Carolyn Thomas

From: Sustala, Shelby <shelby.sustala@ineos.com>
Sent: Monday, June 29, 2026 2:39 PM
To: Carolyn Thomas
Cc: Nesbitt, Jennifer
Subject: RE: Any Update on form CRO2 FW: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision
Attachments: OP_CRO2 2026_06_25 Signed.pdf

Good afternoon,

Thank you for your help on this issue. Attached, please find the OP-CRO2 for Clint Scott.

Please let me know if you need additional information regarding the RO. We are currently reviewing the DAR list.

Thanks

Shelby Sustala

INEOS Aromatics
INEOS Styrolution

Shelby Sustala
Environmental Engineer

2800 FM 519 East
Texas City, Texas
77592

t: 409-419-1254
m: 281-682-3127
e: shelby.sustala@ineos.com

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 1:09 PM
To: Sustala, Shelby <shelby.sustala@ineos.com>

Subject: Any Update on form CRO2 FW: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Hi Ms. Shelby,

I am just following up on the form CRO2.

Thank you and I appreciate you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 1:05 PM
To: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Hi Sean,

There is an additional info email below and in the z drive.

I am waiting on form CRO2 to update the Responsible Official.

You may have missed the additional info email and the email in the thread.

Additional info NOTE: Need for CRO2 to certify application and delegate Clint.

I appreciate you and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

From: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Sent: Monday, June 29, 2026 12:57 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Carolyn,
Peer review completed. See notes below.

OP-1

- RO Contact Detail & Contact Address/Phone Detail – IMS doesn't match OP-1 and OP-CRO1 forms:

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

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

I, Clint Scott _____ certify that I am the DAR _____
(Certifier Name printed or typed) *(RO or DAR)*

and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:
Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).

Time Period: From _____ to _____
(Start Date) *(End Date)*

Specific Dates: 6/23/2026 _____ _____ _____
(Date 1) *(Date 2)* *(Date 3)* *(Date 4)*

_____ _____
(Date 5) *(Date 6)*

Signature: _____ Signature Date: 6/23/2026

Title: Operations Manager

OP-CRO1

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

IV.	**Initial Application Information** *(Complete for Initial Issuance Applications Only.)*	
A.	Is this submittal an abbreviated or a full application?	☐ Abbreviated ☐ Full
B.	If this is a full application, is the submittal a follow-up to an abbreviated application?	☐ Yes ☐ No
C.	If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	☐ Yes ☐ No
D.	Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	☐ Yes ☐ No
E.	Has the required Public Involvement Plan been included with this application?	☐ Yes ☐ No
V.	**Confidential Information**	
A.	Is confidential information submitted in conjunction with this application?	☐ Yes ☒ No
VI.	**Responsible Official (RO) Identifying Information**	
RO Name Prefix: (☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)		
RO Full Name: Clint Scott		
RO Title: Operations Manager		
Employer Name: INEOS US Chemicals Company		
Mailing Address: P.O. Box 1688		
City: Texas City		
State: Texas		
ZIP Code: 77592		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: 409-419-1454		
Fax No.:		
Email: clint.scott@ineos.com		

OP-1

Contact Detail

Contact Name

Prefix	First	MI	Last	Suffix
MR	JULIO		RODRIGUEZ	

Contact Title

SITE DIRECTOR

Employer Name

INEOS US CHEMICALS COMPANY ...

Address / Phone Detail

Location

Mailing Address

Line 1 PO BOX 3029 ...

Line 2

City TEXAS CITY State TX Zip 77592 - 3029

Internal Code Country Remove

Physical / Delivery Address

Line 1 ...

Line 2

City State Zip -

Internal Code Country Remove

Electronic Communication

Voice 409 6553330 EXT

Fax EXT

Email Address julio.rodriguez@ineos.com

IMS

COR

- No certification data entered into IMS:

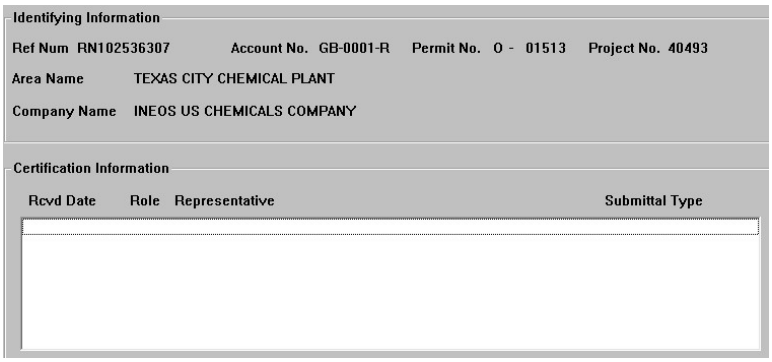
OWNER OPERATOR Signature: Clinton M Scott OWNER OPERATOR

Account Number:	ER065834
Signature IP Address:	131.119.1.204
Signature Date:	2026-06-24
Signature Hash:	4FA879DCD1D39003AD4BA569BD591B7916B4D50575C2A01F14593109D19EF44A
Form Hash Code at time of Signature:	E263D85B922282884A3DD44C15958549F2C23318DA4EF130EFE391690F7596DC

Submission

Reference Number:	The application reference number is 935252
Submitted by:	The application was submitted by ER065834/Clinton M Scott
Submitted Timestamp:	The application was submitted on 2026-06-24 at 19:40:59 CDT
Submitted From:	The application was submitted from IP address 174.203.1.123
Confirmation Number:	The confirmation number is 778994
Steers Version:	The STEERS version is 6.94
Permit Number:	The permit number is 1513

COR



Identifying Information

Ref Num RN102536307 Account No. GB-0001-R Permit No. O - 01513 Project No. 40493

Area Name TEXAS CITY CHEMICAL PLANT

Company Name INEOS US CHEMICALS COMPANY

Certification Information

Rcvd Date	Role	Representative	Submittal Type

IMS

Please feel free to contact me with any questions, concerns, or feedback.

Thank you.

Sean Wheeler

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

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 8:48 AM
To: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Good morning, Sean,

Thank you and I appreciate you.

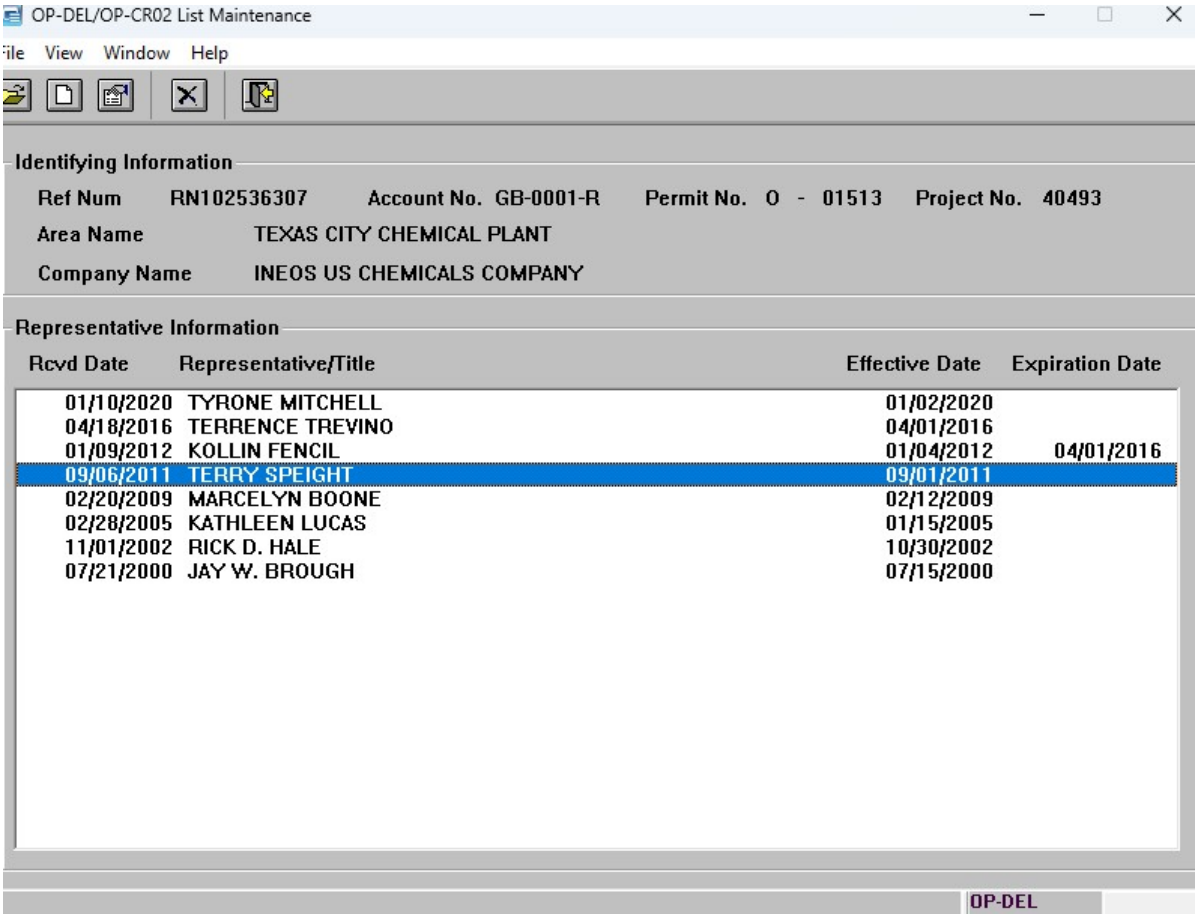
Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Thursday, June 25, 2026 4:22 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Subject: Send to Sean for Peer Review on Monday when I return FW: INEOS US Chemicals Company Permit 1513 Project 40493

Need for CRO2 to certify application and delegate Clint.

From: Carolyn Thomas
Sent: Thursday, June 25, 2026 4:09 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: RE: INEOS US Chemicals Company Permit 1513 Project 40493

Based on our phone call here are DAR that may need to be removed.



From: Carolyn Thomas
Sent: Thursday, June 25, 2026 2:06 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: INEOS US Chemicals Company Permit 1513 Project 40493

Good afternoon Mr. Scott,

I am performing the initial review for the TV Streamline revision INEOS US Chemicals site. Please send the form CRO2 to delegate the Responsible Official to Clint Scott.

Please and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov

Carolyn Thomas

From: Carolyn Thomas
Sent: Monday, June 29, 2026 1:09 PM
To: shelby.sustala@ineos.com
Subject: Any Update on form CRO2 FW: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Hi Ms. Shelby,

I am just following up on the form CRO2.

Thank you and I appreciate you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 1:05 PM
To: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Hi Sean,

There is an additional info email below and in the z drive.

I am waiting on form CRO2 to update the Responsible Official.

You may have missed the additional info email and the email in the thread.

Additional info NOTE: Need for CRO2 to certify application and delegate Clint.

I appreciate you and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

From: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Sent: Monday, June 29, 2026 12:57 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Carolyn,
Peer review completed. See notes below.

