Administrative Package Cover Page

This file contains the following documents:

1. Summary of application (in plain language)
2. First Notice (NORI-Notice of Receipt of Application and Intent to Obtain a Permit)
3. Application Materials

PLAIN LANGUAGE SUMMARY FOR TPDES PERMIT NO. WQ0003943000 (EPA ID NO. TX0086398) RENEWAL APPLICATION

AIR LIQUIDE LARGE INDUSTRIES U.S. LP
VICTORIA ASU
767 OLD BLOOMINGTON ROAD
BLOOMINGTON, TEXAS 77951

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Air Liquide Large Industries U.S. LP (CN600300693) operates Victoria Air Separation Unit (ASU), RN102156288, an ASU plant facility. Victoria ASU separates the atmospheric air and produces Nitrogen, Oxygen and Argon (SIC Code 2813). The facility is located at 767 Old Bloomington Road in Bloomington, Victoria County, Texas 77951.

The permit application is for renewal to discharge 130,000 gallons per day (permitted on average) of the treated cooling tower blowdown, washwater and miscellaneous rainwater collected in compressors containment dikes.

The discharge from the facility is expected to contain Suspended Solids, Chemical Oxygen Demand, Oil and Grease, Temperature, pH and some metals (Arsenic and Copper,) that are included in the current permit. The onsite well water is used for the facility's production operations and domestic use.

The types of industrial wastewater generated from the facility are cooling tower blowdown, washwater and miscellaneous rainwater collected in compressors containment dikes.

The industrial wastewater is treated by the onsite oil/water separator and pumped and discharged into the Victoria Barge Canal Tidal through Outfall 001 via an underground pipeline. The domestic wastewater is discharged to the onsite septic system.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

NOTICE OF RECEIPT OF APPLICATION AND INTENT TO OBTAIN WATER QUALITY PERMIT RENEWAL

PERMIT NO. WQ0003943000

APPLICATION. Air Liquide Large Industries U.S. LP, 9811 Katy Freeway, Suite 100, Houston, Texas 77024, which owns an atmospheric air separation and cryogenic distillation facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0003943000 (EPA I.D. No. TX0086398) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 130,000 gallons per day. The facility is located at 767 Old Bloomington Road, in Victoria County, Texas 77951. The discharge route is from the plant site directly to Victoria Barge Canal Tidal. TCEQ received this application on July 31, 2024. The permit application will be available for viewing and copying at Victoria Public Library, 302 North Main Street, Victoria, in Victoria County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.914405,28.652142&level=18

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the county-wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.**

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application**

is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application. If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

TO REQUEST A CONTESTED CASE HEARING, YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR REQUEST: your name, address, phone number; applicant's name and proposed permit number; the location and distance of your property/activities relative to the proposed facility; a specific description of how you would be adversely affected by the facility in a way not common to the general public; a list of all disputed issues of fact that you submit during the comment period and, the statement "[I/we] request a contested case hearing." If the request for contested case hearing is filed on behalf of a group or association, the request must designate the group's representative for receiving future correspondence; identify by name and physical address an individual member of the group who would be adversely affected by the proposed facility or activity; provide the information discussed above regarding the affected member's location and distance from the facility or activity; explain how and why the member would be affected; and explain how the interests the group seeks to protect are relevant to the group's purpose.

Following the close of all applicable comment and request periods, the Executive Director will forward the application and any requests for reconsideration or for a contested case hearing to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. **If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period. TCEQ may act on an application to renew a permit for discharge of wastewater without providing an opportunity for a contested case hearing if certain criteria are met.**

MAILING LIST. If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for this specific application to receive future public notices mailed by the Office of the Chief Clerk. In addition, you may request to be placed on: (1) the permanent mailing list for a specific applicant name and permit number; and/or (2) the mailing list for a specific county. If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. Search the database using the permit number for this application, which is provided at the top of this notice.

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at **https://www14.tceq.texas.gov/epic/eComment/**, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you

provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Air Liquide Large Industries U.S. LP at the address stated above or by calling Mr. Aswath Kalappa, Air Liquide USA, LLC, at 832-236-0523.

Issuance Date: August 23, 2024

Air Liquide

July 30, 2024

Texas Commission on Environmental Quality
Water Quality Division
Applications Review and Process Team
MC-148
P.O. Box 13087
Austin, Texas 78711-3087

Express/Overnight Mailing Address:
Executive Director
Applications Review and Process Team, MC-148
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, Texas 78753

Subject: TPDES Permit No. WQ0003943000 (EPA ID No. TX0086398) Renewal Application
Air Liquide Large Industries U.S. LP – Victoria ASU
Bloomington, Victoria County, Texas

Dear Sir / Madam:

Air Liquide Large Industries U.S. LP (Air Liquide) wishes to renew the existing Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0003943000 (EPA ID No. TX0086398) and submits one (1) original and two (2) copies of the required TPDES Permit Renewal Application to your office. The permit application package includes:

- Industrial Wastewater Permit Application Checklist;
- TCEQ-10053 (01/08/2024) Industrial Wastewater Permit Application Administrative Report 1.0
- TCEQ-10400 (11/22) Core Data Form;
- TCEQ-20971 (08/31/2023) Supplemental Permit Information Form (SPIF);
- TCEQ-10055 (01/08/2024) Industrial Wastewater Permit Application Technical Report 1.0 with Worksheets 1.0, 2.0, 4.0, and 7.0;
- USGS Maps (Bloomington and Bloomington SW Quadrangles, 8.5" x 11" Reproduced Portions for the Renewal Application as per the TCEQ Instructions);
- General Location Map;
- Site Drawing;
- Water and Wastewater Flow Schematic Diagram and Water Balance;
- Safety Data Sheets for Cooling Towers Water Treatment Chemicals; and
- TCEQ ePay Vouchers Receipt

Also, an electronic copy of the application is submitted via TCEQ's file transfer protocol server to WQDeCopy@tceq.texas.gov.

Please be advised that Air Liquide is in the process of completing the sampling and analyses required in Worksheet 2.0 of TCEQ-10055 (01/08/2024) Industrial Wastewater Permit Application Technical Report 1.0. When this TPDES Permit Renewal Application is prepared and submitted, the sampling results are not fully available. Therefore, when the analytical information becomes fully available, we will complete the applicable tables of Worksheet 2.0 and submit them to TCEQ at that time.

The permit expires at midnight on February 10, 2025. The permit renewal application is required to be submitted 180 days prior to the permit expiration. Thus, Air Liquide meets the Permit Renewal Application submission deadline requirement.

If you have any questions about the enclosed TPDES Permit Renewal Application, please contact me at (832) 236-0523 or aswath.kalappa@airliquide.com at your convenience.

Sincerely,

Aswath Kalappa
Senior Environmental Specialist

cc: Jacob Dittmar – Air Liquide Victoria ASU
Stephen Kim - GETI

Enclosures: As Noted

TPDES PERMIT NO. WQ0003943000 (EPA ID NO. TX0086398) RENEWAL APPLICATION

For submission to:

Texas Commission on Environmental Quality
Water Quality Division
Applications Review and Process Team,
MC-148
P.O. Box 13087
Austin, Texas 78711-3087

Submitted by:

Air Liquide Large Industries .U.S. LP
Victoria ASU
767 Old Bloomington Road
Bloomington, Texas 77951

Prepared by:

Genesis Environmental Technologies, Inc.
P.O. Box 497
Dresher, Pennsylvania 19025

Dated: August 2024

TPDES PERMIT NO. WQ0003943000 (EPA ID NO. TX0086398) RENEWAL APPLICATION

For submission to:

Texas Commission on Environmental Quality
Water Quality Division
Applications Review and Process Team
MC-148
P.O. Box 13087
Austin, Texas 78711-3087

Submitted by:

Air Liquide Large Industries .U.S. LP
Victoria ASU
767 Old Bloomington Road
Bloomington, Texas 77951

Prepared by:

Genesis Environmental Technologies, Inc.
P.O. Box 497
Dresher, Pennsylvania 19025

Dated: August 2024

TABLE OF CONTENTS

ATTACHMENTS

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHEKLIST

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the industrial wastewater permit application.

APPLICANT NAME: Air Liquide Large Industries U.S. LP

PERMIT NUMBER (If new, leave blank): WQ003943000

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	X	☐	Worksheet 8.0	☐	X
Administrative Report 1.1	☐	X	Worksheet 9.0	☐	X
SPIF	X	☐	Worksheet 10.0	☐	X
Core Data Form	X	☐	Worksheet 11.0	☐	X
Public Involvement Plan Form	☐	X	Worksheet 11.1	☐	X
Plain Language Summary	X	☐	Worksheet 11.2	☐	X
Technical Report 1.0	X	☐	Worksheet 11.3	☐	X
Worksheet 1.0	X	☐	Original USGS Map	X	☐
Worksheet 2.0	X	☐	Affected Landowners Map	☐	X
Worksheet 3.0	☐	X	Landowner Disk or Labels	☐	X
Worksheet 3.1	☐	X	Flow Diagram	X	☐
Worksheet 3.2	☐	X	Site Drawing	X	☐
Worksheet 3.3	☐	X	Original Photographs	☐	X
Worksheet 4.0	X	☐	Design Calculations	☐	X
Worksheet 4.1	☐	X	Solids Management Plan	☐	X
Worksheet 5.0	☐	X	Water Balance	X	☐
Worksheet 6.0	☐	X			
Worksheet 7.0	X	☐			

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

TCEQ-10411 (01/08/2024) INDUSTRIAL WASTEWATER PERMIT APPLICATION - ADMINISTRATIVE REPORT 1.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report (TCEQ Form-20893 and 20893-inst[1]).

Item 1. Application Information and Fees (Instructions, Page 26)

a. Complete each field with the requested information, if applicable.

Applicant Name: Air Liquide Large Industries, U.S. LP

Permit No.: WQ0003943000

EPA ID No.:TX0086398

Expiration Date: February 10, 2025

b. Check the box next to the appropriate authorization type.

☒Industrial Wastewater (wastewater and stormwater)

☐Industrial Stormwater (stormwater only)

c. Check the box next to the appropriate facility status.

☒Active ☐Inactive

d. Check the box next to the appropriate permit type.

☒TPDES Permit ☐TLAP ☐TPDES with TLAP component

e. Check the box next to the appropriate application type.

☐New

☐Renewal with changes ☒Renewal without changes

☐Major amendment with renewal ☐Major amendment without renewal

☐Minor amendment without renewal

☐Minor modification without renewal

f. If applying for an amendment or modification, describe the request: N/A

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

[1]https://www.tceq.texas.gov/publications/search_forms.html

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend./ Minor Mod.(without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	☐$350	☐$350	☐$315	☐$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	☐$1,250	☐$1,250	x$1,215	☐$150
Major facility	N/A[2]	☐$2,050	☐$2,015	☐$450

h. Payment Information

Mailed

Check or money order No.:Click to enter text.

Check or money order amt.:Click to enter text.

Named printed on check or money order:Click to enter text.

Epay

Voucher number: 714125, 714126

Copy of voucher attachment: Attachment 10

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN600300693

Note: Locate the customer number using the TCEQ's Central Registry Customer Search[3].

b. Legal name of the entity (applicant) applying for this permit: Air Liquide Large Industries U.S. LP

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

c. Name and title of the person signing the application. (**Note:**The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Mr. Full Name (Last/First Name): Brand, Christiaan

Title: Vice President, of Operations Credential: N/A

d. Will the applicant have overall financial responsibility for the facility?

XYes ☐No

[2] All facilities are designated as minors until formally classified as a major by EPA.

[3]https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 27)

XCheck this box if there is no co-applicant.; otherwise, complete the below questions.

a. Legal name of the entity (co-applicant) applying for this permit:Click to enter text.

Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

b. Customer Number (if applicant is an existing customer): CNClick to enter text.

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix:Click to enter text. Full Name (Last/First Name):Click to enter text.

Title:Click to enter text. Credential:Click to enter text.

d. Will the co-applicant have overall financial responsibility for the facility?

☐Yes ☐No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 27)

a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report.Attachment: 1

Item 5. Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

a. XAdministrative Contact .XTechnical Contact

Prefix: Mr. Full Name (Last/First Name): Kalappa, Aswath

Title: Sr. Environmental Specialist Credential: N/A

Organization Name: Air Liquide USA, LLC

Mailing Address: 9811 Katy Freeway, Suite 100 City/State/Zip: Houston, TX 77024

Phone No: (832) 236-0523 Email: aswath.kalappa@airliquide.com

b. ☐Administrative Contact XTechnical Contact

Prefix: Mr. Full Name (Last/First Name): Kim, Stephen

Title: Consultant Credential: N/A

Organization Name: Genesis Environmental Technologies, Inc.

