source Review (NSR) Permit No. 942A, renewed on May 3, 2024.

The potential-to-emit (PTE) of volatile organic compounds (VOC) for SAE is greater than 50 tons per year (TPY). Bexar County is designated a "serious" Non-Attainment area; therefore sources with a PTE greater than 50 TPY are major sources and required to submit an initial Federal Operating Permit (FOP) application on or before July 21, 2025.

NuStar is evaluating possibilities to reduce the PTE of the site below the 50 TPY threshold. An abbreviated application is being submitted to preserve the application shield while the evaluation is completed. The abbreviated application includes completed Forms OP-1, Core

Data, PIP and CRO-1. A full application will be submitted within 60 days or sooner upon request by the TCEQ.

You may be aware of Sunoco LP's May 2024 acquisition of NuStar Energy L.P through an all-stock purchase. This transaction provides the combined company with increased stability while continuing our excellent track record of health, safety, and environmental compliance. Importantly, all NuStar operating companies, including NuStar Logistics, L.P., still own and operate the same assets as before the transaction. In other words, no asset transfer or change of operational control has occurred. As such, all company names on terminal and pipeline permits and plans will remain the same at this time. However, communication from company representatives going forward will be on Sunoco letterhead and from Sunoco.com email domain.

A copy of this application will be emailed to the TCEQ Region 13 San Antonio Office and the EPA Region 6. If you have any questions, please contact me at (361) 249-9446 or by email at david.edge@sunoco.com.

Sincerely,



David Edge  
Manager Environmental  
**Sunoco LP**

CC: TCEQ Region 13, 14250 Judson Rd., San Antonio, Texas (Electronic Submittal)  
U.S. Environmental Protection Agency, Region 6 (Electronic Submittal)

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<b>I. Company Identifying Information</b>
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C. Submittal Date (mm/dd/yyyy): <u>07/16/25</u>
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B. Regulated Entity Reference Number (RN): <b>RN102071131</b>
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 checked="" type="checkbox"/> VOC <input 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 checked="" type="checkbox"/> Yes <input 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>
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<b>III. Permit Type</b>
A. Type of Permit Requested: <i>(Select only one response)</i>
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<b>E.</b> Has the required Public Involvement Plan been included with this application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>V. Confidential Information</b>	
<b>A.</b> Is confidential information submitted in conjunction with this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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RO Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)	
RO Full Name: <b>Robbie Fowler</b>	
RO Title: <b>Sr. Director Operations</b>	
Employer Name: <b>Sunoco LP</b>	
Mailing Address: <b>2829 Texaco Rd.</b>	
City: <b>Corpus Christi</b>	
State: <b>Texas</b>	
ZIP Code: <b>78402</b>	
Territory:	
Country: <b>USA</b>	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: <b>806-790-7514</b>	
Fax No.:	
Email: <b>Robbie.fowler@sunoco.com</b>	

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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: <b>David Edge</b>
Technical Contact Title: <b>Manager Environmental</b>
Employer Name: <b>Sunoco LP</b>
Mailing Address: <b>2829 Texaco Rd.</b>
City: <b>Corpus Christi</b>
State: <b>Texas</b>
ZIP Code: <b>78402</b>
Territory:
Country: <b>USA</b>
Foreign Postal Code:
Internal Mail Code:
Telephone No.: <b>361-249-9446</b>
Fax No.:
Email: <b>David.edge@sunoco.com</b>
<b>VIII. Reference Only Requirements</b> <i>(For reference only.)</i>
A. State Senator: <b>Sen. Roland Gutierrez</b>
B. State Representative: <b>Rep. Barbara Gervin-Hawkins</b>
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
E. Indicate the alternate language(s) in which public notice is required: <b>Spanish</b>

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<b>IX. Off-Site Permit Request</b> <i>(Optional for applicants requesting to hold the FOP and records at an off-site location.)</i>	
<b>A.</b>	Office/Facility Name:
<b>B.</b>	Physical Address:
	City:
	State:
	ZIP Code:
	Territory:
	Country:
	Foreign Postal Code:
<b>C.</b>	Physical Location:
<b>D.</b>	Contact Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
	Contact Full Name:
<b>E.</b>	Telephone No.:
<b>X. Application Area Information</b>	
<b>A.</b>	Area Name: <b>San Antonio East Terminal</b>
<b>B.</b>	Physical Address: <b>4719 Corner Parkway #2</b>
	City: <b>San Antonio</b>
	State: <b>Texas</b>
	ZIP Code: <b>78219</b>
<b>C.</b>	Physical Location:
<b>D.</b>	Nearest City:
<b>E.</b>	State:
<b>F.</b>	ZIP Code:

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<b>X. Application Area Information (continued)</b>
<b>G.</b> Latitude (nearest second): <b>29° 26' 59"</b>
<b>H.</b> Longitude (nearest second): <b>98° 23' 56"</b>
<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: <b>15</b>
<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>L.</b> Affected Source Plant Code (or ORIS/Facility Code):
<b>XI. Public Notice</b> (Complete this section for SOP Applications and Acid Rain Permit Applications only.)
<b>A.</b> Name of a public place to view application and draft permit: <b>TCEQ Region 13 Office</b>
<b>B.</b> Physical Address: <b>14250 Judson Road</b>
City: <b>San Antonio</b>
ZIP Code: <b>78233-4480</b>
<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: <b>David Edge</b>
Contact Mailing Address: <b>2829 Texaco Rd.</b>
City: <b>Corpus Christi</b>
State: <b>TX</b>
ZIP Code: <b>78402</b>
Territory:
Country: <b>USA</b>
Foreign Postal Code:
Internal Mail Code:
Telephone No.: <b>361-249-9446</b>