OP-1

- RO Contact Detail & Contact Address/Phone Detail – IMS doesn't match OP-1 and OP-CRO1 forms:

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.

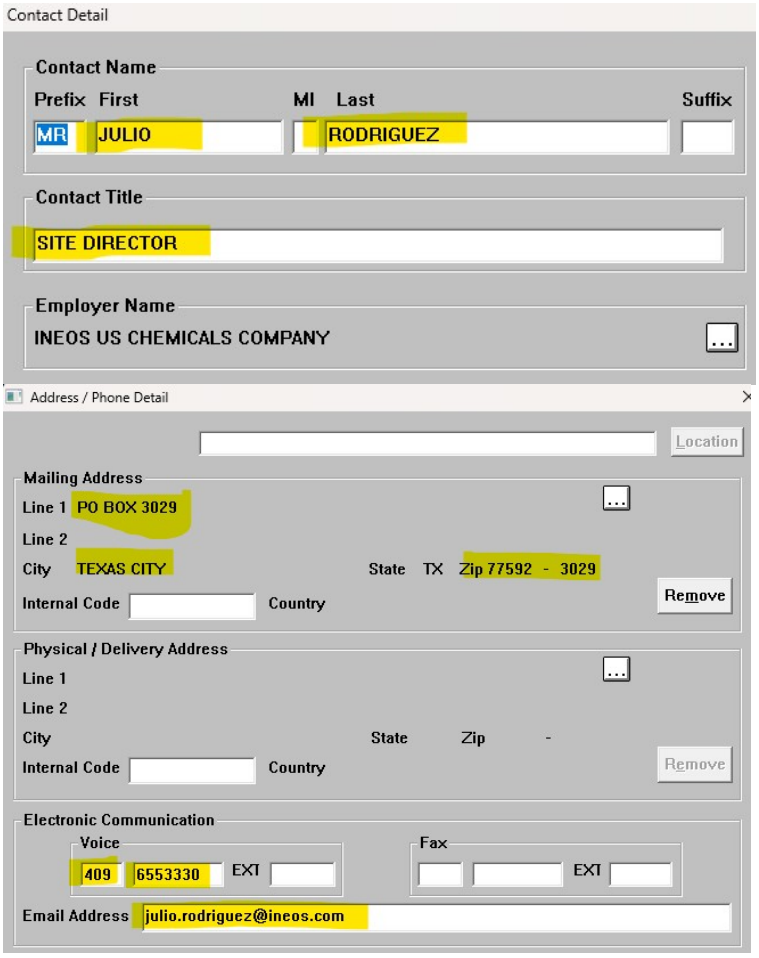
IV. Certification of Truth
This certification does not extend to information which is designated by TCEQ as information for reference only.
I, Clint Scott _____ certify that I am the DAR _____ *(Certifier Name printed or typed)* *(RO or DAR)* and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete: *Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).*
Time Period: From _____ to _____ *(Start Date)* *(End Date)*
Specific Dates: 6/23/2026 _____ _____ _____ *(Date 1)* *(Date 2)* *(Date 3)* *(Date 4)*
_____ _____ *(Date 5)* *(Date 6)*
Signature: [signature] Signature Date: 6/23/2026
Title: Operations Manager

OP-CRO1

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

IV.	**Initial Application Information** *(Complete for Initial Issuance Applications Only.)*	
A.	Is this submittal an abbreviated or a full application?	☐ Abbreviated ☐ Full
B.	If this is a full application, is the submittal a follow-up to an abbreviated application?	☐ Yes ☐ No
C.	If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	☐ Yes ☐ No
D.	Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	☐ Yes ☐ No
E.	Has the required Public Involvement Plan been included with this application?	☐ Yes ☐ No
V.	**Confidential Information**	
A.	Is confidential information submitted in conjunction with this application?	☐ Yes ☒ No
VI.	**Responsible Official (RO) Identifying Information**	
RO Name Prefix: (☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)		
RO Full Name: Clint Scott		
RO Title: Operations Manager		
Employer Name: INEOS US Chemicals Company		
Mailing Address: P.O. Box 1688		
City: Texas City		
State: Texas		
ZIP Code: 77592		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: 409-419-1454		
Fax No.:		
Email: clint.scott@ineos.com		

OP-1

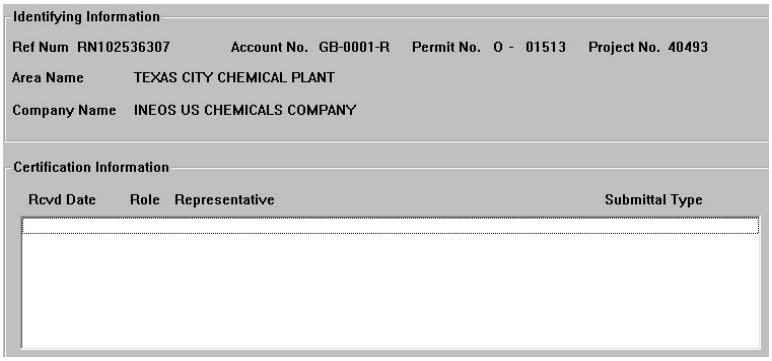


IMS

COR

- No certification data entered into IMS:

COR



IMS

Please feel free to contact me with any questions, concerns, or feedback.

Thank you.

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

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 8:48 AM
To: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Good morning, Sean,

Thank you and I appreciate you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

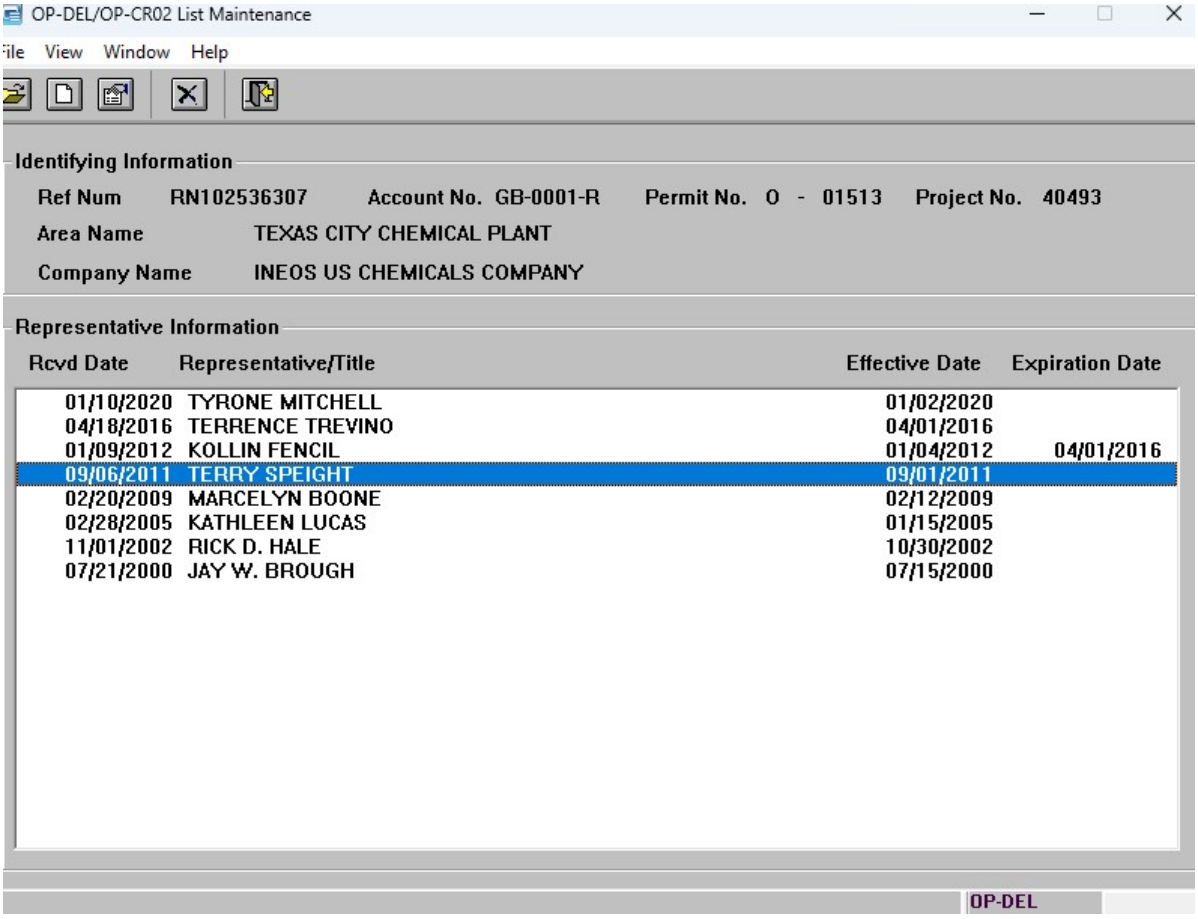
From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Thursday, June 25, 2026 4:22 PM

To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Subject: Send to Sean for Peer Review on Monday when I return FW: INEOS US Chemicals Company Permit 1513 Project 40493

Need for CRO2 to certify application and delegate Clint.

From: Carolyn Thomas
Sent: Thursday, June 25, 2026 4:09 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: RE: INEOS US Chemicals Company Permit 1513 Project 40493

Based on our phone call here are DAR that may need to be removed.



From: Carolyn Thomas
Sent: Thursday, June 25, 2026 2:06 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: INEOS US Chemicals Company Permit 1513 Project 40493

Good afternoon Mr. Scott,

I am performing the initial review for the TV Streamline revision INEOS US Chemicals site. Please send the form CRO2 to delegate the Responsible Official to Clint Scott.

Please and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

Carolyn Thomas

From: Carolyn Thomas
Sent: Monday, June 29, 2026 1:05 PM
To: Sean Wheeler
Cc: Adena Whitton; Nancy Birdsong
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Hi Sean,

There is an additional info email below and in the z drive.

I am waiting on form CRO2 to update the Responsible Official.

You may have missed the additional info email and the email in the thread.

Additional info NOTE: Need for CRO2 to certify application and delegate Clint.

I appreciate you and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov

From: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Sent: Monday, June 29, 2026 12:57 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Carolyn,
Peer review completed. See notes below.

OP-1

- RO Contact Detail & Contact Address/Phone Detail – IMS doesn't match OP-1 and OP-CRO1 forms:

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

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

I, Clint Scott certify that I am the DAR
(Certifier Name printed or typed) *(RO or DAR)*

and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:
Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).

