

**From:** [Kerry Higgins](#)  
**To:** [Sheila Monroe](#)  
**Cc:** [Thompson, Jim](#); [Stephanie M. Strother](#)  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926  
**Date:** Wednesday, May 13, 2026 4:09:30 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[Core Data Form 5.13.2026.pdf](#)

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Sheila,

The attached Core Data Form to update the facility and mailing address was sent to Central Registry today via fax.

Thanks, Kerry



**Kerry Higgins**  
*Sr. Vice President, Technical Services*  
[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)  
W: 281.446.7070  
P.O. Box 3247, Humble, TX 77347  
110 S. Bender Avenue, Humble, TX 77338  
[www.wcmgroup.com](http://www.wcmgroup.com)

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**From:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Sent:** Wednesday, May 13, 2026 8:10 AM  
**To:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926  
**Importance:** High

Good morning Kerry,

I am following up on the site address preference. Due to our processing timelines, I need a response today.

Thanks,

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

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**From:** Sheila Monroe  
**Sent:** Tuesday, May 12, 2026 7:00 AM  
**To:** 'Kerry Higgins' <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926

Thank you, Kerry.

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**From:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Sent:** Monday, May 11, 2026 3:38 PM  
**To:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Cc:** Stephanie M. Strother <[sstrother@wcmgroup.com](mailto:sstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926

Sheila – I will need to consult with Port Arthur LNG as to their preference regarding the address. I will respond ASAP.

Thanks, Kerry



**Kerry Higgins**  
**Sr. Vice President, Technical Services**  
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**From:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Sent:** Monday, May 11, 2026 2:54 PM  
**To:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Cc:** Stephanie M. Strother <[sstrother@wcmgroup.com](mailto:sstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926  
**Importance:** High

Kerry,

I apologize for the delay. We have been consulting with Central Registry for a possible solution.

Please verify if the site address of 3570 South Gulfway Drive the incorrect street address

for the Port Arthur LNG?

Is 3106 South Gulfway the same facility as the Port Arthur LNG? (I incorrectly listed 3016 South Gulfway in the previous email). Did the facility move? Or was the address initially entered incorrectly?

If 3570 South Gulfway is incorrect, a Core Data Form would need to be submitted in STEERS to update the address and all programs areas must agree to the update. This process could take a while.

Another option is to accept the current address of 3570 South Gulfway Drive as the site address for this application. If choosing this option, the Form OP-1 would need to be updated to reflect this address.

Please let me know your preference so that I will know how to proceed with the administrative review.

Thanks,

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

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**From:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Sent:** Monday, May 11, 2026 9:53 AM  
**To:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Cc:** Stephanie M. Strother <[sstrother@wcmgroup.com](mailto:sstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926

Sheila,

The 3016 S. Gulfway Drive address used in the application is the physical address for the facility. Is any action required to change the address?

Thanks, Kerry

***Kerry Higgins***



**Sr. Vice President, Technical Services**  
[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)  
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**From:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Sent:** Monday, May 11, 2026 9:35 AM  
**To:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Cc:** Stephanie M. Strother <[sstrother@wcmgroup.com](mailto:sstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926  
**Importance:** High

Good morning, Kerry.

Please verify the facility address for RN104517826. Central Registry and STEERS shows the address to be **3570** S. Gulfway Dr; however, the Form OP-1, section X. B., lists the address **3016** S. Gulfway Dr.

Thanks,

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

---

**From:** Sheila Monroe  
**Sent:** Friday, May 8, 2026 10:56 AM  
**To:** 'Kerry Higgins' <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Cc:** Stephanie M. Strother <[sstrother@wcmgroup.com](mailto:sstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926

Received, thank you!

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

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**From:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Sent:** Friday, May 8, 2026 10:54 AM  
**To:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Cc:** Stephanie M. Strother <[sstrother@wcmgroup.com](mailto:sstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926

Sheila – See attached updated Form OP-DEL revised to include Chris Sookram’s email address.

