Carolyn Thomas

From: Shawn Smith <ssmith@cpv.com>
Sent: Thursday, July 30, 2026 1:55 PM
To: Carolyn Thomas
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752
Attachments: OP_1_OP_1_10002_F.pdf; OP-CRO2_10010.pdf; OP-DEL_10011.pdf

Hi Carolyn,

Attached forms:

- OPDEL | New
- CRO2 | New
- OP-1 | Added public viewing area

Our RO is currently out of country so may not respond until tomorrow with signature. Do the attached look okay?

I really appreciate you help, thank you!

Shawn

Shawn Smith
Vice President – Engineering & Construction
Competitive Power Ventures
p: 781-201-7820 m: 617-842-7778
a: 50 Braintree Hill Office Park, Suite 300, Braintree, MA 02184
w: www.cpv.com

Follow us on LinkedIn

"Responsible Energy Starts With Us."

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Sent: Thursday, July 30, 2026 1:12 PM
To: Shawn Smith <ssmith@cpv.com>
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

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Additionally, please complete form CRO2, delegating DR for ACID Rain. The DR will sign for himself.

Please be sure the dates on the form are the same dates as the COR submittal for certification 7/28/2026.

If you have any questions, please don't hesitate to contact me.

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127

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To: 'Shawn Smith' <ssmith@cpv.com>
Cc: Peter Podurgiel <ppodurgiel@cpv.com>; Jeff Ahrens <jahrens@cpv.com>; Berceli-Boyle, Tina <tberceli-boyle@haleyaldrich.com>
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Also, should page 3 of OP-1 be updated in Steers?

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Texas Commission on Environmental Quality

512-239-5127
Please consider whether it is necessary to print this e-mail.
How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

---

From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 12:06 PM
To: 'ppodurgiel@cpv.com' <ppodurgiel@cpv.com>; 'ssmith@cpv.com' <ssmith@cpv.com>
Subject: Cpv Basin Ranch, LLC Permit 4946, Project 40752
Importance: High

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Carolyn Thomas

From: Shawn Smith <ssmith@cpv.com>
Sent: Thursday, July 30, 2026 3:38 PM
To: Carolyn Thomas
Cc: Berceli-Boyle, Tina; Lerch, Denny
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752
Attachments: TCEP Form OP-DEL_10011 (CPV Basin Ranch, LLC)_07-28-26.pdf; TCEQ Form OP-CRO2_10010 (CPV Basin Ranch, LLC)_07-28-26.pdf

Hi Carolyn

Attached Signed OP-DEL and OP-CRO2.

Thanks again for all your help today!

Shawn

Shawn Smith
Vice President – Engineering & Construction
Competitive Power Ventures
p: 781-201-7820 m: 617-842-7778
a: 50 Braintree Hill Office Park, Suite 300, Braintree, MA 02184
w: www.cpv.com

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From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Thursday, July 30, 2026 2:04 PM
To: Shawn Smith <ssmith@cpv.com>
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

Hi Shawn,

Perfect! The forms look good. All that is needed are signatures.

The form OPDEL- No signature needed in this area. (The DAR Removal section does not need a signature.

Date:
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:

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
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> Some people who received this message don't often get email from carolyn.thomas@tceq.texas.gov. Learn why this is important

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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: CPV Basin Ranch, LLC
B.	Customer Reference Number (CN): **CN** 606219053
C.	Submittal Date *(mm/dd/yyyy)*: 07/28/2026
II.	**Site Information**
A.	Site Name: CPV Basin Ranch Energy Center
B.	Regulated Entity Reference Number (RN): **RN** 111876330
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:
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: Podurgiel, Peter		
RO Title: Executive Vice President		
Employer Name: CPV Basin Ranch, LLC		
Mailing Address: 50 Braintree Hill Office Park, Suite 300		
City: Braintree		
State: Massachusetts		
ZIP Code: 02184		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: 781-848-0253		
Fax No.:		
Email: ppodurgiel@cpv.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:	Smith, Shawn
Technical Contact Title:	Vice President – Engineering & Construction
Employer Name:	CPV Basin Ranch, LLC
Mailing Address:	50 Braintree Hill Office Park, Suite 300
City:	Braintree
State:	Massachusetts
ZIP Code:	02184
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.:	617-842-7778
Fax No.:	
Email:	ssmith@cpv.com
VIII. Reference Only Requirements *(For reference only.)*	
A. State Senator:	Kevin Sparks
B. State Representative:	Brooks Landgraf
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: CPV Basin Ranch Energy Center
B.	Physical Address: 535 Private Road 177
City:	Barstow
State:	Texas
ZIP Code:	79719
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): 031:30:22
H.	Longitude (nearest second): -103:29:14
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:
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): 67527
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: Ward County Library
B.	Physical Address: 409 S. Dwight
City:	Monahans
ZIP Code:	79756
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:	Smith, Shawn
Contact Mailing Address:	50 Braintree Hill Office Park, Suite 300
City:	Braintree
State:	Massachusetts
ZIP Code:	02184
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.:	617-842-7778

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: Smith, Shawn
DR Title: Vice President – Engineering & Construction
Employer Name: CPV Basin Ranch, LLC
Mailing Address: 50 Braintree Hill Office Park, Suite 300
City: Braintree
State: Massachusetts
ZIP Code: 02184
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Country:
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Telephone No.: 617-842-7778
Fax No.:
Email: ssmith@cpv.com

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: Smeltzer, John
ADR Title: VP Asset Management
Employer Name: CPV Basin Ranch, LLC
Mailing Address: 50 Braintree Hill Office Park, Suite 300
City: Braintree
State: Massachusetts
ZIP Code: 02184
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 240-533-9753
Fax No.:
Email: jsmeltzer@cpv.com

PRINT FORM RESET FORM

Form OP-DEL-Instructions
Delegation of Responsible Official Information
Texas Commission on Environmental Quality

General:

A Responsible Official (RO) representing a corporation may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. The DAR option is only available for corporations, not partnerships, military bases, or municipalities. [30 TAC Chapter 122.165(c) and 40 CFR 70.2 defining "responsible official"] Note that RO identifying information (name, address, title, etc.) must appear on Form OP-1 (Site Information Summary) even if the RO authority is being delegated to a DAR. Please refer to the Form OP-1 instructions for additional information.

This form also satisfies the requirements for notification of a change of DAR appointment, administrative information changes (e.g., address, phone and title) regarding the DAR, or the removal of a previously appointed DAR. 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.

After the initial permit application submittal, include a completed Form OP-CRO2 (Change of Responsible Official) with the next submittal to TCEQ if there is:

1. a new RO, Designated Representative (DR), or Alternate Designated Representative (ADR) appointment; or
2. administrative information changes regarding the RO, DR, or ADR.

For new delegations, this form must bear the signatures of the RO and the DAR. For administrative information changes, this form must bear the signature of either the RO or the DAR. For removal of a previously appointed DAR, this form must bear the signature of the RO. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as **DocuSign will not be accepted. The RO signature date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO delegating to or removing a specific DAR via this action**. The effective date of the RO delegating to the DAR will be based on one of the following:

1. the date the initial application was submitted, if the name of the RO delegating to or removing the DAR was included in the initial application submittal on Form OP-1 (Site Information Summary); or
2. the Appointment Effective Date on Form OP-CRO2, if the RO delegating to or removing the DAR is not the original RO included in the initial Form OP-1 and the RO was changed via Form OP-CRO2.

If the "Action Type" in Section II of this form is designating an "Administrative Information Change," and the submittal is signed by the DAR, the DAR signature date will be used to validate the signature authority of the DAR and must be on or after the delegation effective date of the DAR certifying the submittal. A DAR cannot certify information unless the DAR has signature authority.

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.

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.