Time Period: From _____ to _____
(Start Date) *(End Date)*

Specific Dates: 6/23/2026 _____ _____ _____
(Date 1) *(Date 2)* *(Date 3)* *(Date 4)*

_____ _____
(Date 5) *(Date 6)*

Signature: [signature] Signature Date: 6/23/2026

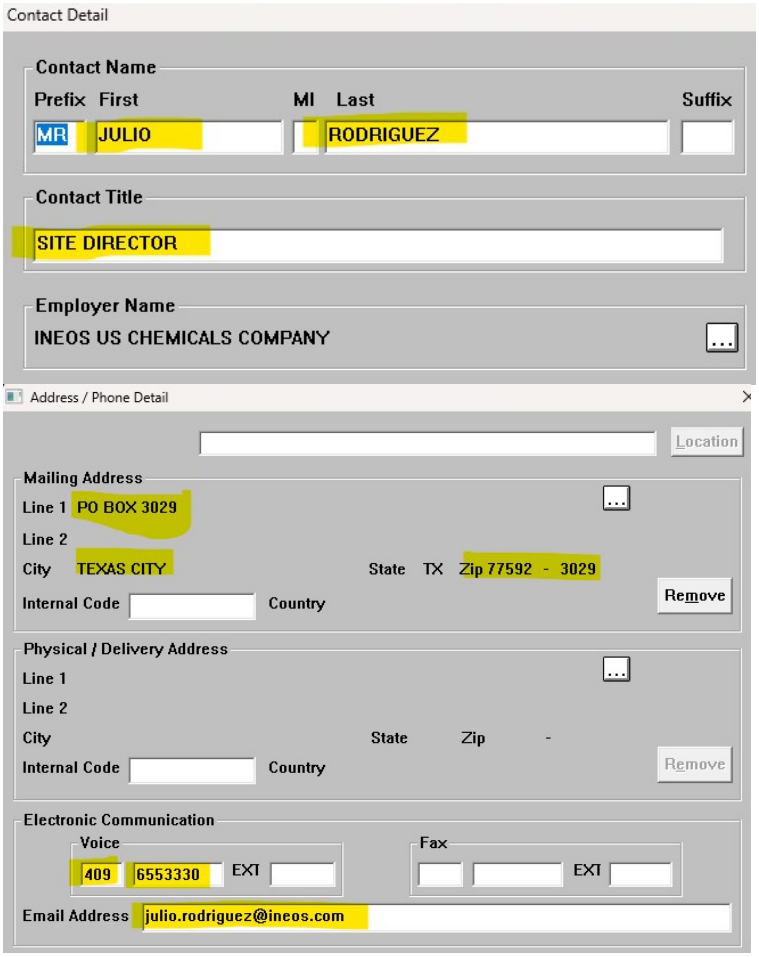
Title: Operations Manager

OP-CRO1

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

IV.	**Initial Application Information** *(Complete for Initial Issuance Applications Only.)*	
A.	Is this submittal an abbreviated or a full application?	☐ Abbreviated ☐ Full
B.	If this is a full application, is the submittal a follow-up to an abbreviated application?	☐ Yes ☐ No
C.	If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	☐ Yes ☐ No
D.	Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	☐ Yes ☐ No
E.	Has the required Public Involvement Plan been included with this application?	☐ Yes ☐ No
V.	**Confidential Information**	
A.	Is confidential information submitted in conjunction with this application?	☐ Yes ☒ No
VI.	**Responsible Official (RO) Identifying Information**	
RO Name Prefix: (☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)		
RO Full Name: **Clint Scott**		
RO Title: **Operations Manager**		
Employer Name: **INEOS US Chemicals Company**		
Mailing Address: **P.O. Box 1688**		
City: **Texas City**		
State: **Texas**		
ZIP Code: **77592**		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: **409-419-1454**		
Fax No.:		
Email: **clint.scott@ineos.com**		

OP-1

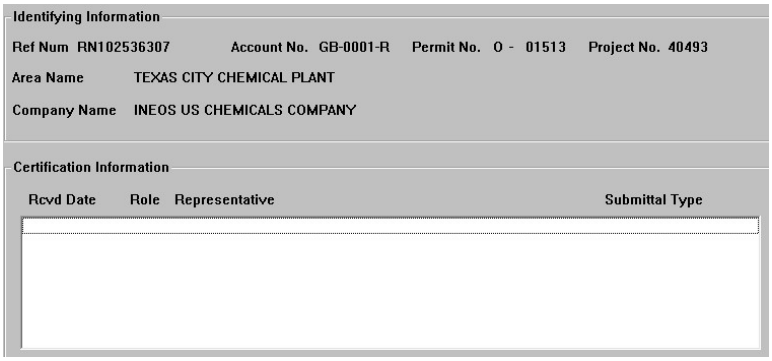


IMS

COR

- No certification data entered into IMS:

COR



IMS

Please feel free to contact me with any questions, concerns, or feedback.

Thank you.

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

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 8:48 AM
To: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Good morning, Sean,

Thank you and I appreciate you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

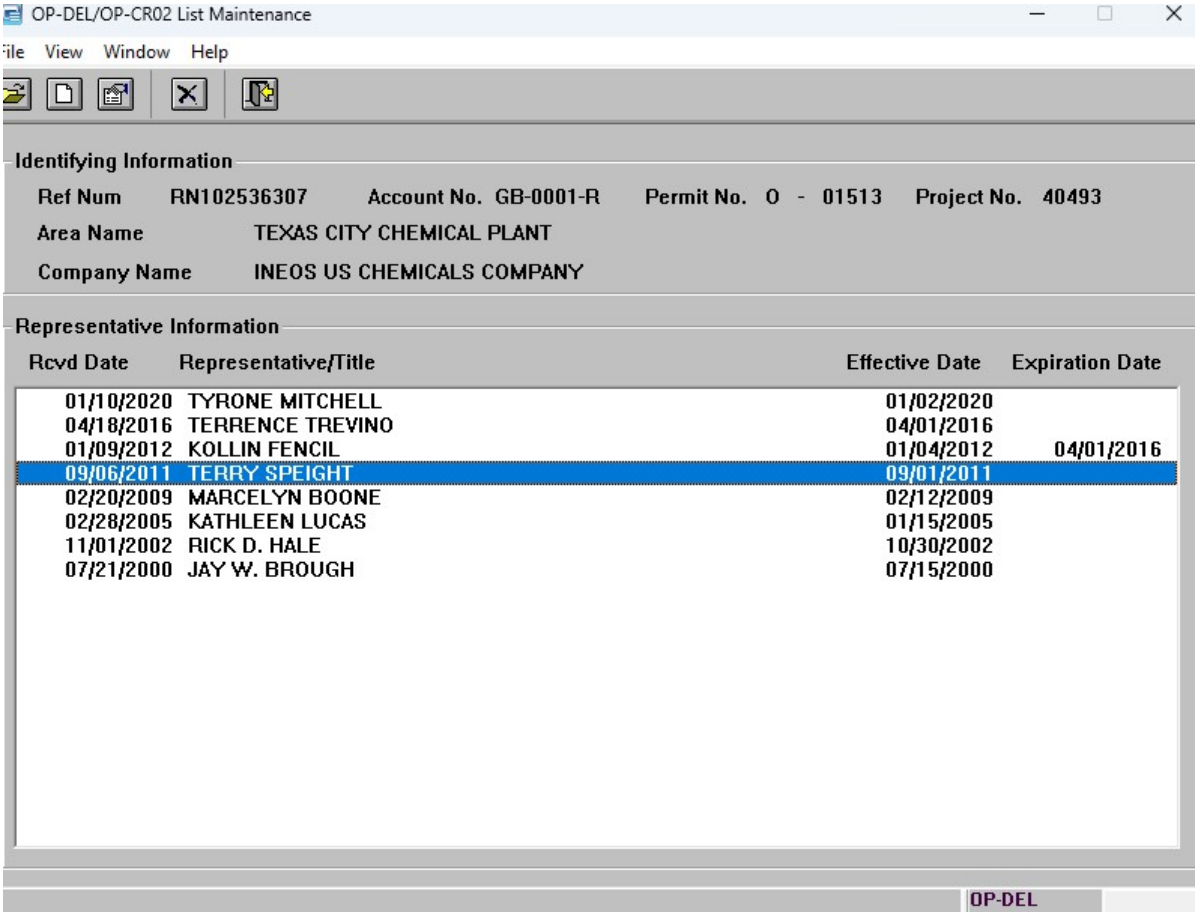
From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Thursday, June 25, 2026 4:22 PM

To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Subject: Send to Sean for Peer Review on Monday when I return FW: INEOS US Chemicals Company Permit 1513 Project 40493

Need for CRO2 to certify application and delegate Clint.

From: Carolyn Thomas
Sent: Thursday, June 25, 2026 4:09 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: RE: INEOS US Chemicals Company Permit 1513 Project 40493

Based on our phone call here are DAR that may need to be removed.



From: Carolyn Thomas
Sent: Thursday, June 25, 2026 2:06 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: INEOS US Chemicals Company Permit 1513 Project 40493

Good afternoon Mr. Scott,

I am performing the initial review for the TV Streamline revision INEOS US Chemicals site. Please send the form CRO2 to delegate the Responsible Official to Clint Scott.

Please and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

Carolyn Thomas

From: Sean Wheeler
Sent: Monday, June 29, 2026 1:55 PM
To: Carolyn Thomas
Cc: Adena Whitton; Nancy Birdsong
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Carolyn,
Thank you for the clarification. Once you've received the CRO2 and updated the RO info, please transfer the project.

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

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 1:05 PM
To: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Hi Sean,

There is an additional info email below and in the z drive.

I am waiting on form CRO2 to update the Responsible Official.

You may have missed the additional info email and the email in the thread.

Additional info NOTE: Need for CRO2 to certify application and delegate Clint.

I appreciate you and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality

Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

From: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Sent: Monday, June 29, 2026 12:57 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: RE: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Carolyn,
Peer review completed. See notes below.

OP-1

- RO Contact Detail & Contact Address/Phone Detail – IMS doesn't match OP-1 and OP-CRO1 forms:

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

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

I, Clint Scott certify that I am the DAR
(Certifier Name printed or typed) *(RO or DAR)*

and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:
Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).