Mailing Address: PO Box 497 City/State/Zip: Dresher, PA 19025

Phone No: (215) 941-2770 Email: genesisenvironmental@comcast.net

Attachment: N/A

Item 6. Permit Contact Information (Instructions, Page 28)

Provide two names of individuals that can be contacted throughout the permit term.

a. Prefix: Mr. Full Name (Last/First Name): Kalappa, Aswath

Title: Sr. Environmental Specialist Credential: N/A

Organization Name: Air Liquide USA, LLC

Mailing Address: 9811 Katy Freeway, Suite 100 City/State/Zip: Houston, TX 77024

Phone No: (832) 236-0523 Email: aswath.kalappa@airliquide.com

b. Prefix: Mr. Full Name (Last/First Name): Dittmar, Jacob

Title: Plant Manager Credential: N/A

Organization Name: Air Liquide Large Industries U.S. LP

Mailing Address: P.O. Box 577 City/State/Zip: Bloomington, TX 77951

Phone No: (830) 998-0755 Email: Jacob.dittmar@airliquide.com

Attachment: N/A

Item 7. Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for permits **in effect on September 1 of each year**. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Prefix: Mr. Full Name (Last/First Name): Dittmar, Jacob

Title: Plant Manager Credential: N/A

Organization Name: Air Liquide Large Industries U.S. LP

Mailing Address: P.O. Box 577 City/State/Zip: Bloomington, TX 77951

Phone No: (830) 998-0755 Email: Jacob.dittmar@airliquide.com

Item 8. DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs.**Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Mr. Full Name (Last/First Name): Dittmar, Jacob

Title: Plant Manager Credential:N/A

Organization Name: Air Liquide Large Industries U.S. LP

Mailing Address:P.O. Box 577 City/State/Zip: Bloomington, TX 77951

Phone No: (830) 998-0755 Email: Jacob.dittmar@airliquide.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Kalappa, Aswath

Title: Sr. Environmental Specialist Credential: N/A

Organization Name: Air Liquide USA, LLC

Mailing Address: 9811 Katy Freeway, Suite 100 City/State/Zip: Houston, TX 77024

Phone No: (832) 236-0523 Email: aswath.kalappa@airliquide.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

xE-mail: aswath.kalappa@airliquide.com

☐Fax: Click to enter text.

xRegular Mail (USPS)

Mailing Address: 9811 Katy Freeway, Suite 100

City/State/Zip Code: Houston, TX 77024

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Kalappa, Aswath

Title: Sr. Environmental Specialist Credential: N/A

Organization Name: Air Liquide USA, LLC

Phone No: (832) 236-0523 Email: aswath.kalappa@airliquide.com

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Victoria Public Library Location within the building: Public Notice Area

Physical Address of Building: 302 N. Main Street

City: Victoria County: Victoria

e. Bilingual Notice Requirements

This information is required for new, major amendment, minor amendment or minor modification, and renewal applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s)is required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

☐YesXNo

If no, publication of an alternative language notice is not required; skip to Item 8 (Regulated Entity and Permitted Site Information.)

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

   ☐Yes☒No

3. Do the students at these schools attend a bilingual education program at another location?

   ☐Yes ☒No

4. Would the school be required to provide a bilingual education program, but the school has waived out of this requirement under 19 TAC §89.1205(g)?

   ☐Yes ☒No ☐N/A

5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? N/A

f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: 2

g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: N/A

Item 10. Regulated Entity and Permitted Site Information (Instructions Page 29)

a. TCEQ issued Regulated Entity Number (RN), if available: RN102156288

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

b. Name of project or site (the name known by the community where located): Victoria ASU

c. Is the location address of the facility in the existing permit the same?

   ☒Yes☐No☐N/A (new permit)

   Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

d. Owner of treatment facility:

   Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

   or Organization Name: Air Liquide Large Indusrties, U.S. LP

   Mailing Address: PO Box 577 City/State/Zip: Bloomington, TX, 77951

   Phone No: (830) 998-0755 Email: Jacob.dittmar@airliquide.com

e. Ownership of facility: ☐Public ☒Private ☐Both ☐Federal

f. Owner of land where treatment facility is or will be: Click to enter text.

   Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Air Liquide Large Industries U.S. LP

Mailing Address: PO Box 577 City/State/Zip: Bloomington, TX 77951

Phone No: (830) 998-0755 Email: jacob.dittmar@airliquide.com

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: N/A

g. Owner of effluent TLAP disposal site (if applicable): N/A

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

h. Owner of sewage sludge disposal site (if applicable):

Prefix: Click to enter text. Full Name (Last/First Name): N/A

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Page 31)

a. Is the facility located on or does the treated effluent cross Native American Land?

☐Yes ☒ No

b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

☒One-mile radius

☒Applicant's property boundaries

☒Labeled point(s) of discharge

☐Effluent disposal site boundaries

☐Sewage sludge disposal site

☒Three-miles downstream information

☐Treatment facility boundaries

☒Highlighted discharge route(s)

☐All wastewater ponds

☐New and future construction

Attachment: 3

c. Is the location of the sewage sludge disposal site in the existing permit accurate?

☒Yes☐No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

d. Are the point(s) of discharge in the existing permit correct?

☒Yes☐No or New Permit

If no, or a new application, provide an accurate location description:Click to enter text.

e. Are the discharge route(s) in the existing permit correct?

☒Yes☐No or New Permit

If no, or a new permit, provide an accurate description of the discharge route:Click to enter text.

f. City nearest the outfall(s): Bloomington

g. County in which the outfalls(s) is/are located: Victoria

h. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☐Yes☒No

If yes, indicate by a check mark if: ☐Authorization granted ☐Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment:Click to enter text.

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge:Click to enter text.

i. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

☐YesNo or New Permit☐ N/A

If no, or a new application, provide an accurate location description:Click to enter text.

j. City nearest the disposal site: N/A

k. County in which the disposal site is located: N/A

l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site:N/A

m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

Item 12. Miscellaneous Information (Instructions, Page 33)

a. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐Yes☒No

If yes, list each person:Click to enter text.

b. Do you owe any fees to the TCEQ?

☐Yes ☒No

If yes, provide the following information:

Accountno.:Click to enter text.

Total amount due:Click to enter text.

c. Do you owe any penalties to the TCEQ?

☐Yes ☒No

If yes, provide thefollowing information:

Enforcement order no.:Click to enter text.

Amount due:Click to enter text.

Item 13. Signature Page (Instructions, Page33)

Permit No: WQ0003943000

Applicant Name: Air Liquide Large Industries U.S. LP

Certification: I, Christiaan Brand,certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Christiaan Brand

Signatory title: Vice President, of Operations

Signature:_____ Date:_____

(Use blue ink)

Subscribed and Sworn to before me by the said_____

on this_____day of_____, 20_____.

My commission expires on the_____day of_____, 20_____.

_____

Notary Public [SEAL]

_____

County, Texas

Note:*If co-applicants are necessary, each entity must submit an original, separate signature page.*

INDUSTRIAL WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: 4

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

☒Core Data Form (TCEQ Form No. 10400)
(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)

☒Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411.Version dated 5/10/2019 or later.)

☒Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

☒7.5 Minute USGS Quadrangle Topographic Map Attached
(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments.)

☒N/A ☐Current/Non-Expired, Executed Lease Agreement or Easement Attached

☒N/A ☐Landowners Map
(See instructions for landowner requirements.)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

☒N/A ☐Landowners Cross Reference List
(See instructions for landowner requirements.)

☒N/A ☐Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)

☒Original signature per 30 TAC § 305.44 – Blue Ink Preferred
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached.)

☒Plain Language Summary

TCEQ-10055 (01/08/2024) INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For **additional information** or clarification on the requested information, please refer to the Instructions for Completing the Industrial Wastewater Permit Application[1] available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

Item 1. Facility/Site Information (Instructions, Page 39)

a. Describe the general nature of thebusiness and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

The facility separates atmospheric air, produces nitrogen, oxygen and argon, and supplies products to customers via pipelines.

b. Describeall wastewater-generating processes at the facility.

The well water is used for the facility's operations. The well #1 water is softened and used for domestic use. The well #2 water is directly used as the make-up water for cooling towers operations. The well #1 water is also used, as needed, as the backup or supplement to the well #2 water for cooling towers operations.

Industrial wastewater is generated from cooling towers and air compressors operations and miscellaneous washing activities. Miscellaneous rainwater collected in the No. 2 compressor containment dikes is directed into the No. 2 Oil/Water Separator (OWS) for oil removal and the No. 2 OWS effluent is discharged via Outfall 001. The combined wastewater stream is discharged into the Victoria Barge Canal through Outfall 001 via an underground 6" pipeline.

[1] https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
Atmospheric Air	None	Oxygen, Nitrogen and Argon

Attachment: N/A

d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls,and sampling points, if significantly different from outfall locations.

Attachment: 6

e. Is this a new permit application for an existing facility?

☐ Yes ☒ No

If **yes**, provide background discussion:Click to enter text.

f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: USGS Map and FEMA MAP

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposedto prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area:Click to enter text.

Attachment: N/A

g. For **new** or **majoramendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

☐ Yes ☐ No ☒ N/A (renewal only)

h. If **yes** to Item 1.g, has the applicant applied for a USACECWA Chapter 404 Dredge and Fill permit?

☐ Yes ☐ No

If **yes**, provide the permit number:Click to enter text.

If **no**, provide an approximate date of application submittal to the USACE:Click to enter text.

Item 2. Treatment System (Instructions, Page 40)

a. List any physical, chemical, or biological treatment process(es) used/proposedto treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

Miscellaneous rainwater collected in the No. 2 compressor containment dikes is directed into the No. 2 Oil/Water Separator (OWS) for oil removal and the No. 2 OWS effluent is discharged via Outfall 001.

b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: 7

Item 3. Impoundments (Instructions, Page 40)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☐ Yes X No

If **no**, proceed to Item 4.If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a-3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a – 3.e.

a. Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.

Use Designation: Indicate the use designation for each impoundment as Treatment (**T**), Disposal (**D**), Containment (**C**), or Evaporation (**E**).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (**C**), In-situ clay liner (**I**), Synthetic/plastic/rubber liner (**S**), or Alternate liner (**A**). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter **Y** for yes. Otherwise, enter **N** for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	**Pond #**	**Pond #**	**Pond #**	**Pond #**
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment: N/A

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes**in the appropriate box. Otherwise, check **no**or **not yet designed**.

1. Liner data

☐ Yes ☐ No☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No☐ Not yet designed

NOTE: Item b.3 is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment: Click to enter text.

For TLAP applications:Items 3.c – 3.e are **not required**, continue to Item 4.

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within ½-mile of the impoundments.

Attachment: Click to enter text.

d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment: Click to enter text.

e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment: Click to enter text.

Item 4. Outfall/Disposal Method Information (Instructions, Page 42)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/0r numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall**number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	28° 39' 7.67"	95° 54' 49.7"

Outfall Location Description

Outfall No.	Location Description
001	At the northwest corner of the facility where sampling is conducted after flow meter and before the discharge pipeline enters the ground. The 6" discharge pipeline travels in ground to the Victoria Barge Canal and discharges into the canal water.

Description of Sampling Point(s) (if different from Outfall location)

Outfall No.	Description of sampling point
001	Same as above

Outfall Flow Information – Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	0.130	0.170	N/A	N/A	N/A

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	Y	N	Flow Meter

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	N	Y	N	Up to 24	up to 31	12

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Cooling tower blowdown	App. 0.0492	App. 80 to 90%
Washwater	Miscellaneous	App. <1%
Rainwater from Compressors Dikes	App. 0.0118	App. 10 to 20%

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Attachment: N/A

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility currently or proposesto:

X Yes ☐ NoUse cooling towers that discharge blowdown or other wastestreams

☐ Yes X No Use boilers that discharge blowdown or other wastestreams

☐ Yes X No Discharge once-through cooling water

NOTE: If the facility uses or plans to use cooling towers or once-through cooling water, Item 12 **isrequired.**

b. If **yes** to any of the above, attach an SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: 8

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s),complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers	2	App. 49,200	App. 138,200
Boilers	N/A	N/A	N/A

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls discharge stormwater associated with industrial activities, as defined at *40 CFR § 122.26(b)(14)*, commingled with any other wastestream?

☐ Yes X No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater:Click to enter text.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.

☐Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.

XDomestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.

☐Domestic and industrial treatment sludge ARE commingled prior to use or disposal.

☐Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.

☐Facility is a POTW. Complete Worksheet 5.0.

☐Domestic sewage is not generated on-site.

☐Other (e.g., portable toilets), specify and Complete Item 7.b:Click to enter text.

b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	**Permit/Registration No.**
N/A	

Item 8. Improvements or Compliance/Enforcement Requirements (Instructions, Page 45)

a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

☐ Yes X No

b. Has the permittee completed or planned for any improvements or construction projects?

☐ Yes X No

c. If **yes**to either 8.a **or** 8.b, provide a brief summary of the requirements and a status update: N/A

Item 9. Toxicity Testing (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☐ Yes X No

If **yes**, identify the tests and describe their purposes:Click to enter text.

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA.**Attachment:** N/A

Item 10. Off-Site/Third Party Wastes (Instructions, Page 45)

a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?

☐ Yes X No

If **yes**, provide responses to Items 10.b through10.dbelow.

If **no**, proceed to Item 11.

b. Attach the following information to the application:

- List of wastes received (including volumes, characterization, and capability with on-site wastes).
- Identify the sources of wastes received (including the legal name and addresses of the generators).
- Description of the relationship of waste source(s) with the facility's activities.