Thanks, Kerry



**Kerry Higgins**  
**Sr. Vice President, Technical Services**  
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**From:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Sent:** Friday, May 8, 2026 10:47 AM  
**To:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926  
**Importance:** High

Kerry,

Chris Sookram’s email address is missing on the Form OP-DEL.

Thanks,

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

---

**From:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Sent:** Friday, May 8, 2026 10:33 AM  
**To:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>  
**Cc:** Miller, Jim <[JaMiller@sempraglobal.com](mailto:JaMiller@sempraglobal.com)>; Stephanie M. Strother <[sstrother@wcmgroup.com](mailto:sstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926

Sheila,

I confirmed with Port Arthur LNG personnel that USPS mail is received at the 2300 FM 365, Suite 400, Nederland, TX 77627-6281 address.

Please let me know if you need any additional information.

Thanks, Kerry



**Kerry Higgins**  
*Sr. Vice President, Technical Services*  
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**To:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Subject:** Title V Initial Application - Port Arthur LNG, LLC, Permit 04926  
**Importance:** High

Good morning Kerry,

We have received the application for the above referenced permit and it is currently under review. The following item(s) are required before we can declare the applications administratively complete:

- Verify the RO and DAR's mailing address. The mailing address listed on the Form OP-1 and Form OP-DEL is not verifiable in USPS.
  - Is **USPS** mail received at 2300 FM 365, Suite 400, Nederland, TX 77627-6281?
  - If no, please submit a revised Form OP-1 and Form OP-DEL to provide a valid mailing address for Chris Fortenberry and Chris Sookram.

Please confirm the mailing address or email the revised Form OP-1 and Form OP-DEL directly to me by **close of business today**.

Your prompt response is appreciated!

Thanks,

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

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# 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 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 checked="" type="checkbox"/> Other <b>Change of mailing and facility address</b>	
<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 607794834		RN 104517826

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		5/13/2026	
<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>	
<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)
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited		<input type="checkbox"/> Sole Proprietorship	
<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 type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input 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 type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> VCP/BSA Applicant	
<input type="checkbox"/> Other:					
<b>15. Mailing Address:</b>					
3106 South Gulfway Drive					
<b>City</b>	Port Arthur		<b>State</b>	TX	<b>ZIP</b>
					77640
					<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>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( ) -		( ) -

### **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.)								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	3106 South Gulfway Drive							
	<b>City</b>	Port Arthur	<b>State</b>	TX	<b>ZIP</b>	77640	<b>ZIP + 4</b>	
<b>24. County</b>								

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

<b>25. Description to Physical Location:</b>											
<b>26. Nearest City</b>							<b>State</b>	<b>Nearest ZIP Code</b>			
<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		
<b>29. Primary SIC Code</b>	<b>30. Secondary SIC Code</b>		<b>31. Primary NAICS Code</b>			<b>32. Secondary NAICS Code</b>					
(4 digits)	(4 digits)		(5 or 6 digits)			(5 or 6 digits)					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)											
<b>34. Mailing Address:</b>	3106 South Gulfway Drive										
	<b>City</b>	Port Arthur	<b>State</b>	TX	<b>ZIP</b>	77640	<b>ZIP + 4</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>						
( ) -					( ) -						

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 checked="" 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	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

**SECTION IV: Preparer Information**

40. Name:	Kerry Higgins	41. Title:	Sr. VP, Technical Services
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 281 ) 446-7070		( ) -	khiggins@wcmgroup.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:	Port Arthur LNG, LLC	Job Title:	Manager, Permitting & Compliance
Name (In Print):	Jim Thompson	Phone:	( 832 ) 284- 5685
Signature:		Date:	05/13/2026

**From:** [Kerry Higgins](#)  
**To:** [Sheila Monroe](#)  
**Cc:** [Stephanie M. Strother](#)  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926  
**Date:** Friday, May 8, 2026 10:54:49 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[Form OP-DEL\\_rev 5.8.2026.pdf](#)

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Sheila – See attached updated Form OP-DEL revised to include Chris Sookram’s email address.