Time Period: From _____ to _____
(Start Date) *(End Date)*

Specific Dates: 6/23/2026 _____ _____ _____
(Date 1) *(Date 2)* *(Date 3)* *(Date 4)*

_____ _____
(Date 5) *(Date 6)*

Signature: _____ Signature Date: 6/23/2026

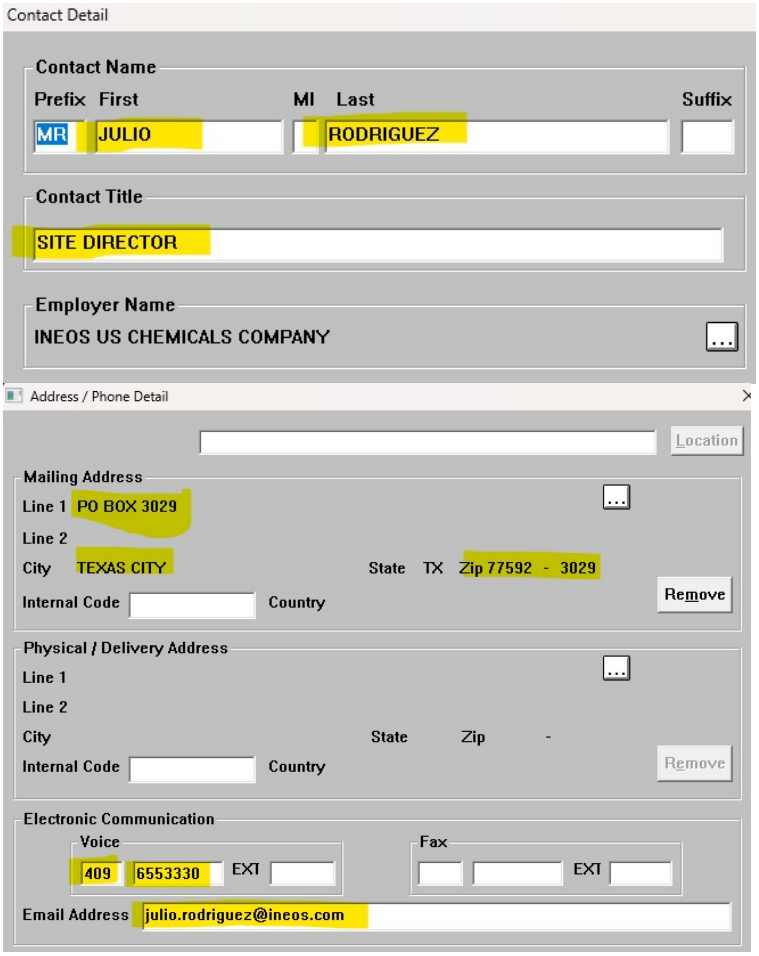
Title: Operations Manager

OP-CRO1

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

IV.	**Initial Application Information** *(Complete for Initial Issuance Applications Only.)*	
A.	Is this submittal an abbreviated or a full application?	☐ Abbreviated ☐ Full
B.	If this is a full application, is the submittal a follow-up to an abbreviated application?	☐ Yes ☐ No
C.	If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	☐ Yes ☐ No
D.	Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	☐ Yes ☐ No
E.	Has the required Public Involvement Plan been included with this application?	☐ Yes ☐ No
V.	**Confidential Information**	
A.	Is confidential information submitted in conjunction with this application?	☐ Yes ☒ No
VI.	**Responsible Official (RO) Identifying Information**	
RO Name Prefix: (☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)		
RO Full Name: **Clint Scott**		
RO Title: **Operations Manager**		
Employer Name: **INEOS US Chemicals Company**		
Mailing Address: **P.O. Box 1688**		
City: **Texas City**		
State: **Texas**		
ZIP Code: **77592**		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: **409-419-1454**		
Fax No.:		
Email: **clint.scott@ineos.com**		

OP-1



IMS

COR

- No certification data entered into IMS:

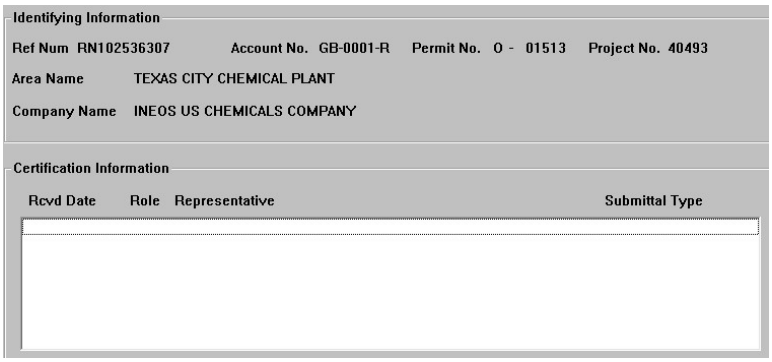
OWNER OPERATOR Signature: Clinton M Scott OWNER OPERATOR

Account Number:	ER065834
Signature IP Address:	131.119.1.204
Signature Date:	2026-06-24
Signature Hash:	4FA879DCD1D39003AD4BA569BD591B7916B4D50575C2A01F14593109D19EF44A
Form Hash Code at time of Signature:	E263D85B922282884A3DD44C15958549F2C23318DA4EF130EFE391690F7596DC

Submission

Reference Number:	The application reference number is 935252
Submitted by:	The application was submitted by ER065834/Clinton M Scott
Submitted Timestamp:	The application was submitted on 2026-06-24 at 19:40:59 CDT
Submitted From:	The application was submitted from IP address 174.203.1.123
Confirmation Number:	The confirmation number is 778994
Steers Version:	The STEERS version is 6.94
Permit Number:	The permit number is 1513

COR



Identifying Information

Ref Num RN102536307 Account No. GB-0001-R Permit No. O - 01513 Project No. 40493

Area Name TEXAS CITY CHEMICAL PLANT

Company Name INEOS US CHEMICALS COMPANY

Certification Information

Rcvd Date	Role	Representative	Submittal Type

IMS

Please feel free to contact me with any questions, concerns, or feedback.

Thank you.

Sean Wheeler

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

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Monday, June 29, 2026 8:48 AM
To: Sean Wheeler <Sean.Wheeler@tceq.texas.gov>
Cc: Adena Whitton <adena.whitton@tceq.texas.gov>; Nancy Birdsong <nancy.birdsong@tceq.texas.gov>
Subject: PEER REVIEW INEOS US Chemicals Company Permit 1513 Project 40493 Streamline Revision

Good morning, Sean,

Thank you and I appreciate you.

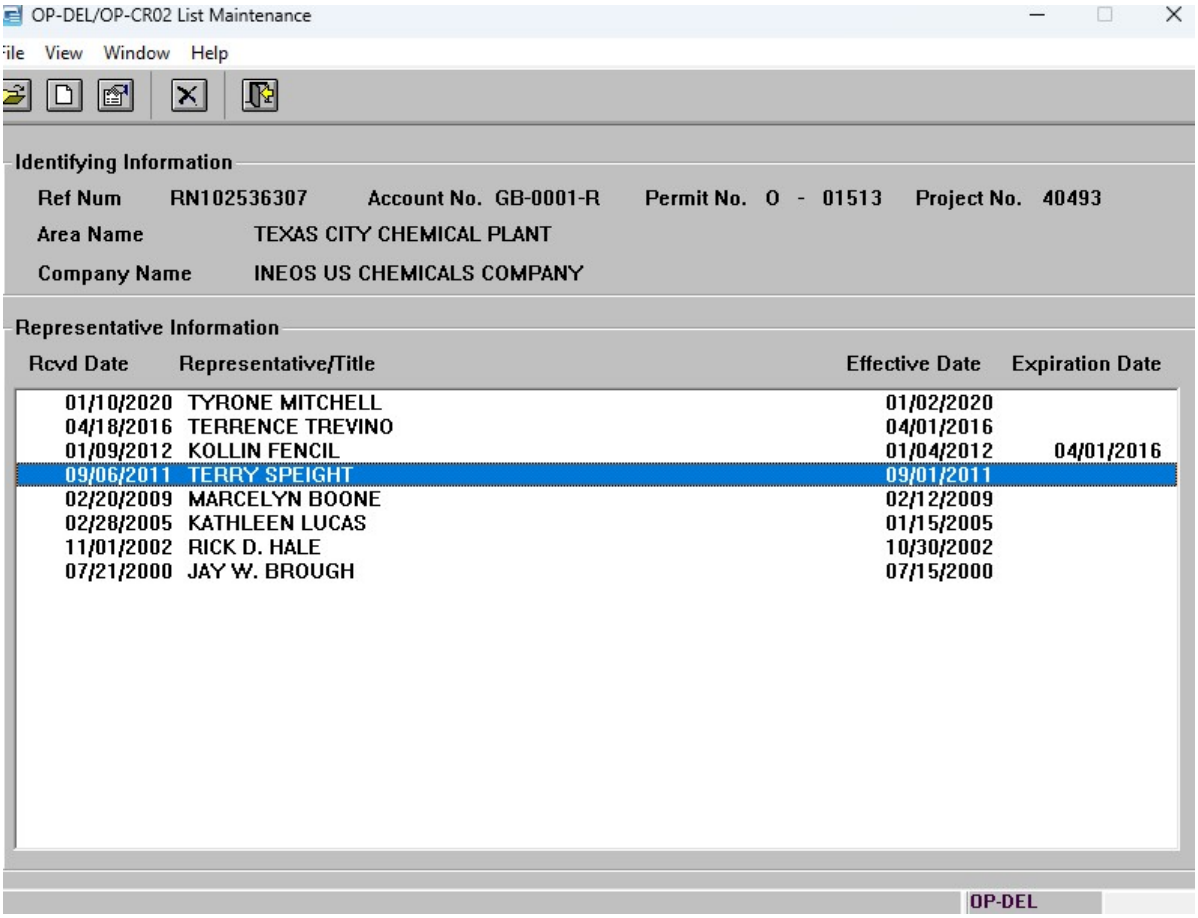
Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Thursday, June 25, 2026 4:22 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Subject: Send to Sean for Peer Review on Monday when I return FW: INEOS US Chemicals Company Permit 1513 Project 40493

Need for CRO2 to certify application and delegate Clint.

From: Carolyn Thomas
Sent: Thursday, June 25, 2026 4:09 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: RE: INEOS US Chemicals Company Permit 1513 Project 40493

Based on our phone call here are DAR that may need to be removed.



From: Carolyn Thomas
Sent: Thursday, June 25, 2026 2:06 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: INEOS US Chemicals Company Permit 1513 Project 40493

Good afternoon Mr. Scott,

I am performing the initial review for the TV Streamline revision INEOS US Chemicals site. Please send the form CRO2 to delegate the Responsible Official to Clint Scott.

Please and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

Form OP-CRO2 - Instructions
Change of Responsible Official Information
Texas Commission on Environmental Quality

General:

Title 30 Texas Administrative Code § 122.165 (30 TAC § 122.165) (relating to "Certification by a Responsible Official") states that the Texas Commission on Environmental Quality (TCEQ) shall be notified of any appointment of a new Responsible Official (RO). Notification of appointments of new Designated Representatives (DR) and/or Alternate Designated Representatives (ADR) is also required. A revised U.S. Environmental Protection Agency (EPA) form (Certificate of Representation) must also be submitted to EPA, and a copy submitted to TCEQ, for changes of DR and/or ADR. To maintain accurate records regarding applications and permits, TCEQ requires that administrative information changes (e.g., address, phone number, or title) for the RO, DR, or ADR also be reported. This form satisfies the requirements for these notifications.

During an application review, change notifications should be included in the next submittal to TCEQ regarding the permit. Please notify TCEQ in advance of changes. Also, note that information changes pertaining to only one type of contact may be submitted per form. If the change(s) applies to more than one individual, submit separate forms for each. After the initial submittal, if there is a new Duly Authorized Representative (DAR) appointment or an administrative information change (e.g., address, phone number, or title) regarding the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to TCEQ.