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 (OXXXX). 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. Duly Authorized Representative (DAR) Information

- **Action Type**: Indicate the type of action, "New DAR Identification" or "Administrative Information Change," by placing an "X" in the appropriate box.
- **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 DAR Identification," enter the name of the new DAR being appointed (maximum 25 characters). For submittals with an "Action Type" designation of "Administrative Information Change," enter the name of the current DAR, 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 DAR Identification," enter the title of the new DAR (maximum 25 characters). For submittals with an "Action Type" designation of "Administrative Information Change," enter the title of the current DAR, incorporating any necessary changes (maximum 25 characters).
- **Delegation Effective Date**: For submittals with an "Action Type" designation of "New DAR Identification," enter the date that the appointment of the new DAR became, or will become, effective (MM/DD/YYYY).

  For submittals with an "Action Type" designation of "Administrative Information Change," leave the Delegation Effective Date blank. The signature date of the RO or DAR that is entered in Section III of this form will become the "Delegation Effective Date."
- **Telephone Number**: For submittals with an "Action Type" designation of "New DAR Identification," enter the telephone number with the area code of the new DAR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the telephone number of the current DAR, if changed. If the telephone number is unchanged, leave the space blank.
- **Fax Number**: For submittals with an "Action Type" designation of "New DAR Identification," enter the fax number with the area code of the new DAR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the fax number of the current DAR, if changed. If the fax number is unchanged, leave the space blank.
- **Company Name**: For submittals with an "Action Type" designation of "New DAR Identification," enter the company name for the new DAR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the company name for the current DAR, if changed. If the company name is unchanged, leave the space blank.
- **Mailing Address**: For submittals with an "Action Type" designation of "New DAR Identification," enter the mailing address of the new DAR, 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 DAR, 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 DAR Identification," enter the email address for the new DAR. For submittals with an "Action Type" designation of "Administrative Information Change," enter the email address for the current DAR, if changed. If the email address is unchanged, leave the space blank. (email address - maximum 50 characters)

III. Certification of Truth, Accuracy, and Completeness

Submittals with an "Action Type" designation of "New DAR Identification" must be signed by the RO whose authority is being delegated to a specific DAR via this action. Submittals with an "Action Type" designation of "Administrative Information Change" may be signed by the RO or DAR.

- **Certifier Name (Responsible Official (RO) or DAR):** For submittals with "Action Type" designation of "New DAR Identification," print or type the name of the RO whose authority is being delegated to the DAR via this action (maximum 25 characters). For submittals with "Action Type" designation of "Administrative Information Change," print or type the name of the RO or DAR certifying this submittal (maximum 25 characters).
- **Responsible Official Signature:** Signature of the RO is required.
- **Responsible Official Signature Date:** Enter the date this form was signed by the RO (MM/DD/YYYY).

  Note: The Signature Date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO delegating to a specific DAR via this action. See the "General" section for information regarding the effective date of an RO.
- **Duly Authorized Representative Signature:** Signature of the DAR is required. A DAR must sign submittals with "Action Type" designation of "New DAR Identification" where an RO is delegating authority to a specific DAR.
- **Duly Authorized Representative Signature Date:** Enter the date this form was signed by the DAR (MM/DD/YYYY).

  Note: For submittals with "Action Type" designation of "New DAR Identification," the DAR Signature Date is used as an indication that the DAR is in agreement with the delegation. For submittals with "Action Type" designation of "Administrative Information Change," and the submittal is signed by the DAR, the Signature Date will be used to validate the signature authority of the DAR and must be on or after the Delegation Effective Date of the DAR certifying the submittal.

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

Requests to remove DAR(s) must be signed by the RO who is removing DAR signature authority via this action.

- **DAR Name(s):** Print or type the name of each DAR whose signature authority is being removed via this action.
- **Effective Date:** Enter the date the removal of DAR signature authority became, or will become, effective (MM/DD/YYYY).
- **Responsible Official Signature:** Signature of the RO is required.
- **Responsible Official Signature Date:** Enter the date this form was signed by the RO (MM/DD/YYYY).

  Note: The Signature Date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO removing DAR authority via this action. See the "General" section for information regarding the effective date of an RO.

Extension Page

V. Additional Identifying Information

Complete this table only if this certification form is being used to certify DAR information or remove DAR(s) on multiple application areas or sites for which the RO and DAR(s) have 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.

A Responsible Official (RO) may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as DocuSign will not be accepted. Photocopies and electronic submittals can be submitted, however, must be followed up with the original Form OP-DEL. This form must be submitted to TCEQ through Title V STEERS.

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

I. Identifying Information
Account Number:
Regulated Entity Number: RN 111876330
Customer Reference Number: CN 606219053
Permit Number: TBA
Area Name: CPV Basin Ranch Energy Center
Company Name: CPV Basin Ranch, LLC
II. Duly Authorized Representative Information
Action Type: ☒ New DAR Identification ☐ Administrative Information Change
Conventional Title: ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.
Name (Driver License/STEERS): Shawn Smith
Title: Vice President – Engineering & Construction
Delegation Effective Date: 7/28/26
Telephone Number: 617-842-7778
Fax Number:
Company Name: CPV Basin Ranch, LLC
Mailing Address: 50 Braintree Hill Office Park, Suite 300
City: Braintree
State: Massachusetts
ZIP Code: 02184
Email Address: ssmith@cpv.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, Peter Podurgiel
(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: _____

Date: 7/28/26

Duly Authorized Representative Signature: _____

(Name(s) printed or typed) Shawn Smith

Date: 7/28/26

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
(Extension)
Texas Commission on Environmental Quality

V. Additional Identifying Information
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:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Responsible Official: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:

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.:
Regulated Entity Number: RN 111876330
Customer Reference Number: CN 606219053
Permit Number: TBA
Area Name: CPV Basin Ranch Energy Center
Company: CPV Basin Ranch, LLC
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): Shawn Smith
Title: Vice President – Engineering & Construction
Appointment Effective Date: 07/28/26
Telephone Number: 617-842-7778
Fax Number.:
Company Name: CPV Basin Ranch, LLC
Mailing Address: 50 Braintree Hill Office Park, Suite 300
City: Braintree
State: Massachusetts
ZIP Code: 02184
Email Address: ssmith@cpv.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, Shawn Smith, certify that based on information and belief formed Reasonable inquiry, the statement and information stated above are true, accurate, and complete.
Signature: 
Signature Date: 07/28/2026

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:

Carolyn Thomas

From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 1:11 PM
To: Sean Wheeler
Cc: Adena Whitton; Nancy Birdsong
Subject: RE: PEER REVIEW Permit 4946, Project 40752

I forgot to mention and Public Notice is required- Company notified via email/additional information.

From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 1:07 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: PEER REVIEW Permit 4946, Project 40752

Hi Sean,

There is additional info for Form OPDEL for DAR designation and CRO2 for DR designation.

I appreciate you.

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127

Carolyn Thomas

From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 12:55 PM
To: Shawn Smith
Cc: Peter Podurgiel; Jeff Ahrens; Berceli-Boyle, Tina
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

Hi Shawn,

Of course, please send forms to my attention. You may also send the updated form OP-1 to my attention.

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127
Please consider whether it is necessary to print this e-mail.
How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

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From: Shawn Smith <ssmith@cpv.com>
Sent: Wednesday, July 29, 2026 12:31 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Cc: Peter Podurgiel <ppodurgiel@cpv.com>; Jeff Ahrens <jahrens@cpv.com>; Berceli-Boyle, Tina <tberceli-boyle@haleyaldrich.com>
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

Hello Carolyn,

We will complete and forward forms CRO2 and OPDEL. Could you please confirm if these can be emailed to you?

Also, should page 3 of OP-1 be updated in Steers?

Appreciate your guidance!

Shawn

Shawn Smith
Vice President – Engineering & Construction
Competitive Power Ventures
p: 781-201-7820 m: 617-842-7778
a: 50 Braintree Hill Office Park, Suite 300, Braintree, MA 02184
w: www.cpv.com

Follow us on LinkedIn

"Responsible Energy Starts With Us."

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Wednesday, July 29, 2026 12:09 PM
To: Peter Podurgiel <ppodurgiel@cpv.com>; Shawn Smith <ssmith@cpv.com>
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

Mr. Smith,

I forgot to mention that a form OPDEL is needed as well for DAR delegation.