Thanks, Kerry



**Kerry Higgins**  
*Sr. Vice President, Technical Services*  
[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)  
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**Importance:** High

Kerry,

Chris Sookram’s email address is missing on the Form OP-DEL.

Thanks,

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

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**Sent:** Friday, May 8, 2026 10:33 AM  
**To:** Sheila Monroe <[Sheila.Monroe@tceq.texas.gov](mailto:Sheila.Monroe@tceq.texas.gov)>

**Cc:** Miller, Jim <[JaMiller@sempraglobal.com](mailto:JaMiller@sempraglobal.com)>; Stephanie M. Strother <[ssstrother@wcmgroup.com](mailto:ssstrother@wcmgroup.com)>  
**Subject:** RE: Title V Initial Application - Port Arthur LNG, LLC, Permit O4926

Sheila,

I confirmed with Port Arthur LNG personnel that USPS mail is received at the 2300 FM 365, Suite 400, Nederland, TX 77627-6281 address.

Please let me know if you need any additional information.

Thanks, Kerry



**Kerry Higgins**  
*Sr. Vice President, Technical Services*  
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**To:** Kerry Higgins <[khiggins@wcmgroup.com](mailto:khiggins@wcmgroup.com)>  
**Subject:** Title V Initial Application - Port Arthur LNG, LLC, Permit O4926  
**Importance:** High

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  - Is **USPS** mail received at 2300 FM 365, Suite 400, Nederland, TX 77627-6281?
  - If no, please submit a revised Form OP-1 and Form OP-DEL to provide a valid mailing address for Chris Fortenberry and Chris Sookram.

Please confirm the mailing address or email the revised Form OP-1 and Form OP-DEL directly to me by **close of business today**.

Your prompt response is appreciated!

Thanks,

**Sheila Monroe**  
**License & Permit Specialist**  
**Air Permits Initial Review Team**

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**Form OP-DEL**  
**Delegation of Responsible Official Information**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

<b>I. Identifying Information</b>
Account Number:
Regulated Entity Number: RN104517826
Customer Reference Number: CN606083038
Permit Number: TBA
Area Name: Port Arthur LNG
Company Name: Port Arthur LNG, LLC
<b>II. Duly Authorized Representative Information</b>
Action Type: <input checked="" type="checkbox"/> New DAR Identification <input type="checkbox"/> Administrative Information Change
Conventional Title: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Name (Driver License/STEERS): Chris Sookram
Title: Director of Port Arthur Operations
Delegation Effective Date: 04/28/2026
Telephone Number: (346) 295-9146
Fax Number:
Company Name: Sempra Infrastructure
Mailing Address: 2300 FM 365, STE 400
City: Nederland
State: Texas
ZIP Code: 77627-6281
Email Address: CSookram@sempraglobal.com

**Form OP-DEL**  
**Delegation of Responsible Official Information**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

**III. Certification of Truth, Accuracy, and Completeness**

I, Chris Fortenberry

(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)

Certify that, based on information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. (RO signature required for New DAR Identification only; DAR signature required for any Action Type)

Responsible Official Signature: *Chris Fortenberry*

Date: 4/28/26

Duly Authorized Representative Signature: *Chris Sookram*

(Name(s) printed or typed) Chris Sookram

Date: 04-28-2026

**IV. Removal of Duly Authorized Representative(s)**

The following should be removed as Duly Authorized Representative(s):

(Name(s) printed or typed) \_\_\_\_\_

Effective Date: \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Form OP-DEL**  
**Delegation of Responsible Official Information**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