This form must bear the signature of either the RO, DR, or ADR. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as **DocuSign will not be accepted**. **The Signature Date will be used to validate the signature authority of the RO, DR, or ADR, and must be on or after the effective date of the RO, DR, or ADR certifying to the change.** An RO, DR, or ADR cannot certify information unless the RO, DR, or ADR has signature authority. The effective date of the RO, DR, or ADR certifying to the change will be based on one of the following:

1. the date the initial application was submitted, if the name of the RO certifying to the change was included in the initial application submittal on Form OP-1 (Site Information Summary); or
2. the date the initial EPA Form 7610-1 (Certificate of Representation) was signed, if the name of the DR or ADR certifying to the change was included in the initial submittal of EPA Form 7610-1; or
3. the Appointment Effective Date on Form OP-CRO2, if the RO, DR, or ADR certifying to the change is not the original RO, DR, or ADR included in the initial Form OP-1 or EPA Form 7610-1, and the RO, DR, or ADR was changed via Form OP-CRO2.

This form must be submitted to TCEQ through Title V STEERS. A copy of the form must also be submitted to the appropriate TCEQ Regional Office and EPA. Information on where to submit this form can be found on the TCEQ website at: www.tceq.texas.gov/permitting/air/titlev/submittal.html.

TCEQ also requires that a Core Data Form be submitted on all incoming applications unless **all** the following are met: the Regulated Entity Number (RN) and Customer Reference Number (CN) have been issued by TCEQ and no core data information has changed. The Central Registry is a common record area of TCEQ which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred as "core data." The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the CN and the RN. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial permit for a site, then the Core Data Form must be completed and submitted with application forms. If amending, modifying, or otherwise updating an existing record for a site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ website at: www.tceq.texas.gov/permitting/central_registry/guidance.html.

Specific:

I. Identifying Information

- **Account No.:** Enter the primary TCEQ account number (*XX-XXXX-X*) for the site if issued.

  Note: Please use these instructions when completing Section V, if applicable.

- **RN:** Enter the Regulated Entity Number (RN) for the site if issued. This number is issued by TCEQ as part of the central registry process. If an RN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space (maximum 11 characters; RNXXXXXXXXX).
  Note: Please use these instructions when completing Section V, if applicable.

- **CN:** Enter the Customer Reference Number (CN) for the site if issued. This number is issued by TCEQ as part of the central registry process. If a CN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space (maximum 11 characters; CNXXXXXXXXX).
  Note: Please use these instructions when completing Section V, if applicable.

- **Permit No.:** Enter the operating permit number, if known (O*XXXX*). If this is an initial application submittal for an SOP, a TOP, or a GOP, the permit number will be assigned upon receipt by TCEQ. In this case, enter "TBA" for "to be assigned." The permit number will appear on all correspondence from TCEQ regarding a specific application or group of applications. The applicant may contact the permit review engineer for assistance.
  Note: Please use these instructions when completing Section V, if applicable.

- **Area Name:** Enter the area name used on Form OP-1 (Site Information Summary) of the initial application. If there is only one permit at the site, the area name is the same as the site name (maximum 50 characters).
  Note: Please use these instructions when completing Section V if applicable.

- **Company Name:** Enter the name of the company, corporation, organization, individual, etc. applying for or holding the referenced permit (maximum 50 characters).
  Note: Please use these instructions when completing Section V, if applicable.

II. Change Types

- **Action Type:** Indicate the type of action, "New Appointment" (of the RO, DR, or ADR) or "Administrative Information Change," by placing an "X" in the appropriate box.

- **Contact Type:** Indicate one of the following options for the type of appointment or the role of the individual whose information is being changed or updated by placing an "X" in the appropriate box. Only one response can be accepted per form. If the change(s) applies to more than one individual, submit separate forms for each.

  - Responsible Official
  - Designated Representative *(Acid Rain Program and/or CSAPR sources only)*
  - Alternate Designated Representative *(Acid Rain Program and/or CSAPR sources only)*

Note: The DAR appointments and information changes are submitted on Form OP-DEL (see "General").

III. Responsible Official/Designated Representative/Alternate Designated Representative Information

- **Conventional Title:** Place an "X" next to the appropriate conventional title (Mr. /Mrs. /Ms. /Dr.).
- **Name:** For submittals with an "Action Type" designation of "New Appointment," enter the name of the new RO, DR, or ADR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the name of the current RO, DR, or ADR, incorporating any necessary changes (maximum 25 characters). Note: Use the name on the driver's license associated with the STEERS account.
- **Title:** For submittals with an "Action Type" designation of "New Appointment," enter the title of the new RO, DR, or ADR (maximum 25 characters). For submittals with an "Action Type" designation of "Administrative Information Change," enter the title of the current RO, DR, or ADR, incorporating any necessary changes (maximum 25 characters).
- **Appointment Effective Date:** For submittals with an "Action Type" designation of "New Appointment", enter the date that the appointment of the new RO, DR, or ADR became, or will become, effective (*MM/DD/YYYY*).

  For submittals with an "Action Type" designation of "Administrative Information Change," leave the Appointment Effective Date blank. The signature date in Section IV will become the effective date of the information change(s).
- **Telephone Number:** For submittals with an "Action Type" designation of "New Appointment," enter the telephone number with the area code of the new RO, DR, or ADR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the telephone number of the current RO, DR, or ADR, if changed. If the telephone number is unchanged, leave the space blank.
- **Fax Number:** For submittals with an "Action Type" designation of "New Appointment," enter the fax number with the area code of the new RO, DR, or ADR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the fax number of the current RO, DR, or ADR, if changed. If the fax number is unchanged, leave the space blank.
- **Company Name:** For submittals with an "Action Type" designation of "New Appointment," enter the company name for the new RO, DR, or ADR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the company name of the current RO, DR, or ADR, if changed. If the company name is unchanged, leave the space blank (maximum 50 characters).
- **Mailing Address:** For submittals with an "Action Type" designation of "New Appointment," enter the mailing address for the new RO, DR, or ADR, including city, state, and zip code. For submittals with an "Action Type" designation of "Administrative Information Change," enter the city, state, and zip code of the mailing address for the current RO, DR, or ADR, if changed. If any portion of the mailing address is unchanged, leave the corresponding space blank. (address maximum - 50 characters; city maximum 25 characters)
- **Email Address:** For submittals with an "Action Type" designation of "New Appointment," enter the email address for the new RO, DR, or ADR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the email address for the current RO, DR, or ADR, if changed. If the email address is unchanged, leave the space blank. (email address - maximum 50 characters)

IV. Certification of Truth, Accuracy, and Completeness

For submittals with an "Action Type" designation of "New Appointment," enter the information of the new RO, DR, or ADR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the information for the current RO, DR, or ADR.

- **Certifier Name:** Print or type the name of the RO, DR, or ADR (maximum 25 characters).
- **Signature:** Affix the signature of the RO, DR, or ADR.
- **Signature Date:** Enter the date this form was signed by the RO, DR, or ADR (MM/DD/YYYY).

Note: The Signature Date will be used to validate the signature authority of the RO, DR, or ADR, and must be on or after the effective date of the RO, DR, or ADR certifying to the change. See the "General" section for information regarding the effective date of an RO, DR, or ADR.

Extension Page

V. Additional Identifying Information

Complete this table only if this certification form is being used to certify information on multiple application areas or sites for which the RO, DR, or ADR has signature authority. Please see the instructions in Section I of this form for completing the identifying information.

Note: Please include Federal Operating Permit Numbers only. New Source Review Permit Numbers should not be included on this form.

Form OP-CRO2
Change of Responsible Official Information
Federal Operating Permit Program

The Texas Commission on Environmental Quality (TCEQ) shall be notified of a new appointment or administrative information change (e.g., address, phone number, title) for a Responsible Official (RO), Designated Representative (DR), or Alternate Designated Representative (ADR) in the next submittal. This form satisfies the requirements for notification (a revised Certificate of Representation must also be submitted to the U.S. Environmental Protection agency for changes in the DR and ADR). After the initial submittal, if there is a change of Duly Authorized Representative (DAR) appointment or administrative information changes for the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to TCEQ.

I. Identifying Information
Account No.: GB-0001-R
Regulated Entity Number: RN 102536307
Customer Reference Number: CN 600126775
Permit Number: O1513
Area Name: Texas City Chemical Plant
Company: INEOS US Chemicals Company
II. Change Type
Action Type: ☒ New Appointment ☐ Administrative Information Change
Contact Type **(only one response accepted per form)**: ☒ Responsible Official ☐ Designated Representative *(Acid Rain Program and/or CSAPR sources only)* ☐ Alternate Designated Representative *(Acid Rain Program and/or CSAPR sources only)*

Form OP-CRO2
Change of Responsible Official Information
Federal Operating Permit Program

III. Responsible Official/Designated Representative/Alternate Designated Representative Information
Conventional Title: ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.
Name (Driver's License/STEERS): Clinton M Scott
Title: Operations Manager
Appointment Effective Date: 10/16/25
Telephone Number: 409-419-1454
Fax Number.:
Company Name: INEOS US Chemicals Company
Mailing Address: P.O. Box 1688
City: Texas City
State: Texas
ZIP Code: 77592
Email Address: clint.scott@ineos.com

Form OP-CRO2
Change of Responsible Official Information
Federal Operating Permit Program

IV. Certification of Truth, Accuracy, and Completeness
This certification does not extend to information, which is designated by TCEQ as information for reference only.
I, Clinton M Scott, certify that based on information and belief formed Reasonable inquiry, the statement and information stated above are true, accurate, and complete.
Signature: Clinton M Scott
Signature Date: 06/29/2026

Change of Responsible Official
Federal Operating Permit Program
(Extension)

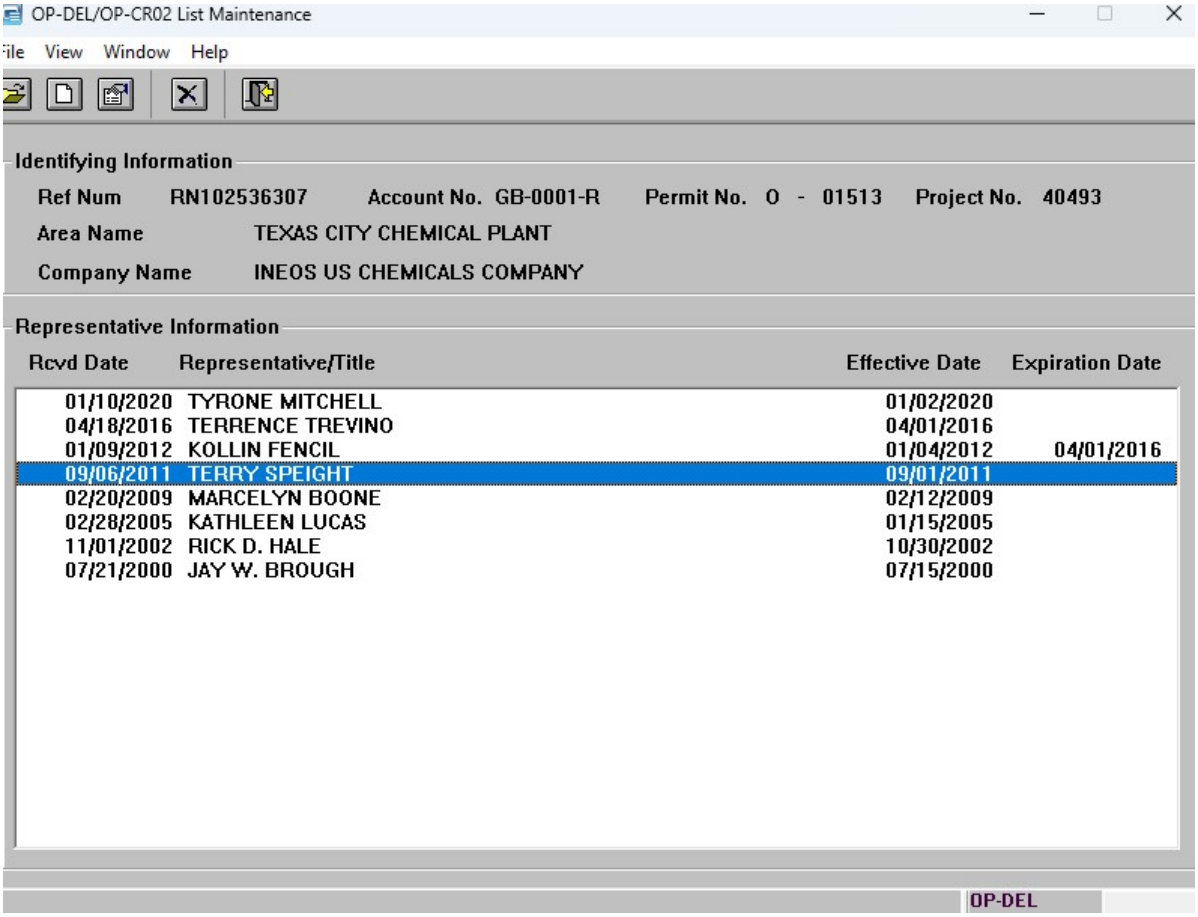
V. Additional Identifying Information
Account No.:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit No.:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:

Reset Form Print Form

Carolyn Thomas

From: Carolyn Thomas
Sent: Thursday, June 25, 2026 4:09 PM
To: 'clint.scott@ineos.com'; 'shelby.sustala@ineos.com'
Subject: RE: INEOS US Chemicals Company Permit 1513 Project 40493

Based on our phone call here are DAR that may need to be removed.



From: Carolyn Thomas
Sent: Thursday, June 25, 2026 2:06 PM
To: 'clint.scott@ineos.com' <clint.scott@ineos.com>; 'shelby.sustala@ineos.com' <shelby.sustala@ineos.com>
Subject: INEOS US Chemicals Company Permit 1513 Project 40493

Good afternoon Mr. Scott,

I am performing the initial review for the TV Streamline revision INEOS US Chemicals site. Please send the form CRO2 to delegate the Responsible Official to Clint Scott.

Please and thank you.

Thank you,

Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail.
How are we doing? www.tceq.texas.gov/customersurvey

Carolyn Thomas

From: Carolyn Thomas
Sent: Thursday, June 25, 2026 2:06 PM
To: 'clint.scott@ineos.com'; 'shelby.sustala@ineos.com'
Subject: INEOS US Chemicals Company Permit 1513 Project 40493

Good afternoon Mr. Scott,

I am performing the initial review for the TV Streamline revision INEOS US Chemicals site. Please send the form CRO2 to delegate the Responsible Official to Clint Scott.

Please and thank you.

Thank you,
Carolyn Thomas
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air Texas Commission on Environmental Quality
Phone: (512) 239-5127
Fax: (512) 233-0973
E-mail: carolyn.thomas@tceq.texas.gov
Web site: www.tceq.texas.gov

Texas Commission on Environmental Quality

Title V Existing

1513

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	TEXAS CITY CHEMICAL PLANT
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	2800 FM 519 E
City	Texas City
State	TX
ZIP	77590
County	GALVESTON
Latitude (N) (##.######)	29.359166
Longitude (W) (-###.######)	94.927777
Primary SIC Code	2865
Secondary SIC Code	
Primary NAICS Code	325110
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN102536307
What is the name of the Regulated Entity (RE)?	INEOS US CHEMICALS
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	2800 FM 519 RD E
City	TEXAS CITY
State	TX
ZIP	77590
County	GALVESTON
Latitude (N) (##.######)	29.359166
Longitude (W) (-###.######)	-94.927777
Facility NAICS Code	
What is the primary business of this entity?	PETROCHEMICAL MANUFACTURER

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN600126775
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	INEOS US Chemicals Company
Texas SOS Filing Number	1156906
Federal Tax ID	362347240
State Franchise Tax ID	13623472407
State Sales Tax ID	

Local Tax ID	
DUNS Number	5944243
Number of Employees	501+
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:	
Organization Name	INEOS US Chemicals Company
Prefix	MR
First	Clint
Middle	
Last	Scott
Suffix	
Credentials	
Title	Operations Manager
Enter new address or copy one from list:	RE Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 1688
Routing (such as Mail Code, Dept., or Attn:)	
City	TEXAS CITY
State	TX
ZIP	77592
Phone (###-###-####)	4094191454
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	clint.scott@ineos.com

Technical Contact

Person TCEQ should contact for questions about this application:	
Select existing TC contact or enter a new contact.	New Contact
Organization Name	INEOS US Chemicals Company
Prefix	MS
First	Shelby
Middle	
Last	Sustala
Suffix	
Credentials	
Title	Environmental Engineer
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 1688

Routing (such as Mail Code, Dept., or Attn:)	
City	TEXAS CITY
State	TX
ZIP	77592
Phone (###-###-####)	4094191254
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	shelby.sustala@ineos.com

Title V General Information - Existing

1) Permit Type:	SOP
2) Permit Latitude Coordinate:	29 Deg 21 Min 33 Sec
3) Permit Longitude Coordinate:	94 Deg 55 Min 40 Sec
4) Is this submittal a new application or an update to an existing application?	New Application
4.1. What type of permitting action are you applying for?	Streamlined Revision
4.1.1. Are there any permits that should be voided upon issuance of this permit application through permit conversion?	No
4.1.2. Are there any permits that should be voided upon issuance of this permit application through permit consolidation?	No
5) Does this application include Acid Rain Program or Cross-State Air Pollution Rule requirements?	No

Title V Attachments Existing

Attach OP-1 (Site Information Summary)

[File Properties]

File Name	OP-1.pdf
Hash	87F36DD3E7CED215CD9C44FA5B45AD94C5D31DDE38496D008065224D0FDD6D5B
MIME-Type	application/pdf

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

[File Properties]

File Name	OP-2.pdf
Hash	E91DA7D2353D0446A577470A1CD787521514CB6AF5CCDD195F30E894DD203FAF
MIME-Type	application/pdf

Attach OP-REQ1 (Application Area-Wide Applicability Determinations and General Information)

Attach OP-REQ2 (Negative Applicable Requirement Determinations)

Attach OP-REQ3 (Applicable Requirements Summary)

[File Properties]

File Name	OP-REQ3.pdf

Hash	5748FC6B89DC0AFEF42408C0C44233EED94BB05867A2E5C8637E6804FBB7EBE8
MIME-Type	application/pdf

Attach OP-PBRSUP (Permits by Rule Supplemental Table)

Attach OP-SUMR (Individual Unit Summary for Revisions)

[File Properties]

File Name	OP-SUMR.pdf
Hash	3D6C2F242D1F2052AA1BABB7415CC02CFAC06003D874D0FEDD2C4BCEB79299A6
MIME-Type	application/pdf

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

[File Properties]

File Name	OP-UA13.pdf
Hash	35FC305F730A2A598A73A94BC85A30465E200339622A2F4C0430EEA3CDD03511
MIME-Type	application/pdf

If applicable, attach OP-AR1 (Acid Rain Permit Application)

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

Attach any other necessary information needed to complete the permit.

[File Properties]

File Name	O1513 Minor Revision 2026_06_23.pdf
Hash	49640B2F9F9CFAD68DBC975B2E143BB877D4942A3D6985ACB858BB1A9CD44C60
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 Clinton M Scott, the owner of the STEERS account ER065834.
2. I have the authority to sign this data on behalf of the applicant named above.

3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcemer of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Title V Existing 1513.
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: Clinton M Scott OWNER OPERATOR

Account Number:	ER065834
Signature IP Address:	131.119.1.204
Signature Date:	2026-06-24
Signature Hash:	4FA879DCD1D39003AD4BA569BD591B7916B4D50575C2A01F14593109D19EF44A
Form Hash Code at time of Signature:	E263D85B922282884A3DD44C15958549F2C23318DA4EF130EFE391690F7596DC

Submission

Reference Number:	The application reference number is 935252
Submitted by:	The application was submitted by ER065834/Clinton M Scott
Submitted Timestamp:	The application was submitted on 2026-06-24 at 19:40:59 CDT
Submitted From:	The application was submitted from IP address 174.203.1.123
Confirmation Number:	The confirmation number is 778994
Steers Version:	The STEERS version is 6.94
Permit Number:	The permit number is 1513

Additional Information

Application Creator: This account was created by Shelby R Sustala

Cooling Tower Attributes
Form OP-UA13
Federal Operating Permit Program
Texas Commission on Environmental Quality

Table 3a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)
Subchapter H, Division 2: Cooling Tower Heat Exchange Systems

Unit ID No.	SOP Index No.	Cooling Tower Heat Exchange Systems Exemptions	Alternative Monitoring	Modified Monitoring	Approved Monitoring ID No.
PX3-CTWR	R5760-0191	HRVOC5-	NO	NO	

Go to the Table of Contents

Cooling Tower Attributes
Form OP-UA13
Federal Operating Permit Program
Texas Commission on Environmental Quality

Table 3b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)
Subchapter H, Division 2: Cooling Tower Heat Exchange Systems

Unit ID No.	SOP Index No.	Jacketed Reactor	Design Capacity	Finite Volume System	Flow Monitoring/ Testing Method	Total Strippable VOC	On-Line Monitor
PX3-CTWR	R5760-0191	NO	8000-		HRVOC	NO	NO

Go to the Table of Contents

Cooling Tower Attributes
Federal Operating Permit Program
Texas Commission on Environmental Quality

Form OP-SUM - Individual Unit Summary
Table 1

Unit AI	Revision No.	Unit ID No.	Group ID No.	Unit Name/Description	CAM	PCA AI	Preconstruction Authorization (PCA) Category	Authorization/ Registration Number	Permit By Rule (PBR) Number	PBR Effective Date
	1	PX3-CTWR		PX3 COOLING TOWER			NSR Permit	1176 PSDTX782		

Applicable Requirements Summary
Form OP-REQ3 (Page 1)
Federal Operating Permit Program

Table 1a: Additions

Date: 6/23/2026	Regulated Entity No.: RN102536307	Permit No.: O1513
Company Name: INEOS US CHEMICALS COMPANY	Area Name: Texas City Chemical Plan	

Revision No.	Unit/Group/Process ID No.	Unit/Group/Process Applicable Form	SOP/GOP Index No	Pollutant	Applicable Regulatory Requirement Name	Applicable Regulatory Requirement Standard(s)
1	PX3-CTWR		R5760-0191	HRVOC	30 TAC Chapter 115, HROVC Cooling Towers	§115.767(3) §115.767(6) §115.766(i) §115.764(b)(1)