You may send the form **CRO2** for DR delegation and form **OPDEL** Dar delegation to my attention.

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127
Please consider whether it is necessary to print this e-mail.
How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

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From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 12:06 PM
To: 'ppodurgiel@cpv.com' <ppodurgiel@cpv.com>; 'ssmith@cpv.com' <ssmith@cpv.com>
Subject: Cpv Basin Ranch, LLC Permit 4946, Project 40752
Importance: High

Good afternoon,

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

- Please send update OP-1 page 3 with Public Viewing
- Complete form Cro2 designating dr/adr for acid rain TV project

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127

Carolyn Thomas

From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 12:09 PM
To: ppodurgiel@cpv.com; ssmith@cpv.com
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

Mr. Smith,

I forgot to mention that a form OPDEL is needed as well for DAR delegation.

You may send the form **CRO2** for DR delegation and form **OPDEL** Dar delegation to my attention.

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127
Please consider whether it is necessary to print this e-mail.
How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

---

From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 12:06 PM
To: 'ppodurgiel@cpv.com' <ppodurgiel@cpv.com>; 'ssmith@cpv.com' <ssmith@cpv.com>
Subject: Cpv Basin Ranch, LLC Permit 4946, Project 40752
Importance: High

Good afternoon,

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

- Please send update OP-1 page 3 with Public Viewing
- Complete form Cro2 designating dr/adr for acid rain TV project

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127
Please consider whether it is necessary to print this e-mail.

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

Carolyn Thomas

From: Carolyn Thomas
Sent: Wednesday, July 29, 2026 12:55 PM
To: 'Shawn Smith'
Cc: Peter Podurgiel; Jeff Ahrens; Berceli-Boyle, Tina
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

Hi Shawn,

Of course, please send forms to my attention. You may also send the updated form OP-1 to my attention.

Thank you
Carolyn Thomas
Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127
Please consider whether it is necessary to print this e-mail.
How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

---

From: Shawn Smith <ssmith@cpv.com>
Sent: Wednesday, July 29, 2026 12:31 PM
To: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Cc: Peter Podurgiel <ppodurgiel@cpv.com>; Jeff Ahrens <jahrens@cpv.com>; Berceli-Boyle, Tina <tberceli-boyle@haleyaldrich.com>
Subject: RE: Cpv Basin Ranch, LLC Permit 4946, Project 40752

Hello Carolyn,

We will complete and forward forms CRO2 and OPDEL. Could you please confirm if these can be emailed to you?

Also, should page 3 of OP-1 be updated in Steers?

Appreciate your guidance!

Shawn

Shawn Smith
Vice President – Engineering & Construction
Competitive Power Ventures
p: 781-201-7820 m: 617-842-7778
a: 50 Braintree Hill Office Park, Suite 300, Braintree, MA 02184
w: www.cpv.com

Follow us on LinkedIn

"Responsible Energy Starts With Us."

From: Carolyn Thomas <Carolyn.Thomas@tceq.texas.gov>
Sent: Wednesday, July 29, 2026 12:09 PM
To: Peter Podurgiel <ppodurgiel@cpv.com>; Shawn Smith <ssmith@cpv.com>
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Air Permits Division- Air Permits Intial Review Team
Texas Commission on Environmental Quality
512-239-5127

Carolyn Thomas

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To: 'ppodurgiel@cpv.com'; 'ssmith@cpv.com'
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Texas Commission on Environmental Quality
512-239-5127
Please consider whether it is necessary to print this e-mail.
How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

Texas Commission on Environmental Quality

Title V New

Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	CPV BASIN RANCH ENERGY CENTER
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	FROM INTX OF BUSINESS LOOP 20 & FM 516 S MACKEY AVE GO N 0.3 MI TO CR 73 W CONCHO ST TURN L ONTO CR 873 W CONCHO ST & GO 5.7 MI TO CR 3398 TURN L ONTO CR 3398 & GO 0.2 MI TO CR 175 TURN R ONTO CR 175 & GO 1.3 MI TO SITE ON LEFT
City	BARSTOW
State	TX
ZIP	79719
County	WARD
Latitude (N) (##.######)	31.50605
Longitude (W) (-###.######)	-103.48719
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	221112
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN111876330
What is the name of the Regulated Entity (RE)?	CPV BASIN RANCH ENERGY CENTER
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	FROM INTX OF BUSINESS LOOP 20 & FM 516 S MACKEY AVE GO N 0.3 MI TO CR 73 W CONCHO ST TURN L ONTO CR 873 W CONCHO ST & GO 5.7 MI TO CR 3398 TURN L ONTO CR 3398 & GO 0.2 MI TO CR 175 TURN R ONTO CR 175 & GO 1.3 MI TO SITE ON LEFT
City	BARSTOW
State	TX
ZIP	79772
County	WARD
Latitude (N) (##.######)	31.50605
Longitude (W) (-###.######)	-103.48719
Facility NAICS Code	221112
What is the primary business of this entity?	COMBINED CYCLE POWER PLANT

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN606406148
Type of Customer	Corporation
Full legal name of the applicant:	

Legal Name	Cpv Basin Ranch, LLC
Texas SOS Filing Number	803639327
Federal Tax ID	863969378
State Franchise Tax ID	32074487813
State Sales Tax ID	
Local Tax ID	
DUNS Number	118385493
Number of Employees	0-20
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:	
Organization Name	CPV Basin Ranch
Prefix	MR
First	Peter
Middle	
Last	Podurgiel
Suffix	
Credentials	
Title	Executive Vice President
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)	50 BRAINTREE HILL OFFICE PARK STE 300
Routing (such as Mail Code, Dept., or Attn:)	
City	BRAINTREE
State	MA
ZIP	02184
Phone (###-###-####)	7818480253
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ppodurgiel@cpv.com

Duly Authorized Representative Contact

Person TCEQ should contact for questions about this application	
Same as another contact?	
Organization Name	CPV Basin Ranch
Prefix	MR
First	Shawn
Middle	
Last	Smith
Suffix	
Credentials	
Title	Vice President - Engineering & Construction
Enter new address or copy one from list	

Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	50 BRAINTREE HILL OFFICE PARK STE 300
Routing (such as Mail Code, Dept., or Attn:)	
City	BRAINTREE
State	MA
Zip	02184
Phone (###-###-####)	6178427778
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ssmith@cpv.com

Designated Representative Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	Duly Authorized Representative Contact
Organization Name	CPV Basin Ranch
Prefix	MR
First	Shawn
Middle	
Last	Smith
Suffix	
Credentials	
Title	Vice President - Engineering & Construction
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	50 BRAINTREE HILL OFFICE PARK STE 300
Routing (such as Mail Code, Dept., or Attn:)	
City	BRAINTREE
State	MA
Zip	02184
Phone (###-###-####)	6178427778
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ssmith@cpv.com

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	CPV Basin Ranch
Prefix	MR
First	Shawn
Middle	

Last	Smith
Suffix	
Credentials	
Title	Vice President- Enginering & Construction
Enter new address or copy one from list:	Responsible Official Contact
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	50 BRAINTREE HILL OFFICE PARK STE 300
Routing (such as Mail Code, Dept., or Attn:)	
City	BRAINTREE
State	MA
ZIP	02184
Phone (###-###-####)	6178427778
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ssmith@cpv.com

Title V General Information - New

1) Permit Latitude Coordinate:	31 Deg 30 Min 22 Sec
2) Permit Longitude Coordinate:	103 Deg 29 Min 14 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) Who will electronically sign this Title V application?	Duly Authorized Representative
5) Does this application include Acid Rain Program or Cross-State Air Pollution Rule requirements?	Yes

Title V Attachments New

Attach OP-1 (Site Information Summary)	
[File Properties]	
File Name	OP_1_OP 1_10002_F.pdf
Hash	A960CAEF9D2C1F1AE9A6700CAC887FDC1AAF0CD707D6ECC0DAE4F8275A55C059
MIME-Type	application/pdf
Attach OP-ACPS (Application Compliance Plan and Schedule)	