<b>I. Identifying Information</b>
Account Number:
Regulated Entity Number: RN104517826
Customer Reference Number: CN606083038
Permit Number: TBA
Area Name: Port Arthur LNG
Company Name: Port Arthur LNG, LLC
<b>II. Duly Authorized Representative Information</b>
Action Type: <input checked="" type="checkbox"/> New DAR Identification <input type="checkbox"/> Administrative Information Change
Conventional Title: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Name (Driver License/STEERS): Chris Sookram
Title: Director of Port Arthur Operations
Delegation Effective Date: 04/28/2026
Telephone Number: (346) 295-9146
Fax Number:
Company Name: Sempra Infrastructure
Mailing Address: 2300 FM 365, STE 400
City: Nederland
State: Texas
ZIP Code: 77627-6281
Email Address:

**Form OP-DEL**  
**Delegation of Responsible Official Information**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

**III. Certification of Truth, Accuracy, and Completeness**

I, Chris Fortenberry

(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)

Certify that, based on information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. (RO signature required for New DAR Identification only; DAR signature required for any Action Type)

Responsible Official Signature: *Ch Fortenberry*

Date: 4/28/26

Duly Authorized Representative Signature: *Chris Sookram*

(Name(s) printed or typed) Chris Sookram

Date: 04-28-2026

**IV. Removal of Duly Authorized Representative(s)**

The following should be removed as Duly Authorized Representative(s):

(Name(s) printed or typed) \_\_\_\_\_

Effective Date: \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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: Port Arthur LNG, LLC
B. Customer Reference Number (CN): CN606083038
C. Submittal Date (mm/dd/yyyy): 04/28/2026
<b>II. Site Information</b>
A. Site Name: Port Arthur LNG
B. Regulated Entity Reference Number (RN): RN104517826
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 checked="" type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> N/A
D. Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input checked="" type="checkbox"/> VOC <input checked="" type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> SO <sub>2</sub> <input checked="" type="checkbox"/> PM <sub>10</sub> <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
F. Is the site within a local program area jurisdiction? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
<b>III. Permit Type</b>
A. Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)

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

<b>IV. Initial Application Information</b> <i>(Complete for Initial Issuance Applications Only.)</i>	
A. Is this submittal an abbreviated or a full application?	<input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Full
B. If this is a full application, is the submittal a follow-up to an abbreviated application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. 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>	
A. Is confidential information submitted in conjunction with this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>VI. Responsible Official (RO) Identifying Information</b>	
RO Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)	
RO Full Name: Chris Fortenberry	
RO Title: Head of Port Arthur Operations	
Employer Name: Sempra Infrastructure	
Mailing Address: 2300 FM 365, STE 400	
City: Nederland	
State: Texas	
ZIP Code: 77627-6281	
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: (832) 694-0361	
Fax No.:	
Email: CFortenberry@sempraglobal.com	

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

<b>VII. Technical Contact Identifying Information</b> <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Kerry Higgins
Technical Contact Title: Sr. Vice President, Technical Services
Employer Name: The WCM Group, Inc.
Mailing Address: P.O. Box 3247
City: Humble
State: TX
ZIP Code: 77347
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 281-446-7070
Fax No.:
Email: khiggins@wcmgroup.com
<b>VIII. Reference Only Requirements</b> <i>(For reference only.)</i>
<b>A.</b> State Senator: TBD, District 4 (seat is currently vacant)
<b>B.</b> State Representative: Representative Dade Phelan, District 21
<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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: Spanish

**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: Port Arthur LNG
B. Physical Address: 3106 South Gulfway Drive
City: Port Arthur
State: Texas
ZIP Code: 77640
C. Physical Location:
D. Nearest City:
E. State:
F. ZIP Code:

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

<b>X. Application Area Information (continued)</b>
G. Latitude (nearest second): 29:47:17
H. Longitude (nearest second): 93:57: 16
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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
J. Indicate the estimated number of emission units in the application area: 39
K. 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>
L. Affected Source Plant Code (or ORIS/Facility Code):
<b>XI. Public Notice</b> <i>(Complete this section for SOP Applications and Acid Rain Permit Applications only.)</i>
A. Name of a public place to view application and draft permit: Port Arthur Library
B. Physical Address: 4615 9 <sup>th</sup> Avenue
City: Port Arthur
ZIP Code: 77642
C. Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Contact Person Full Name: Kerry Higgins
Contact Mailing Address: P.O. Box 3247
City: Humble
State: TX
ZIP Code: 77347
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 281-446-7070