Attachment: Click to enter text.

c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?

☐ Yes ☐ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment: Click to enter text.

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☐ No

If **yes**, **Worksheet 6.0** of this application**is required**.

Item 11. Radioactive Materials (Instructions, Page 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

a. Does the facility use or propose to use water for cooling purposes?

☒ Yes ☐ No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☒ Yes ☐ No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

1. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

2. Cooling water is/will be obtained from a Public Water Supplier (PWS)

   ☐ Yes ☐ No

   If **no**, continue. If **yes**, provide the PWS Registration No. and stop here:PWS No.Click to enter text.

3. Cooling water is/will be obtained from a reclaimed water source?

   ☐ Yes ☐ No

   If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here:Click to enter text.

4. Cooling water is/will be obtained from an Independent Supplier

   ☐ Yes ☐ No

   If **no**, proceed to Item 12.d.If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes and proceed:Click to enter text.

d. 316(b) General Criteria

1. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

   ☐ Yes ☐ No

2. At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.

   ☐ Yes ☐ No

3. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

   ☐ Yes ☐ No

   If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*:Click to enter text.

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f.**

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e.**

e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **anduses**/proposes **to use cooling towers.**

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

1. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

2. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.3.

g. Compliance Phase and Track Selection

1. Phase I – New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – AIF greater than 2 MGD, but less than 10 MGD

- Attachinformationrequiredby *40 CFR §§ 125.86(b)(2)-(4)*.

☐ Track I – AIF greater than 10 MGD

- Attach information required by*40 CFR § 125.86(b)*.

☐ Track II

- Attach information required by*40 CFR § 125.86(c)*.

Attachment: Click to enter text.

2. Phase II – Existing facilitysubject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

3. Phase III – New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection and provide the requested information.

☐ Track I – Fixed facility

- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – Not a fixed facility

- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).

☐ Track II – Fixed facility

- Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment: Click to enter text.

Item 13. Permit Change Requests (Instructions, Page 48)

This item is only applicable to existing permitted facilities.

a. Is the facility requesting a **major amendment** of an existing permit?

☐ Yes X No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request.Attach any supplemental information or additional data to support each request.

Click to enter text.

b. Is the facility requesting any **minor amendments** to the permit?

☐ Yes X No

If **yes**, list and describe each change individually.

Click to enter text.

c. Is the facility requesting any **minor modifications** to the permit?

☐ Yes X No

If **yes**, list and describe each change individually.

Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
  - periodically inspected by the TCEQ; or
  - located in another state and is accredited or inspected by that state; or
  - performing work for another company with a unit located in the same site; or
  - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review *30 TAC Chapter 25* for specific requirements.

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.*

Printed Name: Christiaan Brand

Title: Vice President, of Operations

Signature: _____

Date: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Categorical Industries (Instructions, Page 53)

Is this facility subject to any 40 CFR categorical ELGs outlined on page 53 of the instructions?

X Yes ☐ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information below.

40 CFR Effluent Guideline

Industry	**40 CFR Part**
Oxygen and Nitrogen Production Subcategory	415.490

Item 2. Production/Process Data (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. Production Data

Provide appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	**Actual Quantity/Day**	**Design Quantity/Day**	**Units**
Oxygen	App. 1,067,700	3,200,000	lbs/day
Nitrogen	App. 3,636,400	5,738,000	lbs/day

b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentage of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metals	Appendix A - Cyanide
N/A			

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

N/A

Item 3. Process/Non-Process Wastewater Flows (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

There are not process wastewater streams from the facility. A breakdown of the average industrial wastewater flow at Outfall is as follows:

Cooling towers blowdowns: App. 0.0492 MGD (average)
Wash water: Miscellaneous
Rainwater collected in containment dikes: App. 0.0118 MGD (average)
[Note: Condensates from No. 2 air compressors are used as part of the cooling towers make-up water.]

Item 4. New Source Determination (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater Generating Processes Subject to Effluent Guidelines

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced
N/A			

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: POLLUTANT ANALYSIS

Worksheet 2.0 **is required** for all applications submitted for a TPDES permit.Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

Item 1. General Testing Requirements (Instructions, Page 55)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): 7/1/2024-7/31/2024

b. X Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.**Attachment:** 9

Item 2. Specific Testing Requirements (Instructions, Page 56)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable.**Attachment:** N/A

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 is required for all external outfalls for all TPDES permit applications.

Table 1 for Outfall No.: 001 **Samples are (check one): X Composite X Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO3)				
Temperature (°F)				
pH (standard units)				

Table 2for Outfall No.: 001 **Samples are (check one): X Composite X Grab**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

Completion of Table 3 **is required** for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 **is required** for all **external outfalls**which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3for Outfall No.: 001 **Samples are (check one): X Composite X Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10
2,4,5-Trichlorophenol					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. **Tributyltin**

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

☐ Manufacturers and formulators of tributyltin or related compounds.

☐ Painting of ships, boats and marine structures.

☐ Ship and boat building and repairing.

☐ Ship and boat cleaning, salvage, wrecking and scaling.

☐ Operation and maintenance of marine cargo handling facilities and marinas.

☐ Facilities engaged in wood preserving.

☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. **Enterococci (discharge to saltwater)**

This facility discharges/proposes to discharge directly into saltwater receiving waters **and**Enterococci bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

c. E. coli (discharge to freshwater)

This facility discharges/proposes to discharge directly into freshwater receiving waters **and***E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 4for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	**Sample 1**	**Sample 2**	**Sample 3**	**Sample 4**	**MAL**
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
E. coli (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 **is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters that may contain pesticides or herbicides, check N/A.

☒ N/A

Table 5for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)***
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090
Endosulfan I (*alpha*)					0.01
Endosulfan II (*beta*)					0.02
Endosulfan sulfate					0.1

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)***
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (*alpha*)					0.05
Hexachlorocyclohexane (*beta*)					0.05
Hexachlorocyclohexane (*gamma*) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 **is required** for all **external outfalls.**

Table 6for Outfall No.: 001 **Samples are (check one): X Composite ☐ Grab**

Pollutants	**Believed Present**	**Believed Absent**	**Sample 1 (mg/L)**	**Sample 2 (mg/L)**	**Sample 3 (mg/L)**	**Sample 4 (mg/L)**	**MAL (µg/L)***
Bromide	☐	X					400
Color (PCU)	☐	X					—
Nitrate-Nitrite (as N)	☐	X					—
Sulfide (as S)	☐	X					—
Sulfite (as SO3)	☐	X					—
Surfactants	☐	X					—
Boron, total	☐	X					20
Cobalt, total	☐	X					0.3
Iron, total	☐	X					7
Magnesium, total	X	☐					20
Manganese, total	☐	X					0.5
Molybdenum, total	X	☐					1
Tin, total	☐	X					5
Titanium, total	☐	X					30

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☐ N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/ Neutrals Table 10	Pesticides Table 11
☐ Adhesives and Sealants		☐ Yes	☐ Yes	☐ Yes	No
☐ Aluminum Forming	467	☐ Yes	☐ Yes	☐ Yes	No
☐ Auto and Other Laundries		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Battery Manufacturing	461	☐ Yes	No	☐ Yes	No
☐ Coal Mining	434	No	No	No	No
☐ Coil Coating	465	☐ Yes	☐ Yes	☐ Yes	No
☐ Copper Forming	468	☐ Yes	☐ Yes	☐ Yes	No
☐ Electric and Electronic Components	469	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Electroplating	413	☐ Yes	☐ Yes	☐ Yes	No
☐ Explosives Manufacturing	457	No	☐ Yes	☐ Yes	No
☐ Foundries		☐ Yes	☐ Yes	☐ Yes	No
☐ Gum and Wood Chemicals - Subparts A,B,C,E	454	☐ Yes	☐ Yes	No	No
☐ Gum and Wood Chemicals - Subparts D,F	454	☐ Yes	☐ Yes	☐ Yes	No
X Inorganic Chemicals Manufacturing	415	X Yes	X Yes	X Yes	No
☐ Iron and Steel Manufacturing	420	☐ Yes	☐ Yes	☐ Yes	No
☐ Leather Tanning and Finishing	425	☐ Yes	☐ Yes	☐ Yes	No
☐ Mechanical Products Manufacturing		☐ Yes	☐ Yes	☐ Yes	No
☐ Nonferrous Metals Manufacturing	421,471	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	☐ Yes	☐ Yes	☐ Yes	No
☐ Ore Mining - Subpart B	440	No	☐ Yes	No	No
☐ Organic Chemicals Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Paint and Ink Formulation	446,447	☐ Yes	☐ Yes	☐ Yes	No
☐ Pesticides	455	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Petroleum Refining	419	☐ Yes	No	No	No
☐ Pharmaceutical Preparations	439	☐ Yes	☐ Yes	☐ Yes	No
☐ Photographic Equipment and Supplies	459	☐ Yes	☐ Yes	☐ Yes	No
☐ Plastic and Synthetic Materials Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Plastic Processing	463	☐ Yes	No	No	No
☐ Porcelain Enameling	466	No	No	No	No
☐ Printing and Publishing		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Pulp and Paperboard Mills - Subpart C	430	☐ *	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subparts F, K	430	☐ *	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	☐ Yes	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts I, J, L	430	☐ Yes	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subpart E	430	☐ Yes	☐ Yes	☐ Yes	☐ *
☐ Rubber Processing	428	☐ Yes	☐ Yes	☐ Yes	No
☐ Soap and Detergent Manufacturing	417	☐ Yes	☐ Yes	☐ Yes	No
☐ Steam Electric Power Plants	423	☐ Yes	☐ Yes	No	No
☐ Textile Mills (Not Subpart C)	410	☐ Yes	☐ Yes	☐ Yes	No
☐ Timber Products Processing	429	☐ Yes	☐ Yes	☐ Yes	☐ Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8for Outfall No.: 001 **Samples are (check one): ☐ Composite X Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 9for Outfall No.: 001 **Samples are (check one): X Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
2-Chlorophenol					10
2,4-Dichlorophenol					10
2,4-Dimethylphenol					10
4,6-Dinitro-o-cresol					50
2,4-Dinitrophenol					50
2-Nitrophenol					20
4-Nitrophenol					50
p-Chloro-m-cresol					10
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 10for Outfall No.: 001 **Samples are (check one): X Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
Diethyl phthalate					10
Dimethyl phthalate					10
Di-n-butyl phthalate					10
2,4-Dinitrotoluene					10
2,6-Dinitrotoluene					10
Di-n-octyl phthalate					10
1,2-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from µg/L.

Table 11for Outfall No.: N/A **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-Hexachlorocyclohexane]					0.05
Chlordane					0.2
4,4'-DDT					0.02
4,4'-DDE					0.1
4,4'-DDD					0.1
Dieldrin					0.02
Endosulfan I (alpha)					0.01
Endosulfan II (beta)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Endrin aldehyde					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from µg/L.

Attachment: Click to enter text.

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 59-60)

Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

☐ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5

☐ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1

☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4

☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CASRN 299-84-3

☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4

☐ hexachlorophene (HCP) CASRN 70-30-4

X None of the above

Description:Click to enter text.

Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

☐ Yes X No

Description:Click to enter text.

If **yes** to either Items a **or**b, complete Table 12 as instructed.

Table 12for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.03					50
2,3,4,7,8-PeCDF	0.3					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls**as directed below. (Instructions, Pages 60-61)

Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

☐ Yes X No

Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

☐ Yes X No

If **yes** to either Items a **or** b, complete Table 13 as instructed.

Table 13 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

Item 1. Domestic Drinking Water Supply (Instructions, Page 80)

a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

1. The legal name of the owner of the drinking water supply intake:Click to enter text.
2. The distance and direction from the outfall to the drinking water supply intake:Click to enter text.

b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☐ Check this box to confirm the above requested information is provided.

Item 2. Discharge Into Tidally Influenced Waters (Instructions, Page 80)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

a. Width of the receiving water at the outfall: Approximately 250 feet

b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☒ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs:Click to enter text.

c. Are there sea grasses within the vicinity of the point of discharge?

☐ Yes ☒ No

If **yes**, provide the distance and directionfrom the outfall(s) to the grasses:Click to enter text.

Item 3. Classified Segment (Instructions, Page 80)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☒ Yes ☐ No

If **yes**, stop here and do not complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

Item 4. Description of Immediate Receiving Waters (Instructions, Page 80)

a. Name of the immediate receiving waters:

b. Check the appropriate description of the immediate receiving waters:

☐ Lake or Pond

- Surface area (acres):Click to enter text.
- Average depth of the entire water body (feet):Click to enter text.
- Average depth of water body within a 500-foot radius of the discharge point (feet):Click to enter text.

☐ Man-Made Channel or Ditch

☐ Stream or Creek

☐ Freshwater Swamp or Marsh

☐ Tidal Stream, Bayou, or Marsh

☐ Open Bay

☐ Other, specify:

If **Man-Made Channel or Ditch** or **Stream or Creek**were selected above, provide responses to Items 4.c–4.g below:

c. For **existingdischarges**, check the description below that best characterizes the area **upstream** of the discharge.