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

[File Properties]

File Name	OP_REQ1_OP REQ1_10043tbl_F.pdf
Hash	16D20F816784CAB63E0AEBB1415C397919575E06CF4FDD1ED1C10ABE4B3EAFD9
MIME-Type	application/pdf

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

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

[File Properties]

File Name	OP_AR1_AR-1_10096_F.pdf
Hash	15121B6B27709C8F95E04AAE2E65AFDC0760FBDC2C3DC2BDF043A0259FC0958A
MIME-Type	application/pdf

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	Ltr to TCEQ re Title V (Abbreviated) & Title IV Permit Applications_07-27-26.pdf
Hash	AAB5CE9C8F12C99F0E51BFEB77349624F8D63EEE24CB499E4C157C2C6FC98FEB
MIME-Type	application/pdf

[File Properties]

File Name	TCEQ Certification by Responsible Official (OP-CRO1)_07-27-26.pdf
Hash	4D07894B789E86D8ACB711C42A6DEBB63AC738F313BF508E253256A7D93A99BB
MIME-Type	application/pdf

[File Properties]

File Name	certificate_of_representation_final (Executed 06.29.2026).pdf
Hash	130A42394D8641995A351F38E5CA52ED4619251F4B9BC7BCF000EC49C8DA6B97

MIME-Type	application/pdf

An additional space to attach any other necessary information needed to complete the permit.

[File Properties]

File Name	TCEQ Core Data Form (CPV Basin Ranch LLC)_07-27-26.pdf
Hash	745125FFEB2643097DA9E4D36A745E23F667ED5480BC9DC9458FC77F65C307D6
MIME-Type	application/pdf

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 Duly Authorized Representative 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 Shawn Smith, the owner of the STEERS account ER124296.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcemer of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Title V New.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEC

OWNER OPERATOR Signature: Shawn Smith OWNER OPERATOR

Account Number:	ER124296
Signature IP Address:	174.170.74.174
Signature Date:	2026-07-28
Signature Hash:	393BC2DA8D99FF30D9D1BFB020B0A435891F2982590083AA502198B15030F79A
Form Hash Code at time of Signature:	8B524CF975CB3E25F861B10941474DF45F9A85AF4D1BC05874F3FC90CDB012AE

Certification

I certify that I am the Designated Representative for this application and am authorized to make this submission on behalf of the owners and operators of the source or units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

1. I am Shawn Smith, the owner of the STEERS account ER124296.

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.
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Account Number:	ER124296
Signature IP Address:	174.170.74.174
Signature Date:	2026-07-28
Signature Hash:	393BC2DA8D99FF30D9D1BFB020B0A435891F2982590083AA502198B15030F79A
Form Hash Code at time of Signature:	8B524CF975CB3E25F861B10941474DF45F9A85AF4D1BC05874F3FC90CDB012AE

Submission

Reference Number:	The application reference number is 940362
Submitted by:	The application was submitted by ER124296/Shawn Smith
Submitted Timestamp:	The application was submitted on 2026-07-28 at 13:11:41 CDT
Submitted From:	The application was submitted from IP address 174.170.74.174
Confirmation Number:	The confirmation number is 785971
Steers Version:	The STEERS version is 6.94

Additional Information

Application Creator: This account was created by Tina Berceliboyle

TCEQ Use Only

TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: GENERAL INFORMATION

1. Reason for Submission (*If other is checked please describe in space provided.*)

☒ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☐ Renewal *(Core Data Form should be submitted with the renewal form)*

☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 606219053		**RN 111876330**

SECTION II: CUSTOMER INFORMATION

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

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).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)* — *If new Customer, enter previous Customer below:*

CPV Basin Ranch, LLC

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
0804795649	320869963	93-3917045	118385493

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☒ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees

☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?

☒ **Yes** ☐ **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:

50 Braintree Hill Office Park, Suite 300

City	Braintree	**State**	MA	**ZIP**	02184	**ZIP + 4**	

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
	ssmith@cpv.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(617) 842-7778		( ) -

SECTION III: REGULATED ENTITY INFORMATION

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected, a new permit application is also required.)*

☒ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

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).

22. Regulated Entity Name *(Enter name of the site where the regulated action is taking place.)*

CPV Basin Ranch Energy Center

23. Street Address of the Regulated Entity: ***(No PO Boxes)***							
City		**State**		**ZIP**		**ZIP + 4**	
24. County	Ward						

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

25. Description to Physical Location:	The Site is bounded by County Road 175 to the North/Northeast; Road 157 to the North/Northwest; and the Pecos River to the West and South. The Northern portion of the Site is bounded by the intersection of County Road 175 and the Barstow Canal. The Site is approximately 5 miles Northeast of Pecos, TX and approximately 6 miles Northwest of Barstow, TX.				
26. Nearest City			**State**	**Nearest ZIP Code**	
Pecos			TX	79772	

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).

27. Latitude (N) In Decimal:	31.50605		**28. Longitude (W) In Decimal:**	-103.48719	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)
4911		221112	

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Combined cycle power plant

34. Mailing Address:	**50 Braintree Hill Office Park, Suite 300**						
City	**Braintree**	**State**	**MA**	**ZIP**	**2184**	**ZIP + 4**	
35. E-Mail Address:	**ssmith@cpv.com**						

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*

(617) 842-7778		**( ) -**

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☒ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☐ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

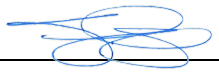
SECTION IV: PREPARER INFORMATION

40. Name:	Tina Berceli-Boyle	**41. Title:**	Senior Technical Expert

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(603 **)** 391-3327		**( ) -**	TBerceli-Boyle@haleyaldrich.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:	CPV Basin Ranch, LLC	**Job Title:**	Asset Manager Representative
Name *(In Print):*	Shawn Smith	**Phone:**	**(** 781 **)** 201-7820
Signature:		**Date:**	July 27, 2027

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: 111876330	
CN: 606219053	
Account No.:	
Permit No.: To be assigned	
Project No.: To be assigned	
Area Name: CPV Basin Ranch Energy Center	
Company Name: CPV Basin Ranch, LLC	
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, Peter Podurgiel certify that I am the Responsible Official

(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: 07/27/2026 _____ _____ _____

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

_____ _____

(Date 5) *(Date 6)*

Signature: _____ Signature Date: 07/27/2026

Title: President

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.

I. Identifying Information	
RN: 111876330	
CN: 606219053	
Account No.:	
Permit No.: To be assigned	
Project No.: To be assigned	
Area Name: CPV Basin Ranch Energy Center	
Company Name: CPV Basin Ranch, LLC	
II. Certification Type *(Please mark appropriate box)*	
☒ Designated Representative	☐ Alternate Designated Representative
III. Requirement and Submittal Type *(Please mark the appropriate boxes for each row)*	
Requirement: ☒ Acid Rain Permit	☐ CSAPR
Submittal Type: ☒ Initial Permit Application	☐ Update to Permit Application
☐ Permit Revision or Renewal	☐ Other:

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

IV. Certification of Truth

I, Shawn Smith certify that I am the Designated Representative

(Certifier Name printed or typed) *(DR or ADR)*

am authorized to make this submission on behalf of the owners and operators of the source or units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment. The above certification is for the statements and information dated during the time period or on the specific date(s) below:
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: 07/27/2026 _____ _____ _____

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

_____ _____

(Date 5) *(Date 6)*

Signature: _____ Signature Date: 07/27/2026

Title: Asset Manager Representative

Reset Form Print Form

Texas Commission on Environmental Quality
Form OP-AR1 - Instructions
Acid Rain Permit Application

General:

The Acid Rain Program regulations require that the Designated Representative (DR) (or Alternate Designated Representative [ADR]) submit an acid rain permit application for each source with an affected unit. A complete acid rain permit application is binding on the owners and operators of the affected source and is enforceable in the absence of a permit until the permitting authority either issues a permit to the source or disapproves the application. The DR must submit the permit application in accordance with the deadlines specified in Title 40 Code of Federal Regulations § 72.30 (40 CFR § 72.30) and submit in a timely manner any supplemental information that is necessary to review an acid rain permit application and issue or deny an acid rain permit.