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

<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:

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

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

**XIV. Alternate Designated Representative (ADR) Identifying Information**

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

ADR Full Name:

ADR Title:

Employer Name:

Mailing Address:

City:

State:

ZIP Code:

Territory:

Country:

Foreign Postal Code:

Internal Mail Code:

Telephone No.:

Fax No.:

Email:

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
FEDERAL OPERATING PERMIT  
ABBREVIATED TITLE V PERMIT APPLICATION



Port Arthur LNG

Prepared for  
PORT ARTHUR LNG, LLC  
PORT ARTHUR, JEFFERSON COUNTY, TEXAS

April 2026



**THE WCM GROUP, INC.**  
110 S. Bender Ave., Humble, TX 77338  
P.O. Box 3247, Humble, TX 77347  
phone 281.446.7070 | fax 281.446.3348  
wcmgroup.com



THE WCM GROUP, INC.  
110 S. Bender Ave., Humble, TX 77338  
P.O. Box 3247, Humble, TX 77347

April 28, 2026

Ms. Nancy Birdsong  
Texas Commission on Environmental Quality  
Air Permits Initial Review Team, (MC-161)  
12100 Park 35 Circle, Building C, Third Floor  
Austin, TX 78753

VIA STEERS

REFERENCE: Port Arthur LNG, LLC  
Abbreviated Title V Permit Application  
Port Arthur, Jefferson County, Texas  
RN104517826; CN607794834

Dear Ms. Birdsong,

On behalf of the Port Arthur LNG, LLC (PALNG), The WCM Group, Inc. is submitting an initial abbreviated Title V Permit application for the natural gas liquefaction plant and export terminal which is collectively referred to as Port Arthur LNG (PALNG) located in Port Arthur, Jefferson County, Texas in accordance with the requirements found in Title 30 Texas Administrative Code Chapter (30 TAC) §122.132(c).

A copy of this initial abbreviated Title V Permit application is being provided to the U.S. Environmental Protection Agency's Region VI office in Dallas and the Texas Commission on Environmental Quality's Region 10 office in Beaumont.

If you have any questions, please contact me at (281) 446-7070.

Sincerely,

Kerry S. Higgins  
Sr. Vice President, Technical Services  
khiggins@wcmgroup.com

KSH/ala  
ENCLOSURE

cc: J. Thompson (PALNG)  
EPA Region VI  
TCEQ Region 10

## LIST OF TCEQ FORMS

FORM OP-1            SITE INFORMATION SUMMARY  
FORM OP-CRO1        CERTIFICATION BY RESPONSIBLE OFFICIAL  
FORM OP-DEL         DELEGATION OF RESPONSIBLE OFFICIAL INFORMATION  
PUBLIC INVOLVEMENT PLAN FORM FOR PERMIT AND REGISTRATION APPLICATIONS

## INTRODUCTION

Port Arthur LNG, LLC (PALNG) is authorized to construct and operate a natural gas liquefaction plant and export terminal which is collectively referred to as Port Arthur LNG (PALNG) under Air Quality Permit Nos. 131769, 158420, PSDTX1456, PSDTX1572, GHG PSD134, and GHG PSD198. The project is located near Port Arthur in Jefferson County, Texas. PALNG is a major Title V source for nitrogen oxides (NO<sub>x</sub>), carbon monoxide (CO), particulate matter (PM), particulate matter with an aerodynamic diameter less than or equal to ten microns (PM<sub>10</sub>), and particulate matter with an aerodynamic diameter less than or equal to 2.5 microns (PM<sub>2.5</sub>).

PALNG is submitting this abbreviated Title V application prior to the start of operation in accordance with Title 30 Texas Administrative Code Chapter (30 TAC) §122.130(b)(1). PALNG is submitting the enclosed Forms OP-1 and OP-CRO1 as part of the abbreviated Title V application according to the requirements of 30 TAC §122.132(c). PALNG will submit the remaining information (i.e., full application) upon request from the Texas Commission on Environmental Quality (TCEQ).