For **newdischarges**, check the description below that best characterizes the area **downstream** of the discharge.

☐ Intermittent (dry for at least one week during most years)

☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)

☐ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

☐ USGS flow records

☐ personal observation

☐ historical observation by adjacent landowner(s)

☐ other, specify:Click to enter text.

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: None

e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).

☐ Yes ☐ No

If **yes**, describe how:Click to enter text.

f. General observations of the water body during normal dry weather conditions:_.

Date and time of observation:

g. The water body was influenced by stormwater runoff during observations.

☐ Yes ☐ No

If **yes**, describe how:Click to enter text.

Item 5. General Characteristics of Water Body (Instructions, Page 81)

a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

☐ oil field activities
☐ agricultural runoff
☒ upstream discharges
☐ urban runoff
☐ septic tanks
☐ other, specify:

b. Uses of water body observed or evidence of such uses (check all that apply):

☐ livestock watering
☐ non-contact recreation
☐ domestic water supply
☐ contact recreation
☐ fishing
☐ industrial water supply
☐ irrigation withdrawal
☐ navigation
☐ picnic/park activities
☐ other, specify:Click to enter text.

c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):

☐ **Wilderness:**outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional

☐ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored

☐ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid

☐ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of**either**: 1) solely of stormwater discharges associated with industrial activities,as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or**2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwateras defined in *40 CFR § 122.26 (b)(13)*are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

Item 1. Applicability (Instructions, Page 89)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities**or**2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☐ Yes X No

If **no**, stop here. If **yes**, proceed as directed.

Item 2. Stormwater Coverage (Instructions, Page 89)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities(and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities(and any of the allowable non-stormwater discharges) **under an individual permit**, **proceed**.

NOTE:The following information is required for each existing/proposed stormwater outfallfor which the facility is seeking individual permit authorization under this application

Item 3. Site Map (Instructions, Page 90)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in *30 TAC § 327.4*) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☐ Check the box to confirm all above information was provided on the facility site map(s).

Attachment: Click to enter text.

Item 4. Facility/Site Information (Instructions, Page 90)

a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

b. Provide the following local area rainfall information and the source of the information.

Wettest month:Click to enter text.

Average rainfall for wettest month (total inches):Click to enter text.

25-year, 24-hour rainfall (inches):Click to enter text.

Source:Click to enter text.

c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:**Click to enter text.

d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:**Click to enter text.

e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility:Click to enter text.

Item 5. Pollutant Analysis (Instructions, Page 91)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018):Click to enter text.

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: Click to enter text.

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

Table 18 for Outfall No.: Click to enter text.

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

Attachment: Click to enter text.

Item 6. Storm Event Data (Instructions, Page 93)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: Click to enter text.

Duration of storm event (minutes): Click to enter text.

Total rainfall during storm event (inches): Click to enter text.

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): Click to enter text.

Maximum flow rate during rain event (gallons/minute): Click to enter text.

Total stormwater flow from rain event (gallons): Click to enter text.

Provide a description of the method of flow measurement or estimate:

ATTACHMENT 1
TCEQ-10400 (11/22) CORE DATA FORM

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)*
CN600300693		RN102156288

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:*

Air Liquide Large Industries U.S. LP

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
8003870950	32035542425	27-0096130	18-001-5062

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
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:

Air Liquide Large Industries U.S. LP
9811 Katy Freeway, Suite 100

City	Houston	State	TX	ZIP	77024	ZIP + 4	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
N/A	

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(713)402-2396	0	(713) 803-7372

SECTION III:Regulated Entity Information

21. General Regulated Entity Information(*If 'New Regulated Entity" is selected,a newpermitapplication 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.)*

Victoria ASU

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	767 Old Bloomington Road							
	City	Bloomington	**State**	TX	**ZIP**	77951	**ZIP + 4**	
24. County	Victoria							

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

25. Description to Physical Location:	N/A				
26. Nearest City			**State**	**Nearest ZIP Code**	

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:			**28. Longitude (W)In Decimal:**		
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)
2813		325120	

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

Air seperation to produce O2, N2 & Argon

34. Mailing Address:	**PO Box 577**							
	City	**Bloomington**	**State**	**TX**	**ZIP**	**77951**	**ZIP + 4**	

35. E-Mail Address:	**aswath.kalappa@airliquide.com**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(832) 236-0523	**N/A**	**(0)** -

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:
	WQ0003943000			

SECTION IV:Preparer Information

40. Name:	Aswath Kalappa	**41. Title:**	Sr. Environmental Specialist

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(832**)** 236-0523	N/A	**(**N/A**)** -	aswath.kalappa@airliquide.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, Field6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Air Liquide Large Industries U.S. LP	**Job Title:**	Vice President , of Operations
Name *(In Print):*	Christiaan Brand	**Phone:**	**(** 713 **)** 624-**6000**
Signature:		**Date:**	

ATTACHMENT 2
PLAIN LANGUAGE SUMMARY

PLAIN LANGUAGE SUMMARY FOR TPDES PERMIT NO. WQ0003943000 (EPA ID NO. TX0086398) RENEWAL APPLICATION

AIR LIQUIDE LARGE INDUSTRIES U.S. LP
VICTORIA ASU
767 OLD BLOOMINGTON ROAD
BLOOMINGTON, TEXAS 77951

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Air Liquide Large Industries U.S. LP (CN600300693) operates Victoria Air Separation Unit (ASU), RN102156288, an ASU plant facility. Victoria ASU separates the atmospheric air and produces Nitrogen, Oxygen and Argon (SIC Code 2813). The facility is located at 767 Old Bloomington Road in Bloomington, Victoria County, Texas 77951.

The permit application is for renewal to discharge 130,000 gallons per day (permitted on average) of the treated cooling tower blowdown, washwater and miscellaneous rainwater collected in compressors containment dikes.

The discharge from the facility is expected to contain Suspended Solids, Chemical Oxygen Demand, Oil and Grease, Temperature, pH and some metals (Arsenic and Copper,) that are included in the current permit. The onsite well water is used for the facility's production operations and domestic use.

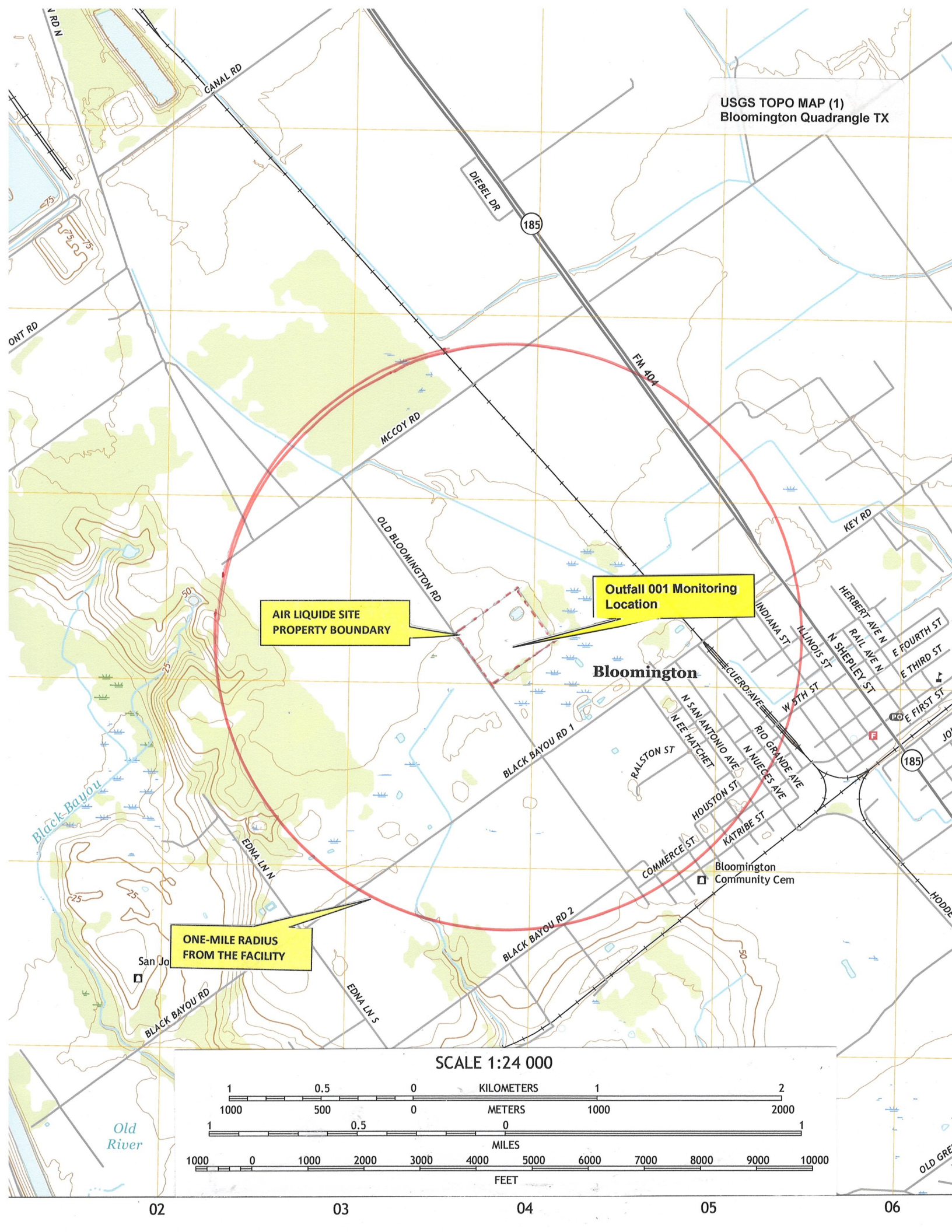
The types of industrial wastewater generated from the facility are cooling tower blowdown, washwater and miscellaneous rainwater collected in compressors containment dikes.

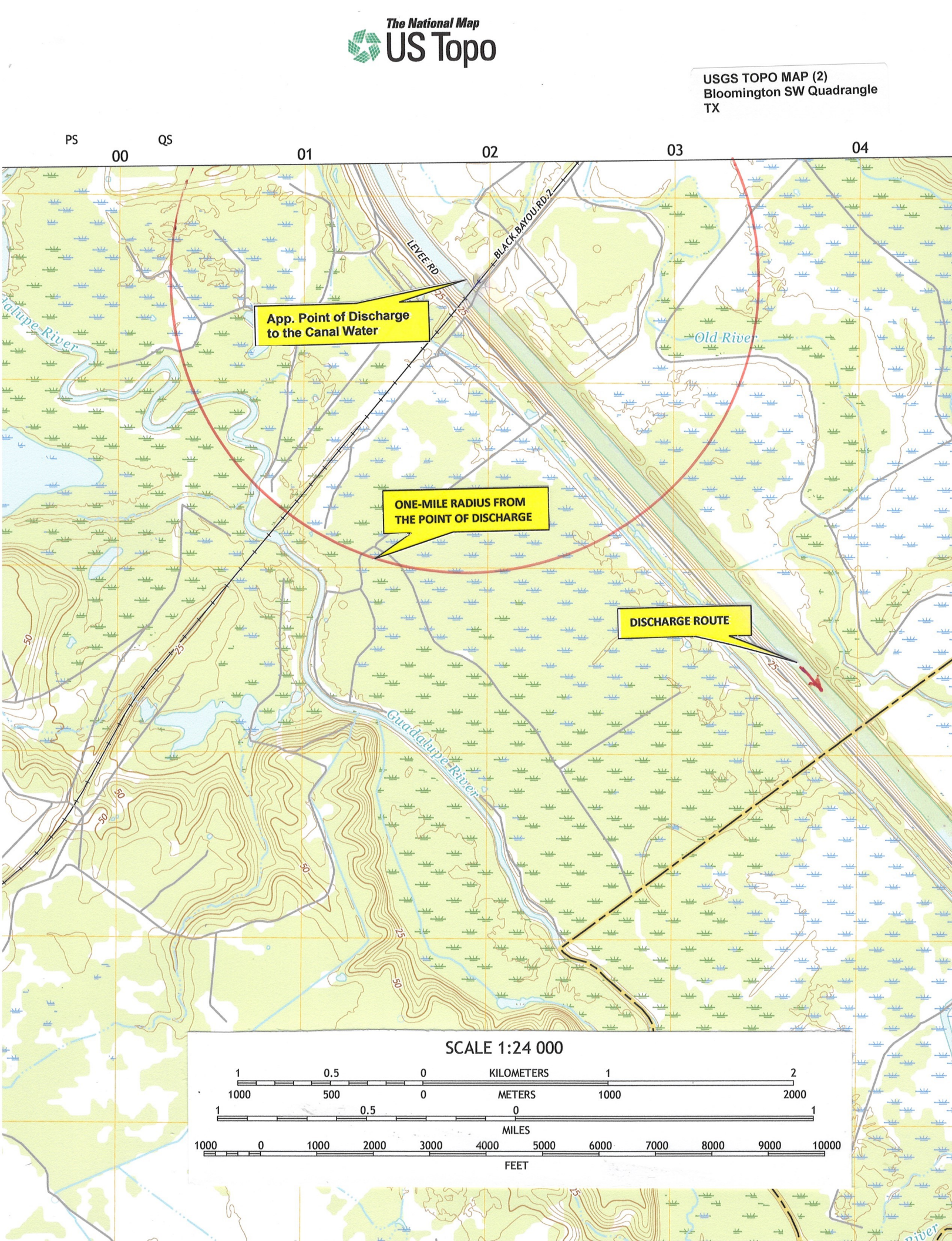
The industrial wastewater is treated by the onsite oil/water separator and pumped and discharged into the Victoria Barge Canal Tidal through Outfall 001 via an underground pipeline. The domestic wastewater is discharged to the onsite septic system.