Applicable Requirements Summary
Form OP-REQ3 (Page 2)
Federal Operating Permit Program

Table 1b: Additions

Date: 6/23/2026	Regulated Entity No.: RN102536307	Permit No.: O1513
Company Name: INEOS US CHEMICALS COMPANY	Area Name: Texas City Chemical Plan	

Revision No.	Unit/Group/Process ID No.	SOP/GOP Index No.	Pollutant	Monitoring and Testing Requirements	Recordkeeping Requirements	Reporting Requirements
1	PX3-CTWR	R5760-0191	HRVOC	§115.764(c) §115.764(b)(1), [G](g)(1) §115.764(d)	§115.766(c), §115.766(d), §115.766(i)(1)	§115.766(i)(2)

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

Date: **06-23-2026**	
Permit No.: **O1513**	
Regulated Entity No.: **RN102536307**	
Company Name: **INEOS US Chemical Company**	
For Submissions to EPA	
Has an electronic copy of this application been submitted (or is being submitted) to EPA?	☒ YES ☐ NO
I. Application Type	
Indicate the type of application:	
☐ Renewal	
☒ Streamlined Revision (Must include provisional terms and conditions as explained in the instructions.)	
☐ Significant Revision	
☐ Revision Requesting Prior Approval	
☐ Administrative Revision	
☐ Response to Reopening	
II. Qualification Statement	
For SOP Revisions Only	☒ YES ☐ NO
For GOP Revisions Only	☐ YES ☐ NO

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

III. Major Source Pollutants (Complete this section if the permit revision is due to a change at the site or change in regulations.)						
Indicate all pollutants for which the site is a major source based on the site's potential to emit: *(Check the appropriate box[es].)*						
☒ VOC	☒ NO_X	☐ SO_2	☐ PM_{10}	☒ CO	☐ Pb	☒ HAP
Other:						
IV. Reference Only Requirements *(For reference only)*						
Has the applicant paid emissions fees for the most recent agency fiscal year (September 1 - August 31)?				☒ YES	☐ NO	☐ N/A
V. Delinquent Fees and Penalties						
Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and penalty protocol.						

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

Date**: 06-23-2026**
Permit No.: **O1513**
Regulated Entity No.: **RN102536307**
Company Name: **INEOS US Chemicals Company**

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

Revision No.	Revision Code		Unit/Group	Process	NSR Authorization	Description of Change and Provisional Terms and Conditions
		New Unit	ID No.	Applicable Form		
1	MS-C	No	PX3-CTWR	OP-UA13	1176, PSDTX782	Modify monitoring requirements to represent the flow of cooing water from only the HRVOC-containing process units.

Federal Operating Permit Program
Application for Permit Revision/Renewal
Form OP-2-Table 3
Texas Commission on Environmental Quality

Date**: 06-23-2026**		
Permit No.: **O1513**		
Regulated Entity No.: **RN102536307**		
Company Name: **INEOS US Chemicals Company**		
I.	**Significant Revision** *(Complete this section if you are submitting a significant revision application or a renewal application that includes a significant revision.)*	
A.	Is the site subject to bilingual requirements pursuant to 30 TAC § 122.322?	☒ YES ☐ NO
B.	Indicate the alternate language(s) in which public notice is required: **Spanish**	
C.	Will, there be a change in air pollutant emissions as a result of the significant revision?	☐ YES ☐ NO

Federal Operating Permit Program
Application for Permit Revision/Renewal
Form OP-2-Table 3
Texas Commission on Environmental Quality

Using the table below, indicate the air pollutant(s) that will be changing and include a brief description of the change in pollutant emissions for each pollutant:

Pollutant	Description of the Change in Pollutant Emissions

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

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

I.	**Company Identifying Information**
A.	Company Name: **INEOS US Chemicals Company**
B.	Customer Reference Number (CN): **CN600126775**
C.	Submittal Date *(mm/dd/yyyy)*: **6/23/2026**
II.	**Site Information**
A.	Site Name: **INEOS US Chemicals**
B.	Regulated Entity Reference Number (RN): **RN102536307**
C.	Indicate affected state(s) required to review permit application: *(Check the appropriate box[es].)*
☐ AR ☐ CO ☐ KS ☐ LA ☐ NM ☐ OK ☒ **N/A**	
D.	Indicate all pollutants for which the site is a major source based on the site's potential to emit: *(Check the appropriate box[es].)*
☒ **VOC** ☒ **NO_X** ☐ SO_2 ☐ PM_{10} ☒ **CO** ☐ Pb ☒ **HAPS**	
Other:	
E.	Is the site a non-major source subject to the Federal Operating Permit Program? ☐ Yes ☒ **No**
F.	Is the site within a local program area jurisdiction? ☒ **Yes** ☐ No
G.	Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? ☐ Yes ☒ **No**
H.	Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging: **NA**
III.	**Permit Type**
A.	Type of Permit Requested: *(Select only one response)*
☒ **Site Operating Permit (SOP)** ☐ Temporary Operating Permit (TOP) ☐ General Operating Permit (GOP)	

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

IV.	**Initial Application Information** *(Complete for Initial Issuance Applications Only.)*	
A.	Is this submittal an abbreviated or a full application?	☐ Abbreviated ☐ Full
B.	If this is a full application, is the submittal a follow-up to an abbreviated application?	☐ Yes ☐ No
C.	If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	☐ Yes ☐ No
D.	Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	☐ Yes ☐ No
E.	Has the required Public Involvement Plan been included with this application?	☐ Yes ☐ No
V.	**Confidential Information**	
A.	Is confidential information submitted in conjunction with this application?	☐ Yes ☒ **No**
VI.	**Responsible Official (RO) Identifying Information**	
RO Name Prefix: (☒ **Mr.** ☐ Mrs. ☐ Ms. ☐ Dr.)		
RO Full Name: **Clint Scott**		
RO Title: **Operations Manager**		
Employer Name: **INEOS US Chemicals Company**		
Mailing Address: **P.O. Box 1688**		
City: **Texas City**		
State: **Texas**		
ZIP Code: **77592**		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: **409-419-1454**		
Fax No.:		
Email: **clint.scott@ineos.com**		

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

VII. Technical Contact Identifying Information *(Complete if different from RO.)*	
Technical Contact Name Prefix: (☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr.)	
Technical Contact Full Name: **Shelby Sustala**	
Technical Contact Title: **Environmental Engineer**	
Employer Name: **INEOS US Chemicals Company**	
Mailing Address: **P.O. Box 1688**	
City: **Texas City**	
State: **TX**	
ZIP Code: **77592**	
Territory:	
Country: **USA**	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: **409-419-1254**	
Fax No.:	
Email: **shelby.sustala@ineos.com**	
VIII. Reference Only Requirements *(For reference only.)*	
A. State Senator: **Mayes Middleton**	
B. State Representative: **Terri Leo Wilson**	
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)?	☒ **Yes** ☐ No ☐ N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?	☒ **Yes** ☐ No
E. Indicate the alternate language(s) in which public notice is required: **Spanish**	

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

IX.	**Off-Site Permit Request** *(Optional for applicants requesting to hold the FOP and records at an off-site location.)*
A.	Office/Facility Name:
B.	Physical Address:
City:	
State:	
ZIP Code:	
Territory:	
Country:	
Foreign Postal Code:	
C.	Physical Location:
D.	Contact Name Prefix: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)
Contact Full Name:	
E.	Telephone No.:
X.	**Application Area Information**
A.	Area Name: **Texas City Chemical Plant**
B.	Physical Address: **2800 FM 519 East**
City: **Texas City**	
State: **TX**	
ZIP Code: **77592**	
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

X.	**Application Area Information** ***(continued)***
G.	Latitude (nearest second): **29:21:33**
H.	Longitude (nearest second): **94:55:40**
I.	Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? ☐ Yes ☒ **No**
J.	Indicate the estimated number of emission units in the application area: **1**
K.	Are there any emission units in the application area subject to the Acid Rain Program? ☐ Yes ☒ **No**
L.	Affected Source Plant Code (or ORIS/Facility Code):
XI.	**Public Notice** *(Complete this section for SOP Applications and Acid Rain Permit Applications only.)*
A.	Name of a public place to view application and draft permit: **Moore Public Library**
B.	Physical Address: **1701 9th Avenue North**
City: **Texas City**	
ZIP Code: **77590**	
C.	Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: (☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr.):	
Contact Person Full Name: **Shelby Sustala**	
Contact Mailing Address: **P.O. Box 1688**	
City: **Texas City**	
State: **Texas**	
ZIP Code: **77592**	
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: **409-419-1254**	

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

XII. Delinquent Fees and Penalties
Notice: This form will not be processed until all delinquent fees and/or penalties owed to 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:

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:

Streamlined Revision Application for Site Operating Permit O1513

INEOS US Chemicals Company
Texas City Chemical Plant
Galveston County, Texas

CN600126775
RN102536307

June 2026

TABLE OF CONTENTS

SECTION 1 – Project Information

INEOS US Chemicals Company (INEOS) submits this streamlined revision to update the monitoring requirements for cooling tower unit CT-351 (PX-CTWR). The proposed change constitutes a corrective action associated with a violation identified during an audit conducted under the Texas Audit Privilege Act (Investigation No. 2085254).

SECTION 2 – Administrative forms

This section contains the following forms and information:

- OP-CRO1 – Certification by Responsible Official
- OP-1 – Site Information Summary
- OP-2 – Application for Permit Revision/Renewal
- OP-SUMR – Individual Unit Summary for Revisions

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

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

I. Identifying Information	
RN: **RN102536307**	
CN: **CN600126775**	
Account No.: **GB0001R**	
Permit No.: **O1513**	
Project No.: **TBD**	
Area Name: **Texas City Chemical Plan**	
Company Name: **INEOS US Chemicals Company**	
II. Certification Type *(Please mark appropriate box)*	
☐ Responsible Official	☒ Duly Authorized Representative
III. Submittal Type *(Please mark appropriate box) (Only one response can be accepted per form)*	
☐ SOP/TOP Initial Permit Application	☒ Permit Revision, Renewal, or Reopening
☐ GOP Initial Permit Application	☐ Update to Permit Application
☐ Other: _____	

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

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

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

I, Clint Scott certify that I am the DAR

(Certifier Name printed or typed) *(RO or DAR)*

and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:
Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).