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<b>XII. Delinquent Fees and Penalties</b>
<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."
<b>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.</b>
<b>XIII. Designated Representative (DR) Identifying Information</b>
DR Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
DR Full Name:
DR Title:
Employer Name:
Mailing Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.:
Fax No.:
Email:

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**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:



TCEQ Use Only

# 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

<b>1. Reason for Submission</b> (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
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 603180662		RN 102071131

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		
<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)				
<i>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).</i>				
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
NuStar Logistics, L.P.				
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)	
13644411	1742958817	742958817	848110701	
<b>11. Type of Customer:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited	
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	<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>		
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>14. Customer Role</b> (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				
<b>15. Mailing Address:</b>	8111 Westchester Drive			
	<b>City</b>	<b>State</b>	<b>TX</b>	<b>ZIP</b>
	Dallas			75225
				<b>ZIP + 4</b>
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	

<b>18. Telephone Number</b> ( 214 ) 981-0700	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
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### SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (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							
<i>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).</i>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)  San Antonio Terminal East							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	4719 Corner Pkwy #2						
	<b>City</b>	San Antonio	<b>State</b>	TX	<b>ZIP</b>	78219	<b>ZIP + 4</b>
<b>24. County</b>	Bexar						

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

<b>25. Description to Physical Location:</b>	NA				
<b>26. Nearest City</b>	State			Nearest ZIP Code	
NA					
<i>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).</i>					
<b>27. Latitude (N) In Decimal:</b>		<b>28. Longitude (W) In Decimal:</b>			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	26	59	98	23	56
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)	<b>31. Primary NAICS Code</b> (5 or 6 digits)	<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4226	4613	493190	486910		
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)  Refined product terminal for hire.					
<b>34. Mailing Address:</b>	Same as physical address.				
	<b>City</b>		<b>State</b>		<b>ZIP</b>
<b>35. E-Mail Address:</b>					
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>		
( 210 ) 661-3161			(   ) -		



**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 type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input 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 TBD	<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>	David Edge		<b>41. Title:</b>	Manager Environmental
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>	
( 361 ) 249-9446		(   ) -	david.edge@sunoco.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>	Sunoco LP	<b>Job Title:</b>	Sr Director - Operations
<b>Name (In Print):</b>	Robbie Fowler	<b>Phone:</b>	(   ) -
<b>Signature:</b>	Signed/Certified w/ application through STEERS	<b>Date:</b>	July 16, 2025



Texas Commission on Environmental Quality

## 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:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

If all the above boxes are not checked, a Public Involvement Plan is not necessary.  
Stop after Section 2 and submit the form.

- ☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

The application is for a Title V initial issuance. There will be no physical/operational changes associated with this application. There has been no concern expressed by the facility neighbors or public at large during past public notices for NSR applications/renewals. Bilingual notice is required for all applications requiring public notice.

### 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.

## 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.

☐

City

☐

County

☐

Census Tract

(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

### 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

**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?

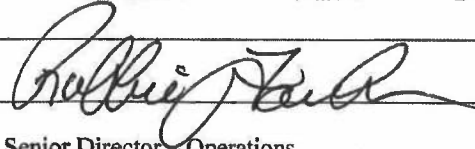
☐ Yes ☐ No

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)

**Form OP-CRO1**  
**Certification by Responsible Official**  
**Federal Operating Permit Program**

All initial permit application, revision, renewal, and reopening 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: RN102071131		CN: CN603180662		Account No.: BG-0063-C	
Permit No.: TBD			Project No.: TBD		
Area Name: San Antonio Terminal East			Company Name: NuStar Logistics, L.P.		
<b>II. Certification Type</b> <i>(Please mark the appropriate box)</i>					
<input checked="" type="checkbox"/> Responsible Official			<input type="checkbox"/> Duly Authorized Representative		
<b>III. Submittal Type</b> <i>(Please mark the appropriate box) (Only one response can be accepted per form)</i>					
<input checked="" type="checkbox"/> SOP/TOP Initial Permit Application		<input type="checkbox"/> Update to Permit Application			
<input type="checkbox"/> GOP Initial Permit Application		<input type="checkbox"/> Permit Revision, Renewal, or Reopening			
<input type="checkbox"/> Other: _____					
<b>IV. Certification of Truth</b>					
This certification does not extend to information which is designated by the TCEQ as information for reference only.					
I, <u>Robbie Fowler</u> certify that I am the <u>RO</u> <i>(Certifier Name printed or typed)</i> <span style="float: right;"><i>(RO or DAR)</i></span>					
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:					
<i>Note: Enter Either a Time Period OR Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>					
Time Period: From _____ to _____ <span style="display: block; text-align: center;"><i>Start Date</i> <span style="margin-left: 100px;"><i>End Date</i></span></span>					
Specific Dates: <u>7-16-25</u> _____ <span style="display: block; text-align: center;"><i>Date 1</i> <span style="margin-left: 50px;"><i>Date 2</i></span> <span style="margin-left: 50px;"><i>Date 3</i></span> <span style="margin-left: 50px;"><i>Date 4</i></span> <span style="margin-left: 50px;"><i>Date 5</i></span> <span style="margin-left: 50px;"><i>Date 6</i></span></span>					
Signature: <u></u>			Signature Date: <u>7-16-25</u>		
Title: <u>Senior Director - Operations</u>					