The required supporting documentation is provided in this abbreviated Title V Permit application and includes the following:

- Form OP-1 (Site Information Summary);
- Form OP-CRO1 (Certification by Responsible Official);
- Form OP-DEL (Delegation of Responsible Official Information); and
- Public Involvement Plan Form for Permit and Registration Applications.

## FORMS

**FORM OP-1**  
**SITE INFORMATION SUMMARY**

**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: Port Arthur LNG, LLC
B. Customer Reference Number (CN): CN606083038
C. Submittal Date (mm/dd/yyyy): 04/28/2026
<b>II. Site Information</b>
A. Site Name: Port Arthur LNG
B. Regulated Entity Reference Number (RN): RN104517826
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 checked="" type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> N/A
D. Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input checked="" type="checkbox"/> VOC <input checked="" type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> SO <sub>2</sub> <input checked="" type="checkbox"/> PM <sub>10</sub> <input checked="" type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
F. Is the site within a local program area jurisdiction? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
<b>III. Permit Type</b>
A. Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)

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

<b>IV. Initial Application Information</b> <i>(Complete for Initial Issuance Applications Only.)</i>	
A. Is this submittal an abbreviated or a full application?	<input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Full
B. If this is a full application, is the submittal a follow-up to an abbreviated application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. 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>	
A. Is confidential information submitted in conjunction with this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>VI. Responsible Official (RO) Identifying Information</b>	
RO Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)	
RO Full Name: Chris Fortenberry	
RO Title: Head of Port Arthur Operations	
Employer Name: Sempra Infrastructure	
Mailing Address: 2300 FM 365, STE 400	
City: Nederland	
State: Texas	
ZIP Code: 77627-6281	
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: (832) 694-0361	
Fax No.:	
Email: CFortenberry@sempraglobal.com	

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

<b>VII. Technical Contact Identifying Information</b> <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Kerry Higgins
Technical Contact Title: Sr. Vice President, Technical Services
Employer Name: The WCM Group, Inc.
Mailing Address: P.O. Box 3247
City: Humble
State: TX
ZIP Code: 77347
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 281-446-7070
Fax No.:
Email: khiggins@wcmgroup.com
<b>VIII. Reference Only Requirements</b> <i>(For reference only.)</i>
<b>A.</b> State Senator: TBD, District 4 (seat is currently vacant)
<b>B.</b> State Representative: Representative Dade Phelan, District 21
<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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: Spanish

**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: Port Arthur LNG
B. Physical Address: 3106 South Gulfway Drive
City: Port Arthur
State: Texas
ZIP Code: 77640
C. Physical Location:
D. Nearest City:
E. State:
F. ZIP Code:

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

<b>X. Application Area Information (continued)</b>
G. Latitude (nearest second): 29:47:17
H. Longitude (nearest second): 93:57: 16
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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
J. Indicate the estimated number of emission units in the application area: 39
K. 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>
L. Affected Source Plant Code (or ORIS/Facility Code):
<b>XI. Public Notice</b> <i>(Complete this section for SOP Applications and Acid Rain Permit Applications only.)</i>
A. Name of a public place to view application and draft permit: Port Arthur Library
B. Physical Address: 4615 9 <sup>th</sup> Avenue
City: Port Arthur
ZIP Code: 77642
C. Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Contact Person Full Name: Kerry Higgins
Contact Mailing Address: P.O. Box 3247
City: Humble
State: TX
ZIP Code: 77347
Territory:
Country: USA
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 281-446-7070

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

<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:

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

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

**XIV. Alternate Designated Representative (ADR) Identifying Information**

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

ADR Full Name:

ADR Title:

Employer Name:

Mailing Address:

City:

State:

ZIP Code:

Territory:

Country:

Foreign Postal Code:

Internal Mail Code:

Telephone No.:

Fax No.:

Email:

**FORM OP-CRO1**  
**CERTIFICATION BY RESPONSIBLE OFFICIAL**

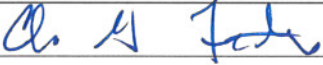
**Form OP-CRO1**  
**Certification by Responsible Official**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

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

<b>I. Identifying Information</b>
RN:104517826
CN:606083038
Account No.:
Permit No.: TBA
Project No.: TBA
Area Name: Port Arthur LNG
Company Name: Port Arthur LNG, LLC
<b>II. Certification Type</b> <i>(Please mark appropriate box)</i>
<input checked="" type="checkbox"/> Responsible Official <span style="margin-left: 200px;"><input type="checkbox"/> Duly Authorized Representative</span>
<b>III. Submittal Type</b> <i>(Please mark appropriate box) (Only one response can be accepted per form)</i>
<input checked="" type="checkbox"/> SOP/TOP Initial Permit Application <span style="margin-left: 100px;"><input type="checkbox"/> Permit Revision, Renewal, or Reopening</span>
<input type="checkbox"/> GOP Initial Permit Application <span style="margin-left: 100px;"><input type="checkbox"/> Update to Permit Application</span>
<input type="checkbox"/> Other: _____

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

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

IV. Certification of Truth			
<b>This certification does not extend to information which is designated by TCEQ as information for reference only.</b>			
I, <u>Chris Fortenberry</u> certify that I am the <u>RO</u>			
<i>(Certifier Name printed or typed)</i>		<i>(RO or DAR)</i>	
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete: <i>Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>			
Time Period: From _____ to _____			
<i>(Start Date)</i>		<i>(End Date)</i>	
Specific Dates: <u>April 28, 2026</u> _____			
<i>(Date 1)</i>	<i>(Date 2)</i>	<i>(Date 3)</i>	<i>(Date 4)</i>
_____		_____	
<i>(Date 5)</i>		<i>(Date 6)</i>	
Signature: <u></u>		Signature Date: <u>4/28/26</u>	
Title: <u>Head of Port Arthur Operations</u>			

**FORM OP-DEL  
DELEGATION OF RESPONSIBLE OFFICIAL INFORMATION**

**Form OP-DEL**  
**Delegation of Responsible Official Information**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

<b>I. Identifying Information</b>
Account Number:
Regulated Entity Number: RN104517826
Customer Reference Number: CN606083038
Permit Number: TBA
Area Name: Port Arthur LNG
Company Name: Port Arthur LNG, LLC
<b>II. Duly Authorized Representative Information</b>
Action Type: <input checked="" type="checkbox"/> New DAR Identification <input type="checkbox"/> Administrative Information Change
Conventional Title: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Name (Driver License/STEERS): Chris Sookram
Title: Director of Port Arthur Operations
Delegation Effective Date: 04/28/2026
Telephone Number: (346) 295-9146
Fax Number:
Company Name: Sempra Infrastructure
Mailing Address: 2300 FM 365, STE 400
City: Nederland
State: Texas
ZIP Code: 77627-6281
Email Address:

**Form OP-DEL**  
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**III. Certification of Truth, Accuracy, and Completeness**

I, Chris Fortenberry

(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)

Certify that, based on information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. (RO signature required for New DAR Identification only; DAR signature required for any Action Type)

Responsible Official Signature: *Chris Fortenberry*

Date: 4/28/26

Duly Authorized Representative Signature: *Chris Sookram*

(Name(s) printed or typed) Chris Sookram

Date: 04-28-2026

**IV. Removal of Duly Authorized Representative(s)**

The following should be removed as Duly Authorized Representative(s):

(Name(s) printed or typed) \_\_\_\_\_

Effective Date: \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PUBLIC INVOLVEMENT PLAN FORM  
FOR PERMIT AND REGISTRATION APPLICATIONS**



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.

Facility is located in Jefferson County and is not considered to have significant public interest.