ATTACHMENT 3

UNITED STATES GEOLOGICAL SURVEY (USGS) MAP:

[Note: In accordance with the 10411_1055-inst (01/08/2024) Instructions for Completing the Industrial Wastewater Application, "*for **renewal and amendment** applications," "an 8.5"x11", **reproduced** portion of the most current and original USGS Topographic map(s) that meets the 1:24,000 scale*" can be attached. This application is for Renewal without changes and therefore, an 8.5"x11", **reproduced** portion of the USGS Topographic Map is provided in lieu of the original full size maps.]


USGS TOPO MAP (1)
Bloomington Quadrangle TX
AIR LIQUIDE SITE
PROPERTY BOUNDARY
Outfall 001 Monitoring
Location
ONE-MILE RADIUS
FROM THE FACILITY
Bloomington
Bloomington
Community Cem
San Jo
CANAL RD
DIEBEL DR
FM 404
MCCOY RD
OLD BLOOMINGTON RD
KEY RD
BLACK BAYOU RD 1
BLACK BAYOU RD 2
BLACK BAYOU RD
EDNA LN N
EDNA LN S
INDIANA ST
ILLINOIS ST
N SHEPLEY ST
HERBERT AVE N
RAIL AVE N
E FOURTH ST
E THIRD ST
E FIRST ST
W 5TH ST
CUERO AVE
N SAN ANTONIO AVE
N EE HATCHET
RIO GRANDE AVE
N NUECES AVE
RALSTON ST
HOUSTON ST
KATRIBE ST
COMMERCE ST
Black Bayou
Old
River
185
SCALE 1:24 000
KILOMETERS
METERS
MILES
FEET
02
03
04
05
06


The National Map
US Topo
USGS TOPO MAP (2)
Bloomington SW Quadrangle
TX
PS
QS
00
01
02
03
04
LEVEE RD
BLACK BAYOU RD 2
App. Point of Discharge to the Canal Water
ONE-MILE RADIUS FROM THE POINT OF DISCHARGE
DISCHARGE ROUTE
Old River
Guadalupe River
SCALE 1:24 000
1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

ATTACHMENT 4
TCEQ-20971 (08/31/2023) SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTICOR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.

Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments.Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Air Liquide Large Industries U.S. LP

   Permit No. WQ0003943000 EPA ID No. TX0086398

   Address of the project (or a location description that includes street/highway, city/vicinity, and county):

   767 Old Bloomington Road, Bloomington, Victoria County, Texas 77951

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Aswath Kalappa

Credential (P.E, P.G., Ph.D., etc.): N/A

Title: Sr. Environmental Specialist

Mailing Address: 9811 Katy Freeway, Suite 100

City, State, Zip Code: Houston, TX 77024

Phone No.: (832) 236-0523 Ext.: Click here to enter text. Fax No.: (713) 803-7372

E-mail Address: aswath.kalappa@airliquide.com

2. List the county in which the facility is located: Victoria
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

Victoria Barge Canal Tidal in Segment No. 1701 of the Lavaca Guadalupe Coastal Basin

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☐ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

N/A

2. Describe existing disturbances, vegetation, and land use:

This is an existing industrial facility. The site is stabilized and there are not land disturbances. Thus impacts are none.

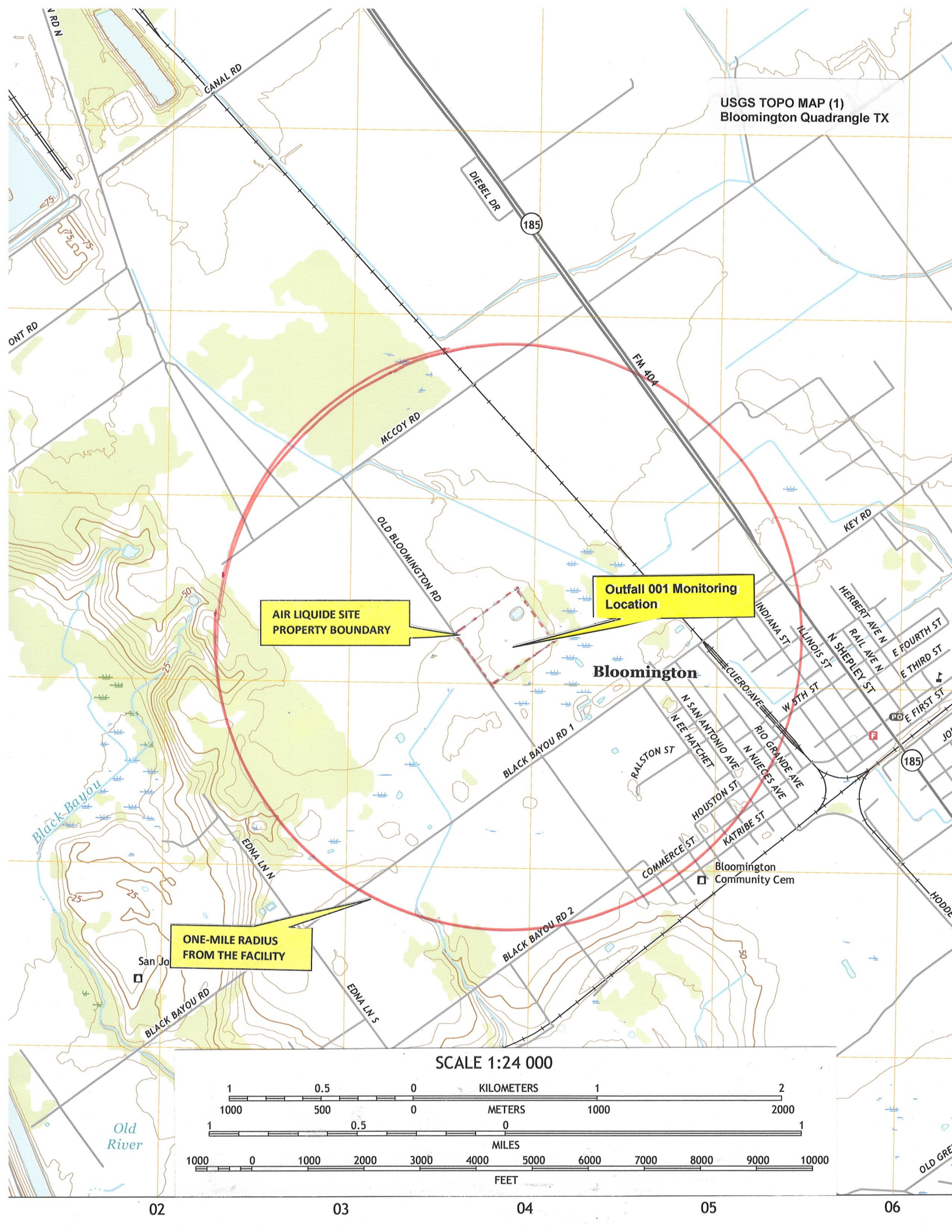
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

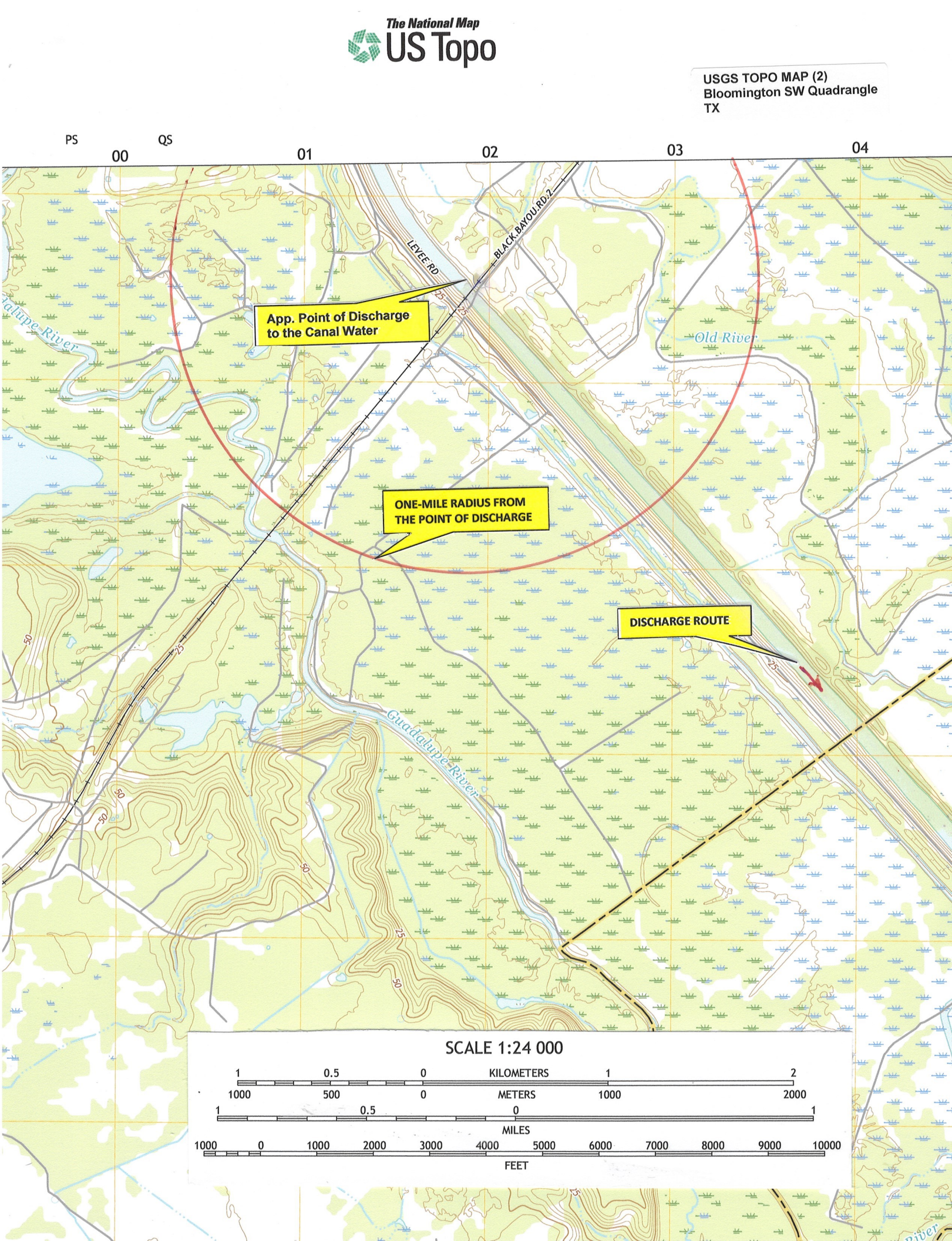
3. List construction dates of all buildings and structures on the property:

N/A

4. Provide a brief history of the property, and name of the architect/builder, if known.

N/A


USGS TOPO MAP (1)
Bloomington Quadrangle TX
AIR LIQUIDE SITE
PROPERTY BOUNDARY
Outfall 001 Monitoring
Location
ONE-MILE RADIUS
FROM THE FACILITY
Bloomington
Bloomington
Community Cem
San Jo
CANAL RD
DIEBEL DR
FM 404
MCCOY RD
OLD BLOOMINGTON RD
KEY RD
BLACK BAYOU RD 1
BLACK BAYOU RD 2
BLACK BAYOU RD
EDNA LN N
EDNA LN S
INDIANA ST
ILLINOIS ST
N SHEPLEY ST
HERBERT AVE N
RAIL AVE N
E FOURTH ST
E THIRD ST
E FIRST ST
W 5TH ST
CUERO AVE
N SAN ANTONIO AVE
N EE HATCHET
RIO GRANDE AVE
N NUECES AVE
RALSTON ST
HOUSTON ST
KATRIBE ST
COMMERCE ST
Black Bayou
Old
River
185
SCALE 1:24 000
KILOMETERS
METERS
MILES
FEET
02
03
04
05
06


The National Map
US Topo
USGS TOPO MAP (2)
Bloomington SW Quadrangle
TX
PS
QS
00
01
02
03
04
LEVEE RD
BLACK BAYOU RD 2
App. Point of Discharge to the Canal Water
ONE-MILE RADIUS FROM THE POINT OF DISCHARGE
DISCHARGE ROUTE
Old River
Guadalupe River
SCALE 1:24 000
1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