The DR must submit the application to the Texas Commission on Environmental Quality (TCEQ), Office of Permitting and Registration, Air Permits Division (APD) and copies to the appropriate TCEQ regional office. A complete Certificate of Representation, which can be located on the U.S. Environmental Protection Agency's (EPA) Web site, must be received by the EPA before the permit application is submitted to TCEQ. A copy of the Certificate of Representation must be included with the permit application to TCEQ. Form OP-1 (Site Information Summary), must be submitted with the initial application. Form OP-2 (Application for Permit Revision Renewal), must be submitted with revisions or renewals. Forms OP-SUM Table 2 (Individual Unit Summary) and OP-REQ1 (Application Area-Wide Applicability Determinations and General Information) must also be submitted with all acid rain permit applications. All Acid Rain submittals must include Form OP-CRO1, page 2 (Certification by Designated Representative). The Form OP-CRO1, page 2 requires an original DR signature by the DR which certifies requirements of 40 CFR § 72.9.

The TCEQ also requires that a Core Data Form be submitted on all incoming registrations unless **all** of the following are met: the Regulated Entity Number (RN) and Customer Reference Numbers (CN) have been issued by the TCEQ and no core data information has changed. The Central Registry is a common record area of the 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 registration, permit, or license for a facility site, then the Core Data Form must be completed and submitted with application or registration forms. If amending, modifying, or otherwise updating an existing record for a facility 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 Web site at www.tceq.state.tx.us/permitting/central_registry/.

Specific:

DATE: Enter the date this application will be submitted to the TCEQ (MM/DD/YYYY). The date should be consistent throughout the application. Any subsequent submittals must show the date of revision.

PERMIT NAME: Enter the permit name (use the site name from the Form OP-1) of the site for which the application is being submitted (maximum 50 characters).

ORIS CODE: The Office of Regulatory Information Systems (ORIS) Code is from the National Allowance Database (NADB) and is synonymous with the with the Energy Information Agency (EIA) plant code. The ORIS code is a 4 digit number assigned by the EIA at the U.S. Department of Energy to power plants owned by utility companies. If the plant is not owned by a utility company but has a five digit facility code (also assigned by EIA), use the facility code. If no code has been assigned or if there is uncertainty regarding what the code number is, contact EIA at (202) 287-1730 (for ORIS codes), or (202) 287-1927 (for facility codes).

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

RN: Enter the regulated entity reference number (RN) for the site if issued. This number is issued by the 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)

CN: Enter the Customer Reference Number (CN). This number is issued by the TCEQ as part of the central registry process. If a customer reference number 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)

AIRS NO.: The Aerometric Information Retrieval System (AIRS) is operated by the EPA's Office of Air Quality Planning and Standards. Entering the AIRS number is optional (maximum 12 digits).

FINDS NO.: The Facility Indexing System (FINDS) provides an EPA agency-wide identification number to cross-identify facilities in all EPA data systems. Entering the FINDS number is optional.

SUBMISSION: Place an "X" in the appropriate field to indicate a new, revised, or renewal submission of this form. If this submission is a renewal, it is the duty of the DR under 40 CFR § 72.30(c) to submit an acid rain permit renewal application if it is included as part of a site operating permit (SOP). To apply for a renewal of an acid rain permit, this form must be submitted indicating an "X" in the renewal box.

Note: If any of the following requirements do not apply, enter "NA."

UNIT ID. NO.: Enter the Unit Identification Number (Unit ID. No.) for the affected unit. The Unit ID. No. should be consistent with the Unit ID. No. listed on the TCEQ OP-SUM (Individual Unit Summary) form.

NADB NO.: Enter the National Allowance Database (NADB) boiler identification number for the affected unit (maximum 8 characters). Provide appropriate NADB unit identification numbers used in reporting to the Department of Energy (DOE) and/or EIA and consistent with the unit identification numbers entered on the Certificate of Representation. For new units without identification numbers, owners and/or operators may assign such numbers consistent with EIA and DOE requirements.

UNIT WILL HOLD SO_2 ALLOWANCES PER 40 CFR § 70.9(C)(1): The prefilled "YES" in this column signifies that this unit's compliance plan will hold sulfur dioxide allowances in accordance with 40 CFR § 72.9[c][1].

NO_X LIMITATION: Enter "YES" if the affected unit is subject to the NO_x limitations of 40 CFR Part 76 (which applies to coal fired units only). Otherwise, enter "NO." If "YES," is answered, the DR must also submit an Acid Rain Program Phase II NO_x Compliance Plan (EPA Form 7610-28).

NEW UNITS COMMENCE OPERATION DATE: If the unit is new, enter the commence operation date in accordance with 40 CFR § 72.2 Definitions (*MM-DD-YYYY*). If the commence operation date changes after the acid rain permit is issued, the source must submit a request for an administrative permit amendment.

NEW UNITS MONITOR CERTIFICATION DEADLINE: If the unit is new, enter the monitor certification deadline date in accordance with 40 CFR § 75.4 (*MM-DD-YYYY*). If the monitor certification date changes after the acid rain permit is issued, the source must submit a request for an administrative permit amendment.

Note: This form must be submitted with Form OP-CRO1, page 2 (Certification by Designated Representative). The Form OP-CRO1requires an original DR signature by the DR which certifies requirements of 40 CFR § 72.9.

Texas Commission on Environmental Quality
Form OP-AR1
Acid Rain Permit Application
Federal Operating Permit Processes

Date:	**Permit Name:** CPV Basin Ranch Energy Center	**ORIS Code:** 67527
Account No.:	**RN:** 111876330	**CN:** 606219053
AIRS No.:	**FINDS No.:**	**Submission:** **New** ☑ **Revised** ☐ **Renewal** ☐

Unit ID No.	NADB No.	Unit Will Hold SO_2 Allowances Per 40 CFR § 72.9(c)(1)	NO_x Limitation*	New Units Commence Operation Date	New Units Monitor Certification Deadline
CTG1_HRSG1		Yes	NO		
CTG2_HRSG2		Yes	NO		
		Yes			
		Yes			
		Yes			
		Yes			
		Yes			
		Yes			
		Yes			
		Yes			

Note: *If NO_x Limitation is "YES" (this applies to coal-fired units only), the unit is subject to the NO_x limitations of 40 CFR Part 76 and the Designated Representative must submit an Acid Rain Program Phase II NO_x Compliance plan (EPA Form 7610-28).*

Reset Form Print Form

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

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

I.	**Company Identifying Information**
A.	Company Name: CPV Basin Ranch, LLC
B.	Customer Reference Number (CN): **CN** 606219053
C.	Submittal Date *(mm/dd/yyyy)*:
II.	**Site Information**
A.	Site Name: CPV Basin Ranch Energy Center
B.	Regulated Entity Reference Number (RN): **RN** 111876330
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:
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: Podurgiel, Peter		
RO Title: Executive Vice President		
Employer Name: CPV Basin Ranch, LLC		
Mailing Address: 50 Braintree Hill Office Park, Suite 300		
City: Braintree		
State: Massachusetts		
ZIP Code: 02184		
Territory:		
Country:		
Foreign Postal Code:		
Internal Mail Code:		
Telephone No.: 781-848-0253		
Fax No.:		
Email: ppodurgiel@cpv.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:	Smith, Shawn
Technical Contact Title:	Vice President – Engineering & Construction
Employer Name:	CPV Basin Ranch, LLC
Mailing Address:	50 Braintree Hill Office Park, Suite 300
City:	Braintree
State:	Massachusetts
ZIP Code:	02184
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.:	617-842-7778
Fax No.:	
Email:	ssmith@cpv.com
VIII. Reference Only Requirements *(For reference only.)*	
A. State Senator:	Kevin Sparks
B. State Representative:	Brooks Landgraf
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: CPV Basin Ranch Energy Center
B.	Physical Address: 535 Private Road 177
City:	Barstow
State:	Texas
ZIP Code:	79719
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): 031:30:22
H.	Longitude (nearest second): -103:29:14
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:
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): 67527
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:
B.	Physical Address:
City:	
ZIP Code:	
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: Smith, Shawn	
Contact Mailing Address: 50 Braintree Hill Office Park, Suite 300	
City: Braintree	
State: Massachusetts	
ZIP Code: 02184	
Territory:	
Country:	
Foreign Postal Code:	
Internal Mail Code:	
Telephone No.: 617-842-7778	