## Texas Commission on Environmental Quality

### Title V New

#### Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	PORT ARTHUR LNG
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	3570 S GULFWAY DR
City	PORT ARTHUR
State	TX
ZIP	77640
County	JEFFERSON
Latitude (N) (##.#####)	29.77834
Longitude (W) (-###.#####)	-93.94619
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	236210
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN104517826
What is the name of the Regulated Entity (RE)?	PORT ARTHUR LNG
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	3570 S GULFWAY DR
City	PORT ARTHUR
State	TX
ZIP	77640
County	JEFFERSON
Latitude (N) (##.#####)	29.77834
Longitude (W) (-###.#####)	-93.94619
Facility NAICS Code	236210
What is the primary business of this entity?	CONSTRUCTION LNG LIQUEFACTION & TERMINAL

#### Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN606083038
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Port Arthur LNG, LLC
Texas SOS Filing Number	803216060
Federal Tax ID	
State Franchise Tax ID	32069499831
State Sales Tax ID	
Local Tax ID	

DUNS Number  
Number of Employees  
Independently Owned and Operated? No

## Responsible Official Contact

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Person TCEQ should contact for questions about this application:

Organization Name	Port Arthur LNG LLC
Prefix	MR
First	Jim
Middle	
Last	Thompson
Suffix	
Credentials	
Title	Manager - Permitting & Compliance
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1500 POST OAK BLVD
Routing (such as Mail Code, Dept., or Attn:)	Suite 1000
City	HOUSTON
State	TX
ZIP	77056
Phone (###-###-####)	8322845685
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	jdthompson@SEMPRAGLOBAL.COM

## Technical Contact

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Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	The WCM Group Inc
Prefix	MR
First	Kerry
Middle	
Last	Higgins
Suffix	
Credentials	
Title	Vice President - Technical Services
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 3247
Routing (such as Mail Code, Dept., or Attn:)	
City	HUMBLE

State	TX
ZIP	77347
Phone (###-###-####)	2814467070
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	khiggins@wcmgroup.com

## Title V General Information - New

1) Permit Latitude Coordinate:	29 Deg 46 Min 42 Sec
2) Permit Longitude Coordinate:	93 Deg 56 Min 46 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=333252>OP_1_1773397110.OP-1.pdf</a>
Hash	2AD859F86A4DA365457F2BE1A46A3B8415ED0C4F2EB292500BF4ABF24B980124
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)

[File Properties]

File Name	<a href=/ePermitsExternal/faces/file?fileId=333256>OP_DEL_1773397110.OP-DEL_signature.pdf</a>
Hash	DD3A442EDF59CC75A5FD2DAB971CA53825C57A8E57FBFC58B6D9B43E07A5D228
MIME-Type	application/pdf

Attach any other necessary information needed to complete the permit.

[File Properties]

File Name	<a href=/ePermitsExternal/faces/file?fileId=333251>Abbreviated Title V Permit Application_4-28-2026.pdf</a>
Hash	38C9B152BD8CDD7888672A25C8B087BF142FECCECDC17AE8CF1C98D4A7645D2E
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
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## 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 Chris Fortenberry, the owner of the STEERS account ER122411.
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 TCEC

OWNER OPERATOR Signature: Chris Fortenberry OWNER OPERATOR

Account Number: ER122411

Signature IP Address:	165.85.232.203
Signature Date:	2026-05-07
Signature Hash:	B6D937DDF0B6D792FD1852EA307FBAE66C526360431382F9C261A5760160B7E6
Form Hash Code at time of Signature:	6519C905801E0E107B577C30D72474B8326B5395EFDD240AA61DA98EA2B65B58

## Submission

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Reference Number:	The application reference number is 899526
Submitted by:	The application was submitted by ER122411/Chris Fortenberry
Submitted Timestamp:	The application was submitted on 2026-05-07 at 11:37:27 CDT
Submitted From:	The application was submitted from IP address 165.85.232.203
Confirmation Number:	The confirmation number is 767787
Steers Version:	The STEERS version is 6.94

## Additional Information

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Application Creator: This account was created by Stephanie Strother