ATTCHMENT 5
GENERAL LOCATION MAP

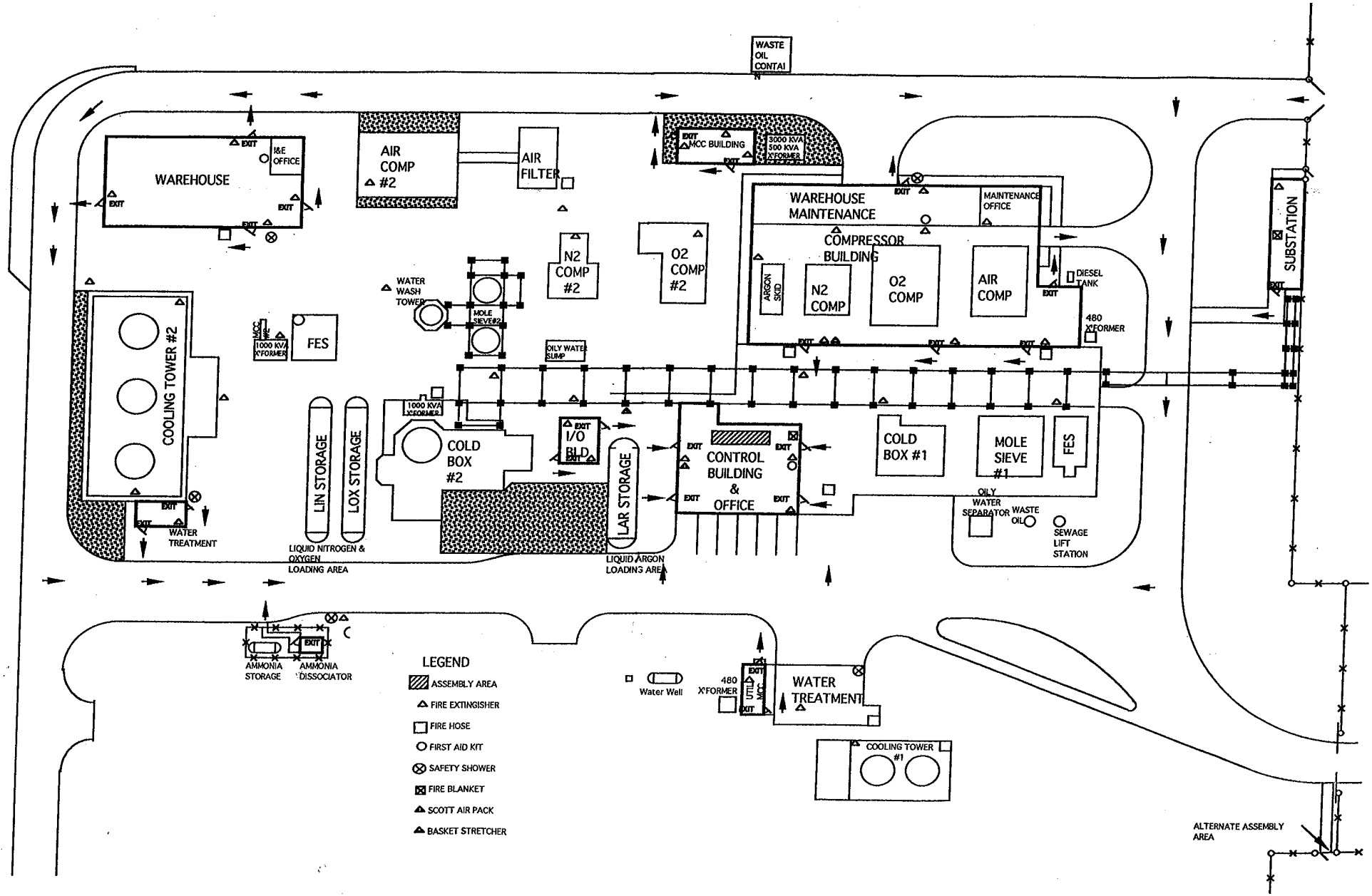
Source: Google Maps - @2024 Google

SITE LOCATION MAP

TPDES PERMIT NO. WQ0003943000 RENEWAL ONLY APPLICATION

Air Liquide Large Industries U.S. LP
767 Old Bloomington Road
Bloomington, Victoria County, Texas 77951

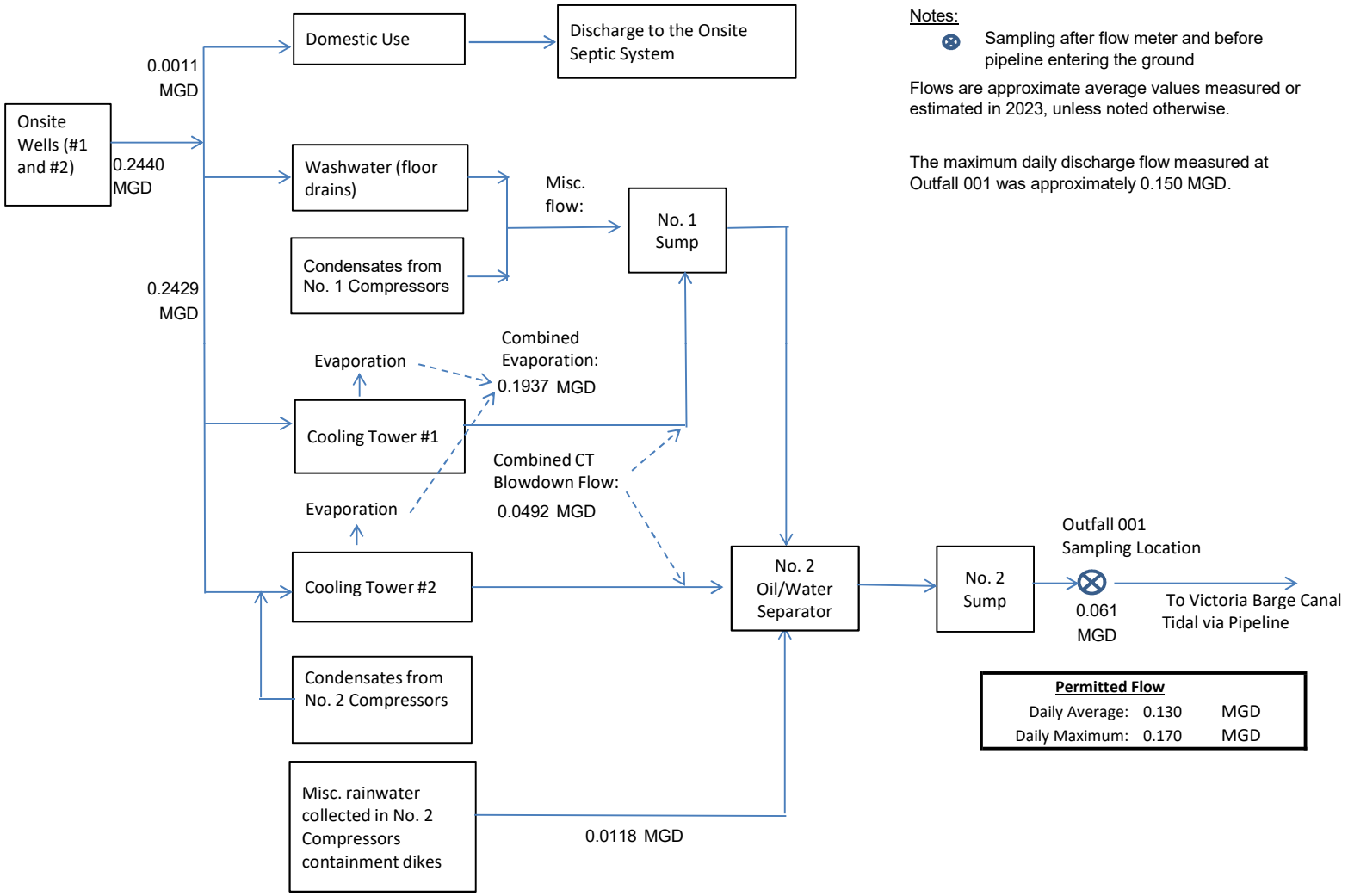
ATTACHMENT 6
VICTORIA ASU PLOT PLAN


WASTE OIL CONTAI N
WAREHOUSE
I&E OFFICE
AIR COMP #2
AIR FILTER
MCC BUILDING
3000 KVA 500 KVA XFORMER
WAREHOUSE MAINTENANCE
MAINTENANCE OFFICE
COMPRESSOR BUILDING
ARGON SKID
N2 COMP
O2 COMP
AIR COMP
DIESEL TANK
480 XFORMER
SUBSTATION
N2 COMP #2
O2 COMP #2
WATER WASH TOWER
MOLE SIEVE#2
COOLING TOWER #2
MCC
1000 KVA XFORMER
FES
OILY WATER SUMP
1000 KVA XFORMER
LIN STORAGE
LOX STORAGE
COLD BOX #2
I/O BLD
LAR STORAGE
CONTROL BUILDING & OFFICE
COLD BOX #1
MOLE SIEVE #1
FES
OILY WATER SEPARATOR
WASTE OIL
SEWAGE LIFT STATION
WATER TREATMENT
LIQUID NITROGEN & OXYGEN LOADING AREA
LIQUID ARGON LOADING AREA
AMMONIA STORAGE
AMMONIA DISSOCIATOR
LEGEND
ASSEMBLY AREA
FIRE EXTINGISHER
FIRE HOSE
FIRST AID KIT
SAFETY SHOWER
FIRE BLANKET
SCOTT AIR PACK
BASKET STRETCHER
Water Well
480 XFORMER
MCC
WATER TREATMENT
COOLING TOWER #1
ALTERNATE ASSEMBLY AREA

ATTACHMENT 7

WATER AND WASTEWATER FLOW SCHEMATIC DIAGRAM AND WATER BALANCE

WATER AND WASTEWATER FLOW SCHEMATIC DIAGRAM AND WATER BALANCE
TPDES PERMIT NO. WQ0003943000 RENEWAL APPLICATION
VICTORIA ASU
AIR LIQUIDE LARGE INDUSTRIES U.S. LP



ATTACHMENT 8

SAFETY DATA SHEETS (SDSs) FOR COOLING TOWERS WATER TREATMENT CHEMICALS:

1. **ChemTreat CL6832**
2. **ChemTreat CL4132**
3. **Sodium Hypochlorite Solution (Bleach)**
4. **Sulfuric Acid**

Summary of Cooling Towers Water Treatment and Incoming Canal Water Treatment Chemicals
[As per Item 5 of TCEQ-10055 Industrial Wastewater Permit Application Technical Report 1.0]

The following chemicals are used for cooling towers water treatment: (1) ChemTreat CL6832, (2) ChemTreat CL4132, (3) Bleach and (4) Sulfuric Acid. Some of the information available in the SDSs is presented below.

Requested Information	Information Available in the MSDSs			
	ChemTreat CL6832	ChemTreat CL4132	Bleach	Sulfuric Acid
Manufacturers Product Identification Number	ChemTreat, Inc. Product Name: CL6832	ChemTreat, Inc. Product Name: CL4132	Univar USA Inc. Product Identifier: Sodium Hypochlorite 10-16%	Altivia Product Identity: Sulfuric Acid 77 – 100%
Product use. (e.g., biocide, fungicide, corrosion inhibitor, etc.)	Steel corrosion inhibitor	Copper corrosion inhibitor	Biocide	pH adjustment
Chemical composition including Chemical Abstracts System (CAS) number for each ingredient.	Potassium hydroxide (10-30wt%) CAS#: 1310-58-3 Chlorotolyltriazole sodium salt (1-5wt%) CAS#: 202420-04-0	Chlorotolyltriazole sodium salt (10-20wt%) CAS#: 202420-04-0 Dichlorotolyltriazole (2.5-10wt%) CAS: #: N/A Sodium 4(or5)-methyl-1H-benzotriazolide (1-5wt%) CAS #: 64665-57-2 Potassium hydroxide (1-5wt%) CAS#: 1310-58-3	Sodium hypochlorite (10-16%%) CAS#: 7681-52-9 Sodium hydroxide (0.3-5wt%) CAS#: 1310-73-2 Water (Remainder) CAS#: 7732-18-5	Sulfuric acid (85-95%) CAS#: 7664-93-9 Water (Remainder) CAS#: 7732-18-5
Classify product as non-persistent, persistent, or bioaccumulative	Not available	Not available	Not available	Not available
Product or active ingredient half-life.	Not available	Not available	Not available	Not available
Frequency of product use (e.g., 2 hr/day once every two weeks)	Intermittently continuous for corrosion inhibition	Intermittently continuous for corrosion inhibition	Intermittently continuous for microbial control	Intermittently continuous for pH control
Product toxicity data specific to fish and aquatic invertebrate organisms	Ceriodaphnia dubia: LC50:704 mg/l / 48 hours Fathead Minnow: LC50: 317 mg/l / 96 hours	Ceriodaphnia dubia: LC50:108 mg/l / 48 hours Fathead Minnow: LC50: 44.1 mg/l / 96 hours	Bluegill: LC50: 2.2-2.64 mg/l/96 hours for Sodium hypochlorite	Not available
Concentration of whole product in waste stream (if above item is for whole product)	100 ppm	2.5 ppm	Minimal TRC	N/A

SAFETY DATA SHEET

Section 1. Chemical Product and Company Identification

Product Name:	ChemTreat CL6832
Product Use:	Cooling Water Treatment
Supplier's Name:	ChemTreat, Inc.
Emergency Telephone Number:	(800)424-9300 (Toll Free)
Address (Corporate Headquarters):	5640 Cox Road Glen Allen, VA 23060
Telephone Number for Information:	(800)648-4579
Date of SDS:	July 23, 2018
Revision Date:	July 23, 2018
Revision Number:	18072301AN

Section 2. Hazard(s) Identification

Signal Word: DANGER

GHS Classification(s):

Skin corrosion/irritation – Category 1b
Eye damage/irritation – Category 1
Acute Toxicity Dermal – Category 4
Acute Toxicity Inhalation – Category 4
Acute Toxicity Oral – Category 4
Corrosive to Metals – Category 1

Hazard Statement(s):

H314 Causes severe skin burns and eye damage.
H318 Causes serious eye damage.
H312 Harmful in contact with skin.
H332 Harmful if inhaled.
H302 Harmful if swallowed.
H290 May be corrosive to metals.