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: Smith, Shawn
DR Title: Vice President – Engineering & Construction
Employer Name: CPV Basin Ranch, LLC
Mailing Address: 50 Braintree Hill Office Park, Suite 300
City: Braintree
State: Massachusetts
ZIP Code: 02184
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 617-842-7778
Fax No.:
Email: ssmith@cpv.com

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: Smeltzer, John
ADR Title: VP Asset Management
Employer Name: CPV Basin Ranch, LLC
Mailing Address: 50 Braintree Hill Office Park, Suite 300
City: Braintree
State: Massachusetts
ZIP Code: 02184
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.: 240-533-9753
Fax No.:
Email: jsmeltzer@cpv.com

PRINT FORM RESET FORM

July 27, 2026

Mr. Rhyan Stone
Manager Operating Permits, Title V Section
Texas Commission on Environmental Quality
12100 Park 35 Circle, Building C
Austin, Texas 78753
Rhyan.Stone@tceq.texas.gov

Subject: CPV Basin Ranch Energy Center Air Quality Title V (Abbreviated) and Title IV Permit Applications

Dear Mr. Stone:

CPV Basin Ranch, LLC (CPV) has prepared the applicable forms and supporting documents for a Site Operating Permit (SOP) Title V application and a Title IV Acid Rain Permit application for the CPV Basin Ranch Energy Center, an electric generating facility. This submittal is an abbreviated application for a combined SOP and Acid Rain permit.

The CPV Basin Ranch Energy Center currently holds an Initial Permit (Permit Numbers: 175063, PSDTX1634, GHGPSDTX237, and HAP85) for a generating facility and carbon capture system (CCS). CPV has begun construction on the generating facility with a target completion date early 2029. They will not be starting construction of the CCS until sometime in 2028 with a projected construction schedule of at least 3-years. Therefore, the information in this application is for the generating facility only.

Form OP-1, Form OP-CRO1, and TCEQ Core Data Form have been prepared to support the abbreviated SOP application. In addition, Form OP-AR1, OP-REQ1, and OP-SUM Table 2 have been prepared to support the Acid Rain Permit application. Each of these forms are being submitted electronically to the Air Permits Division via STEERS.

We believe that our application is administratively complete, and we respectfully request that TCEQ staff proceed with its review. Please contact Tina Berceli-Boyle of Haley & Aldrich, Inc. (TBerceli-Boyle@haleyaldrich.com), or me (ssmith@cpv.com) with any questions or requests for additional information.

Sincerely,

Shawn Smith
Asset Manager Representative
CPV Basin Ranch, LLC

Certificate of Representation

See instructions and 40 CFR 72.24, 97.416, 97.516, 97.616, 97.716, 97.816, and 97.916, 97.1016, or a comparable state regulation, as applicable. Note that the designated representative identified on this form is also the certifying official responsible for making related submissions for the identified unit(s), under additional programs, as indicated in the instructions.

This submission is: ☒ **New** ☐ **Revised (revised submissions must be complete; see instructions)**

STEP 1
Provide information for the plant

Plant Name: CPV Basin Ranch Energy Center		State: TX	Plant Code: 67527
County Name: Ward			
Latitude: 31.50605	Longitude: -103.48719		

STEP 2
Enter requested information for the designated representative

Name: Shawn Smith	Title: VP Engineering & Construction		
Company Name: Competitive Power Ventures			
Mailing Address: 50 Braintree Hill Office Park, Suite 300	City: Braintree	State: MA	Zip Code: 02184
Phone Number: 617-842-7778	Fax Number:		
Email Address: ssmith@cpv.com			

STEP 3
Enter requested information for the alternate designated representative

Name: John Smeltzer	Title: VP Asset Management		
Company Name: Competitive Power Ventures			
Mailing Address: 50 Braintree Hill Office Park, Suite 300	City: Braintree	State: MA	Zip Code: 02184
Phone Number: 240-533-9753	Fax Number:		
Email Address: jsmeltzer@cpv.com			

UNIT INFORMATION

STEP 4: **Complete a separate page 2 for each unit located at the plant identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine). Do not list duct burners. Indicate each program to which the unit is subject and enter all other unit-specific information. See instructions for details.

Applicable Program(s):

- ☒ Acid Rain
- ☐ CSAPR NO_X Annual
- ☐ CSAPR NO_X Ozone Season Group 1
- ☒ CSAPR NO_X Ozone Season Group 2
- ☐ CSAPR NOx Ozone Season Group 3
- ☐ CSAPR SO_2 Group 1
- ☐ CSAPR SO_2 Group 2
- ☐ Texas SO_2

Additional Program(s):

- ☒ GHG NSPS
- ☐ MATS
- ☐ NO_X SIP Call

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CSAPR / Texas SO_2 / Other Nameplate Capacity (MWe)
CTG1_HRSG1	CC	Electricity Generation	GEN1	722.5	722.5
		NAICS Code: 221112			

Enter the date the unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 09/01/2028

Check One:
- ☐ Actual Date
- ☒ Projected Date

Is this unit located in Indian country?

Check One:
- ☐ Yes
- ☒ No

Has this unit ever operated at another location?

Check One:
- ☐ Yes
- ☒ No

Company Name:	
CPV Basin Ranch, LLC	☒ Owner ☒ Operator
	☐ Owner ☐ Operator
	☐ Owner ☐ Operator
	☐ Owner ☐ Operator

UNIT INFORMATION

STEP 4: **Complete a separate page 2 for each unit located at the plant identified in STEP 1** (i.e., for each boiler, simple cycle combustion turbine, or combined cycle combustion turbine). Do not list duct burners. Indicate each program to which the unit is subject and enter all other unit-specific information. See instructions for details.

Applicable Program(s):

- ☒ Acid Rain
- ☐ CSAPR NO_X Annual
- ☐ CSAPR NO_X Ozone Season Group 1
- ☒ CSAPR NO_X Ozone Season Group 2
- ☐ CSAPR NOx Ozone Season Group 3
- ☐ CSAPR SO_2 Group 1
- ☐ CSAPR SO_2 Group 2
- ☐ Texas SO_2

Additional Program(s):

- ☒ GHG NSPS
- ☐ MATS
- ☐ NO_X SIP Call

Unit ID#	Unit Type	Source Category	Generator ID Number (Maximum 8 characters)	Acid Rain Nameplate Capacity (MWe)	CSAPR / Texas SO_2 / Other Nameplate Capacity (MWe)
CTG2_HRSG2	CC	Electricity Generation	GEN2	722.5	722.5
		NAICS Code: 221112			

Enter the date the unit began (or will begin) serving any generator producing electricity for sale (including test generation) (mm/dd/yyyy): 10/11/2028

Check One:
- ☐ Actual Date
- ☒ Projected Date

Is this unit located in Indian country?

Check One:
- ☐ Yes
- ☒ No

Has this unit ever operated at another location?

Check One:
- ☐ Yes
- ☒ No

Company Name:	
CPV Basin Ranch, LLC	☒ Owner ☒ Operator
	☐ Owner ☐ Operator
	☐ Owner ☐ Operator
	☐ Owner ☐ Operator

STEP 5: Read the applicable certification statements, sign, and date.

Acid Rain Program

I certify that I was selected as the 'designated representative' or 'alternate designated representative', as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and each affected unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.