Time Period: From _____ to _____

(Start Date) *(End Date)*

Specific Dates: 6/23/2026 _____ _____ _____

(Date 1) *(Date 2)* *(Date 3)* *(Date 4)*

_____ _____

(Date 5) *(Date 6)*

Signature: [signature] Signature Date: 6/23/2026

Title: Operations Manager

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

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

I.	**Company Identifying Information**
A.	Company Name: **INEOS US Chemicals Company**
B.	Customer Reference Number (CN): **CN600126775**
C.	Submittal Date *(mm/dd/yyyy)*: **6/23/2026**
II.	**Site Information**
A.	Site Name: **INEOS US Chemicals**
B.	Regulated Entity Reference Number (RN): **RN102536307**
C.	Indicate affected state(s) required to review permit application: *(Check the appropriate box[es].)*
☐ AR ☐ CO ☐ KS ☐ LA ☐ NM ☐ OK ☒ **N/A**	
D.	Indicate all pollutants for which the site is a major source based on the site's potential to emit: *(Check the appropriate box[es].)*
☒ **VOC** ☒ **NO_X** ☐ SO_2 ☐ PM_{10} ☒ **CO** ☐ Pb ☒ **HAPS**	
Other:	
E.	Is the site a non-major source subject to the Federal Operating Permit Program? ☐ Yes ☒ **No**
F.	Is the site within a local program area jurisdiction? ☒ **Yes** ☐ No
G.	Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? ☐ Yes ☒ **No**
H.	Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging: **NA**
III.	**Permit Type**
A.	Type of Permit Requested: *(Select only one response)*
☒ **Site Operating Permit (SOP)** ☐ Temporary Operating Permit (TOP) ☐ General Operating Permit (GOP)	

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

IV.	**Initial Application Information** *(Complete for Initial Issuance Applications Only.)*	
A.	Is this submittal an abbreviated or a full application?	☐ Abbreviated ☐ Full
B.	If this is a full application, is the submittal a follow-up to an abbreviated application?	☐ Yes ☐ No
C.	If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit?	☐ Yes ☐ No
D.	Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.)	☐ Yes ☐ No
E.	Has the required Public Involvement Plan been included with this application?	☐ Yes ☐ No
V.	**Confidential Information**	
A.	Is confidential information submitted in conjunction with this application?	☐ Yes ☒ **No**
VI.	**Responsible Official (RO) Identifying Information**	
RO Name Prefix: (☒ **Mr.** ☐ Mrs. ☐ Ms. ☐ Dr.)		
RO Full Name: **Clint Scott**		
RO Title: **Operations Manager**		
Employer Name: **INEOS US Chemicals Company**		
Mailing Address: **P.O. Box 1688**		
City: **Texas City**		
State: **Texas**		
ZIP Code: **77592**		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: **409-419-1454**		
Fax No.:		
Email: **clint.scott@ineos.com**		

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

VII. Technical Contact Identifying Information *(Complete if different from RO.)*	
Technical Contact Name Prefix: (☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr.)	
Technical Contact Full Name: **Shelby Sustala**	
Technical Contact Title: **Environmental Engineer**	
Employer Name: **INEOS US Chemicals Company**	
Mailing Address: **P.O. Box 1688**	
City: **Texas City**	
State: **TX**	
ZIP Code: **77592**	
Territory:	
Country: **USA**	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: **409-419-1254**	
Fax No.:	
Email: **shelby.sustala@ineos.com**	
VIII. Reference Only Requirements *(For reference only.)*	
A. State Senator: **Mayes Middleton**	
B. State Representative: **Terri Leo Wilson**	
C. Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)?	☒ **Yes** ☐ No ☐ N/A
D. Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322?	☒ **Yes** ☐ No
E. Indicate the alternate language(s) in which public notice is required: **Spanish**	

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

IX.	**Off-Site Permit Request** *(Optional for applicants requesting to hold the FOP and records at an off-site location.)*
A.	Office/Facility Name:
B.	Physical Address:
City:	
State:	
ZIP Code:	
Territory:	
Country:	
Foreign Postal Code:	
C.	Physical Location:
D.	Contact Name Prefix: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)
Contact Full Name:	
E.	Telephone No.:
X.	**Application Area Information**
A.	Area Name: **Texas City Chemical Plant**
B.	Physical Address: **2800 FM 519 East**
City: **Texas City**	
State: **TX**	
ZIP Code: **77592**	
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

X.	**Application Area Information** ***(continued)***
G.	Latitude (nearest second): **29:21:33**
H.	Longitude (nearest second): **94:55:40**
I.	Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? ☐ Yes ☒ **No**
J.	Indicate the estimated number of emission units in the application area: **1**
K.	Are there any emission units in the application area subject to the Acid Rain Program? ☐ Yes ☒ **No**
L.	Affected Source Plant Code (or ORIS/Facility Code):
XI.	**Public Notice** *(Complete this section for SOP Applications and Acid Rain Permit Applications only.)*
A.	Name of a public place to view application and draft permit: **Moore Public Library**
B.	Physical Address: **1701 9th Avenue North**
City: **Texas City**	
ZIP Code: **77590**	
C.	Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: (☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr.):	
Contact Person Full Name: **Shelby Sustala**	
Contact Mailing Address: **P.O. Box 1688**	
City: **Texas City**	
State: **Texas**	
ZIP Code: **77592**	
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: **409-419-1254**	

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

XII. Delinquent Fees and Penalties
Notice: This form will not be processed until all delinquent fees and/or penalties owed to 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:

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:

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

Date: **06-23-2026**	
Permit No.: **O1513**	
Regulated Entity No.: **RN102536307**	
Company Name: **INEOS US Chemical Company**	
For Submissions to EPA	
Has an electronic copy of this application been submitted (or is being submitted) to EPA?	☒ YES ☐ NO
I. Application Type	
Indicate the type of application:	
☐ Renewal	
☒ Streamlined Revision (Must include provisional terms and conditions as explained in the instructions.)	
☐ Significant Revision	
☐ Revision Requesting Prior Approval	
☐ Administrative Revision	
☐ Response to Reopening	
II. Qualification Statement	
For SOP Revisions Only	☒ YES ☐ NO
For GOP Revisions Only	☐ YES ☐ NO

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

III. Major Source Pollutants (Complete this section if the permit revision is due to a change at the site or change in regulations.)						
Indicate all pollutants for which the site is a major source based on the site's potential to emit: *(Check the appropriate box[es].)*						
☒ VOC	☒ NO_X	☐ SO_2	☐ PM_{10}	☒ CO	☐ Pb	☒ HAP
Other:						
IV. Reference Only Requirements *(For reference only)*						
Has the applicant paid emissions fees for the most recent agency fiscal year (September 1 - August 31)?				☒ YES	☐ NO	☐ N/A
V. Delinquent Fees and Penalties						
Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and penalty protocol.						

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

Date**: 06-23-2026**
Permit No.: **O1513**
Regulated Entity No.: **RN102536307**
Company Name: **INEOS US Chemicals Company**

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

Revision No.	Revision Code		Unit/Group	Process	NSR Authorization	Description of Change and Provisional Terms and Conditions
		New Unit	ID No.	Applicable Form		
1	MS-C	No	PX3-CTWR	OP-UA13	1176, PSDTX782	Modify monitoring requirements to represent the flow of cooing water from only the HRVOC-containing process units.

Federal Operating Permit Program
Application for Permit Revision/Renewal
Form OP-2-Table 3
Texas Commission on Environmental Quality

Date**: 06-23-2026**		
Permit No.: **O1513**		
Regulated Entity No.: **RN102536307**		
Company Name: **INEOS US Chemicals Company**		
I.	**Significant Revision** *(Complete this section if you are submitting a significant revision application or a renewal application that includes a significant revision.)*	
A.	Is the site subject to bilingual requirements pursuant to 30 TAC § 122.322?	☒ YES ☐ NO
B.	Indicate the alternate language(s) in which public notice is required: **Spanish**	
C.	Will, there be a change in air pollutant emissions as a result of the significant revision?	☐ YES ☐ NO

Federal Operating Permit Program
Application for Permit Revision/Renewal
Form OP-2-Table 3
Texas Commission on Environmental Quality

Using the table below, indicate the air pollutant(s) that will be changing and include a brief description of the change in pollutant emissions for each pollutant:

Pollutant	Description of the Change in Pollutant Emissions

Cooling Tower Attributes
Federal Operating Permit Program
Texas Commission on Environmental Quality

Form OP-SUM - Individual Unit Summary
Table 1

Unit AI	Revision No.	Unit ID No.	Group ID No.	Unit Name/Description	CAM	PCA AI	Preconstruction Authorization (PCA) Category	Authorization/ Registration Number	Permit By Rule (PBR) Number	PBR Effective Date
	1	PX3-CTWR		PX3 COOLING TOWER			NSR Permit	1176 PSDTX782		

SECTION 3 –Unit Attribute Forms

This section contains the following forms and information:

- OP-UA13 Cooling Tower Attributes

Cooling Tower Attributes
Form OP-UA13
Federal Operating Permit Program
Texas Commission on Environmental Quality

Table 3a: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)
Subchapter H, Division 2: Cooling Tower Heat Exchange Systems

Unit ID No.	SOP Index No.	Cooling Tower Heat Exchange Systems Exemptions	Alternative Monitoring	Modified Monitoring	Approved Monitoring ID No.
PX3-CTWR	R5760-0191	HRVOC5-	NO	NO	

Go to the Table of Contents

Cooling Tower Attributes
Form OP-UA13
Federal Operating Permit Program
Texas Commission on Environmental Quality

Table 3b: Title 30 Texas Administrative Code Chapter 115 (30 TAC Chapter 115)
Subchapter H, Division 2: Cooling Tower Heat Exchange Systems

Unit ID No.	SOP Index No.	Jacketed Reactor	Design Capacity	Finite Volume System	Flow Monitoring/ Testing Method	Total Strippable VOC	On-Line Monitor
PX3-CTWR	R5760-0191	NO	8000-		HRVOC	NO	NO

Go to the Table of Contents

SECTION 4 – Applicable Requirements Summary Forms

This section contains the following forms and information:

- OP-REQ3 – Applicable Requirements Summary

Applicable Requirements Summary
Form OP-REQ3 (Page 1)
Federal Operating Permit Program

Table 1a: Additions

Date: 6/23/2026	Regulated Entity No.: RN102536307	Permit No.: O1513
Company Name: INEOS US CHEMICALS COMPANY	Area Name: Texas City Chemical Plan	

Revision No.	Unit/Group/Process ID No.	Unit/Group/Process Applicable Form	SOP/GOP Index No	Pollutant	Applicable Regulatory Requirement Name	Applicable Regulatory Requirement Standard(s)
1	PX3-CTWR		R5760-0191	HRVOC	30 TAC Chapter 115, HROVC Cooling Towers	§115.767(3) §115.767(6) §115.766(i) §115.764(b)(1)

Applicable Requirements Summary
Form OP-REQ3 (Page 2)
Federal Operating Permit Program

Table 1b: Additions

Date: 6/23/2026	Regulated Entity No.: RN102536307	Permit No.: O1513
Company Name: INEOS US CHEMICALS COMPANY	Area Name: Texas City Chemical Plan	

Revision No.	Unit/Group/Process ID No.	SOP/GOP Index No.	Pollutant	Monitoring and Testing Requirements	Recordkeeping Requirements	Reporting Requirements
1	PX3-CTWR	R5760-0191	HRVOC	§115.764(c) §115.764(b)(1), [G](g)(1) §115.764(d)	§115.766(c), §115.766(d), §115.766(i)(1)	§115.766(i)(2)