Precautionary Statement(s):

Prevention:

P260 Do not breathe dust/fume/gas/mist/vapors/spray.
P264 Wash thoroughly after handling.
P270 Do not eat, drink, or smoke when using this product.
P271 Use only outdoors or in a well-ventilated area.
P280 Wear protective gloves/protective clothing/eye protection/face protection.
P234 Keep only in original container.

Response:	P301 + P312 IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell P301 + 330 + 331 IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. P303 + P361 + P353 IF ON SKIN (or hair): Remove/take off immediately all contaminated clothing. Rinse skin with water/shower P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. P310 Immediately call a POISON CENTER/doctor. P304 + P340 IF INHALED: Remove person to fresh air and keep comfortable for breathing P363 Wash contaminated clothing before reuse. P390 Absorb spillage to prevent material damage.
Storage:	P405 Store locked up. P406 Store in a corrosive resistant container with a resistant inner liner.
Disposal:	P501 Dispose of contents and container in accordance with applicable local, regional, national, and/or international regulations.
System of Classification Used:	Classification under 2012 OSHA Hazard Communication Standard (29 CFR 1910.1200).
Hazards Not Otherwise Classified:	None.

Section 3. Composition/Hazardous Ingredients

Component	CAS Registry #	Wt.%
Potassium hydroxide	1310-58-3	10 - 30
Chlorotolyltriazole sodium salt	202420-04-0	1 - 5

Comments If chemical identity and/or exact percentage of composition has been withheld, this information is considered to be a trade secret.

Section 4. First Aid Measures

Inhalation:	Remove to fresh air and keep at rest in a position comfortable for breathing. Call a poison center or doctor/physician if you feel unwell.
Eyes:	Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a poison center or doctor/physician.
Skin:	Immediately remove/take off all contaminated clothing. Rinse skin with water/shower. Wash contaminated clothing before re-use. Immediately call a poison center or doctor/physician.
Ingestion:	DO NOT INDUCE VOMITING. Rinse mouth. Call a POISON CENTER or doctor/physician.
Most Important Symptoms:	N/D
Indication of Immediate Medical Attention and Special Treatment Needed, If Necessary:	N/A

Section 5. Fire Fighting Measures

Flammability of the Product:	Not flammable.
Suitable Extinguishing Media:	Use extinguishing media suitable to surrounding fire.
Specific Hazards Arising from the Chemical:	None known.
Protective Equipment:	If product is involved in a fire, wear full protective clothing including a positive-pressure, NIOSH approved, self-contained breathing apparatus.

Section 6. Accidental Release Measures

Personal Precautions: Use appropriate Personal Protective Equipment (PPE).

Environmental Precautions: Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains, and sewers.

Methods for Cleaning up: Contain and recover liquid when possible. Flush spill area with water spray.

Other Statements: If RQ (Reportable Quantity) is exceeded, report to National Spill Response Office at 1-800-424-8802.
Reportable Quantity of the product is 3075 Gal.

Section 7. Handling and Storage

Handling: Wear appropriate Personal Protective Equipment (PPE) when handling this product. Do not get in eyes, or on skin and clothing. Wash thoroughly after handling. Do not ingest. Avoid breathing vapors, mist or dust.

Storage: Store away from incompatible materials (see Section 10). Store at ambient temperatures. Keep container securely closed when not in use. Label precautions also apply to empty container. Recondition or dispose of empty containers in accordance with government regulations. For Industrial use only.
Store above Freeze Point.

Section 8. Exposure Controls/Personal Protection

Exposure Limits

Component	Source	Exposure Limits
Potassium hydroxide	ACGIH TLV	2 mg/m³ Ceiling
Chlorotolyltriazole sodium salt	N/E	N/E

Engineering Controls: Use only with adequate ventilation. The use of local ventilation is recommended to control emission near the source.

Personal Protection

Eyes:	Wear chemical splash goggles or safety glasses with full-face shield. Maintain eyewash fountain in work area.
Skin:	Maintain quick-drench facilities in work area. Wear butyl rubber or neoprene gloves. Wash them after each use and replace as necessary. If conditions warrant, wear protective clothing such as boots, aprons, and coveralls to prevent skin contact.
Respiratory:	If misting occurs, use NIOSH approved organic vapor/acid gas dual cartridge respirator with a dust/mist prefilter in accordance with 29 CFR 1910.134.

Section 9. Physical and Chemical Properties

Physical State and Appearance:	Liquid, Amber, Clear
Specific Gravity:	1.300 @ 20°C
pH:	13.4 @ 20°C, 100.0%
Freezing Point:	14°F
Flash Point:	N/A
Odor:	Mild
Melting Point:	N/D
Initial Boiling Point and Boiling Range:	N/D
Solubility in Water:	N/D
Evaporation Rate:	N/D
Vapor Density:	N/D
Molecular Weight:	N/D
Viscosity:	<100 CPS @ 20°C
Flammability (solid, gas):	N/D
Flammable Limits:	N/A
Autoignition Temperature:	N/D
Density:	10.84 LB/GA
Vapor Pressure:	N/D
% VOC:	N/D
Odor Threshold	N/D
n-octanol Partition Coefficient	N/D
Decomposition Temperature	N/D

Section 10. Stability and Reactivity

Chemical Stability: Stable at normal temperatures and pressures.

Incompatibility with Various Substances: Strong oxidizers, Acids.

Hazardous Decomposition Products: None known.

Possibility of Hazardous Reactions: None known.

Reactivity: N/D

Conditions To Avoid: N/D

Section 11. Toxicological Information

Acute Toxicity

Chemical Name	Exposure	Type of Effect	Concentration	Species
Potassium hydroxide	Oral	LD50	365 MG/KG	Rat
ChemTreat CL6832	N/D	N/D	N/D	N/D

Carcinogenicity Category

Component	Source	Code	Brief Description
Potassium hydroxide	N/E	N/E	N/E
Chlorotolyltriazole sodium salt	N/E	N/E	N/E

Likely Routes of Exposure: N/D

Symptoms

Inhalation: N/D

Eye Contact: N/D

Skin Contact: N/D

Ingestion: N/D

Skin Corrosion/Irritation: N/D

Serious Eye Damage/Eye Irritation: N/D

Sensitization: N/D

Germ Cell Mutagenicity: N/D

Reproductive/Developmental Toxicity: N/D

Specific Target Organ Toxicity

Single Exposure: N/D

Repeated Exposure: N/D

Aspiration Hazard: N/D

Comments: None.

Section 12. Ecological Information

Ecotoxicity

Species	Duration	Type of Effect	Test Results
Ceriodaphnia dubia	48h	LC50	704 mg/l
Fathead Minnow	96h	LC50	317 mg/l

Persistence and Biodegradability: N/D

Bioaccumulative Potential: N/D

Mobility In Soil: N/D

Other Adverse Effects: N/D

Comments: None.

Section 13. Disposal Considerations

Dispose of in accordance with local, state and federal regulations.
EPA corrosivity characteristic hazardous waste D002 when disposed of in the original product form.

Section 14. Transport Information

Controlling Regulation	UN/NA#:	Proper Shipping Name:	Technical Name:	Hazard Class:	Packing Group:
DOT	UN1814	POTASSIUM HYDROXIDE SOLUTION	N/A	8	PGII
Over 3075 GA	RQ UN1814	POTASSIUM HYDROXIDE SOLUTION	N/A	8	PGII
TDG	UN1814	POTASSIUM HYDROXIDE SOLUTION	N/A	8	PGII

Note: N/A

Section 15. Regulatory Information

Inventory Status

United States (TSCA): All ingredients listed.
Canada (DSL/NDSL): All ingredients listed.

Federal Regulations

SARA Title III Rules

Sections 311/312 Hazard Classes

Fire Hazard: No
Reactive Hazard: No
Release of Pressure: No
Acute Health Hazard: Yes
Chronic Health Hazard: No

Other Sections

Component	Section 313 Toxic Chemical	Section 302 EHS TPQ	CERCLA RQ
Potassium hydroxide	N/A	N/A	1000
Chlorotolyltriazole sodium salt	N/A	N/A	N/A

Comments: None.

State Regulations

California Proposition 65: None known.

Special Regulations

Component	States
Potassium hydroxide	MA, MN, NY, PA, WA
Chlorotolyltriazole sodium salt	None.

Compliance Information

NSF: N/A

Food Regulations: N/A

KOSHER: This product has not been evaluated for Kosher approval.

Halal: This product has not been evaluated for Halal approval.

FIFRA: N/A

Other: None

Comments: None.

Section 16. Other Information

HMIS Hazard Rating

Health: 3
Flammability: 1
Physical Hazard: 0
PPE: X

Notes:

The PPE rating depends on circumstances of use. See Section 8 for recommended PPE.
The Hazardous Material Information System (HMIS) is a voluntary, subjective alpha-numeric symbolic system for recommending hazard risk and personal protection equipment information. It is a subjective rating system based on the evaluator's understanding of the chemical associated risks. The end-user must determine if the code is appropriate for their use.

Abbreviations

Abbreviation	Definition
<	Less Than
>	Greater Than
ACGIH	American Conference of Governmental Industrial Hygienists
EHS	Environmental Health and Safety Dept
N/A	Not Applicable
N/D	Not Determined
N/E	Not Established
OSHA	Occupational Health and Safety Dept
PEL	Personal Exposure Limit
STEL	Short Term Exposure Limit
TLV	Threshold Limit Value
TWA	Time Weight Average
UNK	Unknown

Prepared by: Product Compliance Department; ProductCompliance@chemtreat.com

Revision Date: July 23, 2018

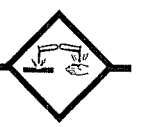
Disclaimer

SAFETY DATA SHEET

Section 1. Chemical Product and Company Identification

Product Name:	ChemTreat CL4132
Product Use:	Cooling Water Treatment
Supplier's Name:	ChemTreat, Inc.
Emergency Telephone Number:	(800)424-9300 (Toll Free)
Address (Corporate Headquarters):	5640 Cox Road Glen Allen, VA 23060
Telephone Number for Information:	(800)648-4579
Date of SDS:	July 23, 2018
Revision Date:	July 23, 2018
Revision Number:	18072301AN

Section 2. Hazard(s) Identification



Signal Word: DANGER

GHS Classification(s):

Corrosive to Metals – Category 1
Skin corrosion/irritation – Category 1b
Eye damage/irritation – Category 1
Hazardous to the Aquatic Environment Chronic – Category 3
Hazardous to the aquatic environment Acute – Category 3

Hazard Statement(s):

H290 May be corrosive to metals.
H314 Causes severe skin burns and eye damage.
H318 Causes serious eye damage.
H412 Harmful to aquatic life with long lasting effects.
H402 Harmful to aquatic life.

Precautionary Statement(s):

Prevention:

P234 Keep only in original container.
P260 Do not breathe dust/fume/gas/mist/vapors/spray.
P264 Wash thoroughly after handling.
P273 Avoid release into the environment.
P280 Wear protective gloves/protective clothing/eye protection/face protection.

Response:	P301 + 330 + 331 IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. P303 + P361 + P353 IF ON SKIN (or hair): Remove/take off immediately all contaminated clothing. Rinse skin with water/shower P304 + P340 IF INHALED: Remove person to fresh air and keep comfortable for breathing P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
Storage:	P405 Store locked up.
Disposal:	P501 Dispose of contents and container in accordance with applicable local, regional, national, and/or international regulations.

System of Classification Used: Classification under 2012 OSHA Hazard Communication Standard (29 CFR 1910.1200).

Hazards Not Otherwise Classified: None.

Section 3. Composition/Hazardous Ingredients

Component	CAS Registry #	Wt.%
Chlorotolyltriazole sodium salt	202420-04-0	10 - 20
Dichlorotolyltriazole	N/A	2.5 - 10
Sodium 4(or 5)-methyl-1H-benzotriazolide	64665-57-2	1 - 5
Sodium hydroxide	1310-73-2	1 - 5

Comments If chemical identity and/or exact percentage of composition has been withheld, this information is considered to be a trade secret.