I certify that the owners and operators of the affected source and each affected unit at the source shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and each affected unit at the source and; allowances and proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of allowances by contract, allowances and proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

CSAPR NO_X Annual Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR NO_X Annual unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO_X Annual Trading Program on behalf of the owners and operators of the source and of each CSAPR NO_X Annual unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NO_X Annual unit, or where a utility or industrial customer purchases power from a CSAPR NO_X Annual unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NO_X Annual unit at the source; and CSAPR NO_X Annual allowances and; proceeds of transactions involving CSAPR NO_X Annual allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NO_X Annual allowances by contract, CSAPR NO_X Annual allowances and proceeds of transactions involving CSAPR NO_X Annual allowances will be deemed to be held or distributed in accordance with the contract.

CSAPR NO_X Ozone Season Group 1 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR NO_X Ozone Season Group 1 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO_X Ozone Season Group 1 Trading Program on behalf of the owners and operators of the source and of each CSAPR NO_X Ozone Season Group 1 unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NO_X Ozone Season Group 1 unit, or where a utility or industrial customer purchases power from a CSAPR NO_X Ozone Season Group 1 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NO_X Ozone Season Group 1 unit at the source; and CSAPR NO_X Ozone Season Group 1 allowances and proceeds of transactions involving CSAPR NO_X Ozone Season Group 1 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NO_X Ozone Season Group 1 allowances by contract, CSAPR NO_X Ozone Season Group 1 allowances and proceeds of transactions involving CSAPR NO_X Ozone Season Group 1 allowances will be deemed to be held or distributed in accordance with the contract.

CSAPR NO_X Ozone Season Group 2 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR NO_X Ozone Season Group 2 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO_X Ozone Season Group 2 Trading Program on behalf of the owners and operators of the source and of each CSAPR NO_X Ozone Season Group 2 unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NO_X Ozone Season Group 2 unit, or where a utility or industrial customer purchases power from a CSAPR NO_X Ozone Season Group 2 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NO_X Ozone Season Group 2 unit at the source; and CSAPR NO_X Ozone Season Group 2 allowances and proceeds of transactions involving CSAPR NO_X Ozone Season Group 2 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NO_X Ozone Season Group 2 allowances by contract, CSAPR NO_X Ozone Season Group 2 allowances and proceeds of transactions involving CSAPR NO_X Ozone Season Group 2 allowances will be deemed to be held or distributed in accordance with the contract.

CSAPR NO_X Ozone Season Group 3 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR NO_X Ozone Season Group 3 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR NO_X Ozone Season Group 3 Trading Program on behalf of the owners and operators of the source and of each CSAPR NO_X Ozone Season Group 3 unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR NO_X Ozone Season Group 3 unit, or where a utility or industrial customer purchases power from a CSAPR NO_X Ozone Season Group 3 unit under a life of the unit, firm power contractual arrangement, I certify that:
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR NO_X Ozone Season Group 3 unit at the source; and CSAPR NO_X Ozone Season Group 3 allowances and proceeds of transactions involving CSAPR NO_X Ozone Season Group 3 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR NO_X Ozone Season Group 3 allowances by contract, CSAPR NO_X Ozone Season Group 3 allowances and proceeds of transactions involving CSAPR NO_X Ozone Season Group 3 allowances will be deemed to be held or distributed in accordance with the contract.

CSAPR SO_2 Group 1 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR SO_2 Group 1 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR SO_2 Group 1 Trading Program on behalf of the owners and operators of the source and of each CSAPR SO_2 Group 1 unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR SO_2 Group 1 unit, or where a utility or industrial customer purchases power from a CSAPR SO_2 Group 1 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the ‘designated representative’ or ‘alternate designated representative’, as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR SO_2 Group 1 unit at the source; and CSAPR SO_2 Group 1 allowances and proceeds of transactions involving CSAPR SO_2 Group 1 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR SO_2 Group 1 allowances by contract, CSAPR SO_2 Group 1 allowances and proceeds of transactions involving CSAPR SO_2 Group 1 allowances will be deemed to be held or distributed in accordance with the contract.

CSAPR SO_2 Group 2 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each CSAPR SO_2 Group 2 unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the CSAPR SO_2 Group 2 Trading Program on behalf of the owners and operators of the source and of each CSAPR SO_2 Group 2 unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a CSAPR SO_2 Group 2 unit, or where a utility or industrial customer purchases power from a CSAPR SO_2 Group 2 unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each CSAPR SO_2 Group 2 unit at the source; and CSAPR SO_2 Group 2 allowances and proceeds of transactions involving CSAPR SO_2 Group 2 allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of CSAPR SO_2 Group 2 allowances by contract, CSAPR SO_2 Group 2 allowances and proceeds of transactions involving CSAPR SO_2 Group 2 allowances will be deemed to be held or distributed in accordance with the contract.

Texas SO_2 Trading Program

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the source and each Texas SO_2 Trading Program unit at the source.

I certify that I have all the necessary authority to carry out my duties and responsibilities under the Texas SO_2 Trading Program on behalf of the owners and operators of the source and of each Texas SO_2 Trading Program unit at the source and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions and by any decision or order issued to me by the Administrator regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, a Texas SO_2 Trading Program unit, or where a utility or industrial customer purchases power from a Texas SO_2 Trading Program unit under a life-of-the-unit, firm power contractual arrangement, I certify that: I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative', as applicable, and of the agreement by which I was selected to each owner and operator of the source and of each Texas SO_2 Trading Program unit at the source; and Texas SO_2 Trading Program allowances and proceeds of transactions involving Texas SO_2 Trading Program allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement, except that, if such multiple holders have expressly provided for a different distribution of Texas SO_2 Trading Program allowances by contract, Texas SO_2 Trading Program allowances and proceeds of transactions involving Texas SO_2 Trading Program allowances will be deemed to be held or distributed in accordance with the contract.

General

I am authorized to make this submission on behalf of the owners and operators of the source or units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

 Signature (Designated Representative)	6/26/2026 Date
 Signature (Alternate Designated Representative)	29 June 2026 Date

Instructions for the Certificate of Representation

NOTE: The Certificate of Representation information can be submitted online through the CAMD Business System (CBS), which can be accessed at https://camd.epa.gov/CBS/login/auth. See the Certificate of Representation section of the Help File in CBS for assistance. If you have questions about CBS, send an email to cbs-support@camdsupport.com.

You must have a username and password to access CBS. You can obtain a username and password if: (1) you are currently listed in the CAMD database as a designated representative or an agent for a designated representative, **AND** (2) CAMD has received and processed a hard copy of the Electronic Signature Agreement at found on the Business Center Forms page. Once a person's Electronic Signature Agreement is processed, they will receive instructions to obtain a username and password.

Please type or print. Submit a separate page 2 for each unit at the plant (source) subject to the Acid Rain Program (ARP), a Cross-State Air Pollution Rule (CSAPR) trading program, or the Texas SO_2 Trading Program ($TXSO_2$). Include units for which a Retired Unit Exemption notice has been submitted. Indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the upper right-hand corner of page 2. **A Certificate of Representation amending an earlier submission supersedes the earlier submission in its entirety and must therefore always be complete.** Submit one Certificate of Representation form with original signature(s). NO FIELDS SHOULD BE LEFT BLANK.

Note that because all emissions and monitoring plan data submitted (or resubmitted) through to EPA's Emissions Collection and Monitoring Plan System (ECMPS) for a unit for a given time period must be contained in one internally consistent datafile, the designated representative identified on this form is also the certifying official responsible for making submissions concerning the identified unit(s) where required by additional programs, including the Greenhouse Gas New Source Performance Standards program under40 CFR part 60, subpart TTTT (NSPS4T), the Mercury and Air Toxics Standards program under 40 CFR part 63, subpart UUUUU (MATS), and state programs implementing the NO_X SIP Call under 40 CFR 51.121 (SIPNOX).

STEP 1

(i) A plant code is a number assigned by the Department of Energy's (DOE) Energy Information Administration (EIA) to plants that generate electricity. For older plants, "plant code" is synonymous with "ORISPL" and "facility" codes. If the plant generates electricity but no plant code has been assigned, or if there is uncertainty regarding what the plant code is, send an email to the EIA at EIA-860@eia.gov. For plants that do not produce electricity, use the plant identifier assigned by EPA (beginning with "88").

(ii) Enter the latitude and longitude representing the location of the plant. Note that coordinates MUST be submitted in decimal degree format; in this format minutes and seconds are represented as a decimal fraction of one degree. Therefore, coordinates containing degrees, minutes, and seconds must first be converted using the formula:

decimal degrees = degrees + (minutes / 60) + (seconds / 3600)

Example: 39 degrees, 15 minutes, 25 seconds = 39 + (15 / 60) + (25 / 3600) = 39.2569 degrees

STEPS 2 & 3

The designated representative and the alternate designated representative must be individuals (i.e., natural persons). Enter the associated company name and address of the representative as it should appear on all correspondence. Most correspondence will be emailed. **Although not required, EPA strongly encourages owners and operators to designate an alternate designated representative to act on behalf of the designated representative.**

There may be only one designated representative and one alternate designated representative for a plant.

STEP 4

(i) Complete one page for each unit subject to the ARP, CSAPR, or $TXSO_2$ programs, and indicate the program(s) that the unit is subject to. Also indicate if the unit is subject to the MATS, NSPS4T, and/or SIPNOX programs. Identify each unit at the plant by providing the appropriate unit identification

number, consistent with the identifiers used in previously submitted Certificates of Representation (if applicable) and with submissions made to DOE and/or EIA. Do not list duct burners. For new units without identification numbers, owners and operators must assign identifiers consistent with EIA and DOE requirements. Each submission to EPA that includes the unit identification number(s) (e.g., monitoring plans and quarterly reports) should reference those unit identification numbers in exactly the same way that they are referenced on the Certificate of Representation. Do not identify units that are not subject to the above-listed programs but are part of a common monitoring configuration with a unit that is subject to any of these programs. To identify units in a common monitoring configuration that are not subject to any of these programs, call the CAPD Hotline at (202) 343-9620, and leave a message under the "Continuous Emissions Monitoring" submenu.

(ii) Identify the type of unit using one of the following abbreviations:

Boilers		**Boilers**		**Turbines**	
AF	Arch-fired boiler	**OB**	Other boiler	**CC**	Combined cycle combustion turbine
BFB	Bubbling fluidized bed boiler	**PFB**	Pressurized fluidized bed boiler	**CT**	Simple cycle combustion turbine
C	Cyclone boiler	**S**	Stoker boiler	**IGC**	Integrated gasification combined cycle
CB	Cell burner boiler	**T**	Tangentially-fired boiler		
CFB	Circulating fluidized bed boiler	**WBF**	Wet bottom wall-fired boiler	**Other**	
DB	Dry bottom wall-fired boiler	**WBT**	Wet bottom turbo-fired boiler	**ICE**	Internal combustion engine
DTF	Dry bottom turbo-fired boiler	**WVF**	Wet bottom vertically-fired boiler	**KLN**	Cement kiln
DVF	Dry bottom vertically-fired boiler			**PRH**	Process heater

(iii) Indicate the source category description that most accurately describes the purpose for which the unit is operated by entering one of the following terms.

- Electricity generation
- Useful thermal energy production (i.e., production of process heat and/or steam for uses other than electricity production)
- Cogeneration (i.e., both electricity generation and useful thermal energy production through the sequential use of energy)

(iv) Provide the primary North American Industrial Classification System (NAICS) code that most accurately describes the business type for which the unit is operated. If unknown, go to https://www.census.gov/eos/www/naics for guidance on how to determine the proper NAICS code for the unit.

(v) Enter the date the unit began (or will begin) serving any generator producing electricity for sale, including test generation. Enter this date and check the "actual" box for any unit that has begun to serve a generator producing electricity for sale as of the date of submission of this form. (This information should be provided even if the unit does not currently serve a generator producing electricity for sale.) For any unit that will begin, but has not begun as of the date of submission of this form, to serve a generator producing electricity for sale, estimate the future date on which the unit will begin to produce electricity for sale and check the "projected" box. When the actual date is established, revise the form accordingly by entering the actual date and checking the "actual" box. Enter "NA" if the unit has not ever served, is not currently serving, and is not projected to serve, a generator that produces electricity for sale.

(vi) For a unit that, as of the date of submission of this form, serves one or more generators (whether or not the generator produces electricity for sale), enter the generator ID number(s) and the nameplate capacity (in MWe, rounded to the nearest tenth) of each generator served by the unit. A unit serves a generator if the unit produces, or is able to produce, steam, gas, or other heated medium for generating electricity at that generator. For combined cycle units, report separately the nameplate capacities of the generators associated with the combustion turbine and the steam turbine. Please ensure that the generator ID numbers entered are consistent with those reported to the EIA.

A nameplate capacity should be entered in the “Acid Rain” column for each generator served by a unit subject to the ARP, and a nameplate capacity should be entered in the “CSAPR / Texas SO_2 / Other” column for each generator served by a unit subject to any of the other programs indicated on the form (including units that are also subject to the ARP). The nameplate capacity entered in the “Acid Rain” column where a unit is listed in the National Allowance Database (NADB) should be the nameplate capacity as shown in the NADB. The nameplate capacity entered in the “Acid Rain” column where a unit is not listed in the NADB, and the nameplate capacity entered in the “CSAPR / Texas SO_2 / Other” column where a unit is subject to any programs other than the ARP, generally should be the higher of (i) the nameplate capacity as of the generator’s initial installation or (ii) the nameplate capacity following physical changes that result in an increase in the maximum electrical generating output that the generator can produce on a steady-state basis when not restricted by seasonal or other deratings. To the extent consistent with the preceding sentences, use the nameplate capacity reported to EIA for each generator on Form EIA-860. Enter "NA" if, as of the date of submission of this form, the unit does not serve a generator.

For the full definitions of "nameplate capacity", see 40 CFR 72.2, 97.402, 97.502, 97.602, 97.702, 97.802, 97.902, and 97.1002 as applicable. The NADB is available at this link.

Enter the company name of each owner and operator in the "Company Name" field. Indicate whether the company is the owner, operator, or both. For new units, if the operator of a unit has not yet been chosen, indicate that the owner is both the owner and operator and submit a revised form when the operator has been selected within 30 days of the effective date of the selection. EPA must be notified of changes to owners and operators within 30 days of the effective date of the change. You are strongly encouraged to use the CAMD Business System to provide updated information on owners and operators. See the Certificate of Representation section of the Help File found at the top right of any screen in CBS, including the homepage, for assistance.

(vii) Indicate whether or not the unit is located in Indian country. “Indian country” generally includes all lands within any federal Indian reservation, all dependent Indian communities, and all Indian allotments for which the Indian titles have not been extinguished. For the full definition of “Indian country”, see 18 U.S.C. § 1151.

(viii) When identifying a unit at a plant for the first time, indicate whether or not the unit ever operated at another location. If the answer is “yes”, EPA will contact the owners/operator for more information.

STEP 5
Read the applicable certification statements, sign, and date.

Mail the completed, signed form to **one** of the following addresses **(note the different zip codes):**

Regular or Certified mail:

U.S. EPA
CAPD - Operations & Implementation Branch
Attn: Designated Representative
1200 Pennsylvania Avenue, NW
Mail Code 6204A
Washington, DC **20460**

Overnight Mail:

U.S. EPA
CAPD - Operations & Implementation Branch
Attn: Designated Representative
1200 Pennsylvania Avenue, NW
WJC South, 4th Floor, Room # 4153C
Washington, DC **20004**
(202) 564-8717

Submit this form prior to making any other submissions under the ARP, CSAPR, or $TXSO_2$ programs. Submit a revised Certificate of Representation when any information in the existing Certificate of Representation changes. You are strongly encouraged to use the CAMD Business System to provide updated information. See the Certificate of Representation section of the Help File in CBS for assistance.

Paperwork Burden Estimate

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control Nos. 2060-0258 and 2060-0667). Responses to this collection of information are mandatory (40 CFR 72.24, 97.416, 97.516, 97.616, 97.716, 97.816, 97.916 and 97.1016). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 15 hours per response annually. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.