Section 4. First Aid Measures

Inhalation: Call a POISON CENTER or doctor/physician if you feel unwell.

Eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a poison center or doctor/physician.

Skin: Immediately remove/take off all contaminated clothing. Rinse skin with water/shower. Wash contaminated clothing before re-use. Immediately call a poison center or doctor/physician.

Ingestion:	Rinse mouth. Call a poison center or doctor/physician if you feel unwell.
Most Important Symptoms:	N/D
Indication of Immediate Medical Attention and Special Treatment Needed, If Necessary:	N/A

Section 5. Fire Fighting Measures

Flammability of the Product:	Not flammable.
Suitable Extinguishing Media:	Use extinguishing media suitable to surrounding fire.
Specific Hazards Arising from the Chemical:	Containers exposed in a fire should be cooled with water to prevent vapor pressure build-up leading to rupture.
Protective Equipment:	If product is involved in a fire, wear full protective clothing including a positive-pressure, NIOSH approved, self-contained breathing apparatus.

Section 6. Accidental Release Measures

Personal Precautions:	Use appropriate Personal Protective Equipment (PPE).
Environmental Precautions:	Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains, and sewers.
Methods for Cleaning up:	Contain and/or absorb spill with inert material then place in suitable container.
Other Statements:	If RQ (Reportable Quantity) is exceeded, report to National Spill Response Office at 1-800-424-8802.

Section 7. Handling and Storage

Handling:

Wear appropriate Personal Protective Equipment (PPE) when handling this product. Do not get in eyes, or on skin and clothing. Wash thoroughly after handling. Do not ingest. Avoid breathing vapors, mist or dust.

Storage:

Store away from incompatible materials (see Section 10). Store at ambient temperatures. Keep container securely closed when not in use. Label precautions also apply to empty container. Recondition or dispose of empty containers in accordance with government regulations. For Industrial use only.
Do not Freeze. Store above Freeze Point. If freezes, then must warm to freeze recovery temperature 68°F and then mechanical mixing is required.

Section 8. Exposure Controls/Personal Protection

Exposure Limits

Component	Source	Exposure Limits
Chlorotolyltriazole sodium salt	N/E	N/E
Dichlorotolyltriazole	N/E	N/E
Sodium 4(or 5)-methyl-1H-benzotriazolide	N/E	N/E
Sodium hydroxide	ACGIH TLV	2 mg/m³ Ceiling
	OSHA PEL	2 mg/m³ TWA

Engineering Controls:

Use only with adequate ventilation. The use of local ventilation is recommended to control emission near the source.

Personal Protection

Eyes:

Wear chemical splash goggles or safety glasses with full-face shield. Maintain eyewash fountain in work area.

Skin:

Maintain quick-drench facilities in work area.
Wear butyl rubber or neoprene gloves. Wash them after each use and replace as necessary. If conditions warrant, wear protective clothing such as boots, aprons, and coveralls to prevent skin contact.

Respiratory:

If misting occurs, wear a NIOSH-approved respirator with Organic Vapor Cartridges, in accordance with 29 CFR 1910.134.

Section 9. Physical and Chemical Properties

Physical State and Appearance:	Liquid, Dark Straw, Clear
Specific Gravity:	1.161 @ 20°C
pH:	13.0 @ 20°C, 100.0%
Freezing Point:	12.2°F
Flash Point:	N/A
Odor:	Mild
Melting Point:	N/D
Initial Boiling Point and Boiling Range:	N/D
Solubility in Water:	N/D
Evaporation Rate:	N/A
Vapor Density:	Lighter than air
Molecular Weight:	N/D
Viscosity:	N/D
Flammability (solid, gas):	N/D
Flammable Limits:	N/A
Autoignition Temperature:	N/A
Density:	9.68 LB/GA
Vapor Pressure:	<18 mmHg @ 68°F
% VOC:	N/D
Odor Threshold	N/D
n-octanol Partition Coefficient	N/D
Decomposition Temperature	N/D

Section 10. Stability and Reactivity

Chemical Stability:	Stable at normal temperatures and pressures.
Incompatibility with Various Substances:	Strong acids, Strong oxidizers.
Hazardous Decomposition Products:	Oxides of carbon, Oxides of nitrogen, Hydrogen chloride.
Possibility of Hazardous Reactions:	None known.
Reactivity:	N/D
Conditions To Avoid:	N/D

Section 11. Toxicological Information

Acute Toxicity

Chemical Name	Exposure	Type of Effect	Concentration	Species
Sodium hydroxide	Oral	LD50	300 MG/KG	Rat
	Dermal	LD50	1350 MG/KG	Rabbit
ChemTreat CL4132	Oral	LD50	>5000 MG/KG	Rat
	Dermal	LD50	>5000 MG/KG	Rat

Carcinogenicity Category

Component	Source	Code	Brief Description
Chlorotolyltriazole sodium salt	N/E	N/E	N/E
Dichlorotolyltriazole	N/E	N/E	N/E
Sodium 4(or 5)-methyl-1H-benzotriazolide	N/E	N/E	N/E
Sodium hydroxide	N/E	N/E	N/E

Likely Routes of Exposure: N/D

Symptoms

Inhalation: N/D

Eye Contact: N/D

Skin Contact: N/D

Ingestion: N/D

Skin Corrosion/Irritation: N/D

Serious Eye Damage/Eye Irritation: N/D

Sensitization: N/D

Germ Cell Mutagenicity: N/D

Reproductive/Developmental Toxicity: N/D

Specific Target Organ Toxicity

Single Exposure: N/D

Repeated Exposure: N/D

Aspiration Hazard: N/D

Comments: None.

Section 12. Ecological Information

Ecotoxicity

Species	Duration	Type of Effect	Test Results
Ceriodaphnia dubia	48h	LC50	108 mg/l
Fathead Minnow	96h	LC50	44.1 mg/l

Persistence and Biodegradability: N/D

Bioaccumulative Potential: N/D

Mobility In Soil: N/D

Other Adverse Effects: N/D

Comments: None.

Section 13. Disposal Considerations

Dispose of in accordance with local, state and federal regulations.
EPA corrosivity characteristic hazardous waste D002 when disposed of in the original product form.

Section 14. Transport Information

Controlling Regulation	UN/NA#:	Proper Shipping Name:	Technical Name:	Hazard Class:	Packing Group:
DOT	UN1760	CORROSIVE LIQUIDS, N.O.S.	(SODIUM HYDROXIDE AND HALOGENATED AROMATIC HETEROCYCLE SODIUM SALT)	8	PGII

Controlling Regulation	UN/NA#:	Proper Shipping Name:	Technical Name:	Hazard Class:	Packing Group:
SCT	UN1760	CORROSIVE LIQUIDS, N.O.S.	(SODIUM HYDROXIDE AND HALOGENATED AROMATIC HETEROCYCLE SODIUM SALT)	8	PGII
TDG	UN1760	CORROSIVE LIQUIDS, N.O.S.	(SODIUM HYDROXIDE AND HALOGENATED AROMATIC HETEROCYCLE SODIUM SALT)	8	PGII
ANTT	UN1760	CORROSIVE LIQUIDS, N.O.S.	(SODIUM HYDROXIDE AND HALOGENATED AROMATIC HETEROCYCLE SODIUM SALT)	8	PGII

Note: N/A

Section 15. Regulatory Information

Inventory Status

United States (TSCA): All ingredients listed.
Canada (DSL/NDSL): All ingredients listed.

Federal Regulations

SARA Title III Rules

Sections 311/312 Hazard Classes

Fire Hazard: No
Reactive Hazard: No
Release of Pressure: No
Acute Health Hazard: Yes
Chronic Health Hazard: No

Other Sections

Component	Section 313 Toxic Chemical	Section 302 EHS TPQ	CERCLA RQ
Chlorotolyltriazole sodium salt	N/A	N/A	N/A
Dichlorotolyltriazole	N/A	N/A	N/A
Sodium 4(or 5)-methyl-1H-benzotriazolide	N/A	N/A	N/A
Sodium hydroxide	N/A	N/A	1000

Comments: None.

State Regulations

California Proposition 65: This product may contain trace amounts of chemical(s) known to the State of California to cause cancer and/or to cause birth defects or other reproductive harm.

Special Regulations

Component	States
Chlorotolyltriazole sodium salt	None.
Dichlorotolyltriazole	None.
Sodium 4(or 5)-methyl-1H-benzotriazolide	None.
Sodium hydroxide	MA, MN, NY, PA, WA

Compliance Information

NSF: N/A

Food Regulations: N/A

KOSHER: This product has not been evaluated for Kosher approval.

Halal: This product has not been evaluated for Halal approval.

FIFRA: N/A

Other: None

Comments: None.

Section 16. Other Information

HMIS Hazard Rating

Health: 3
Flammability: 1
Physical Hazard: 0
PPE: X

Notes: The PPE rating depends on circumstances of use. See Section 8 for recommended PPE.
The Hazardous Material Information System (HMIS) is a voluntary, subjective alpha-numeric symbolic system for recommending hazard risk and personal protection equipment information. It is a subjective rating system based on the evaluator's understanding of the chemical associated risks. The end-user must determine if the code is appropriate for their use.

Abbreviations

Abbreviation	Definition
<	Less Than
>	Greater Than
ACGIH	American Conference of Governmental Industrial Hygienists
EHS	Environmental Health and Safety Dept
N/A	Not Applicable
N/D	Not Determined
N/E	Not Established
OSHA	Occupational Health and Safety Dept
PEL	Personal Exposure Limit
STEL	Short Term Exposure Limit
TLV	Threshold Limit Value
TWA	Time Weight Average
UNK	Unknown

Prepared by: Product Compliance Department; ProductCompliance@chemtreat.com

Revision Date: July 23, 2018

Disclaimer

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Univar
3075 Highland Pkwy STE 200
Downers Grove, IL 60515
425-889-3400

SAFETY DATA SHEET

1. Identification

Product identifier: SODIUM HYPOCHLORITE 10-16%

Other means of identification

Synonyms Liquichlor, Bleach

CAS NUMBERS: 7681-52-9

SDS number: 000100001054

Recommended use and restriction on use

Recommended use: Reserved for industrial and professional use.

Restrictions on use: Not known.

Emergency telephone number:For emergency assistance Involving chemicals

call CHEMTREC day or night at: 1-800-424-9300. CHEMTREC INTERNATIONAL Tel# 703-527-3887

2. Hazard(s) identification

Hazard classification

Physical hazards

Corrosive to metals	Category 1

Health hazards

Acute toxicity (Oral)	Category 4
Skin corrosion/irritation	Category 1
Serious eye damage/eye irritation	Category 1
Environmental hazards Acute hazards to the aquatic environment	Category 1

Label elements

Hazard symbol

Signal word	Danger
Hazard statement	May be corrosive to metals. Causes severe skin burns and eye damage. Causes serious eye damage. Very toxic to aquatic life.
Precautionary statement	
Prevention	Wash thoroughly after handling. Do not eat, drink or smoke when using this product. Do not breathe dust or mists. Wear protective gloves/protective clothing/eye protection/face protection.
Response	IF INHALED: Remove person to fresh air and keep comfortable for breathing. If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower. IF SWALLOWED: Call a POISON CENTER/doctor/ if you feel unwell. Rinse mouth. Do NOT induce vomiting. Immediately call a POISON CENTER/doctor. Specific treatment (see this label). Wash contaminated clothing before reuse.
Storage	Store locked up.

Disposal	Dispose of contents/container to an appropriate treatment and disposal facility in accordance with applicable laws and regulations, and product characteristics at time of disposal.
Other hazards which do not result in GHS classification	None.

3. Composition/information on ingredients

Substances

Chemical identity	Common name and synonyms	CAS number	Content in percent (%)*
Sodium hypochlorite		7681-52-9	10 - 16%
Sodium hydroxide		1310-73-2	0.3 - 5%
Water		7732-18-5	80 - 89.7%

* All concentrations are percent by weight unless ingredient is a gas. Gas concentrations are in percent by volume.

4. First-aid measures

Ingestion: Do NOT induce vomiting. Never give liquid to an unconscious person. Get medical attention immediately.

Inhalation: Call a physician or poison control center immediately. If breathing stops, provide artificial respiration. Move to fresh air. If breathing is difficult, give oxygen.

Skin contact: Immediately flush with plenty of water for at least 15 minutes while removing contaminated clothing and shoes.

Eye contact: If in eyes, hold eyes open, flood with water for at least 15 minutes and see a doctor.

Most important symptoms/effects, acute and delayed

Symptoms: No data available.

Indication of immediate medical attention and special treatment needed

Treatment: Symptoms may be delayed.

5. Fire-fighting measures

General fire hazards:	No unusual fire or explosion hazards noted.

Suitable (and unsuitable) extinguishing media

Suitable extinguishing media:	Use: Foam. Carbon dioxide or dry powder.
Unsuitable extinguishing media:	No data available.
Specific hazards arising from the chemical:	During fire, gases hazardous to health may be formed.

Special protective equipment and precautions for firefighters

Special fire fighting procedures:	No data available.
Special protective equipment for fire-fighters:	Self-contained breathing apparatus and full protective clothing must be worn in case of fire.

6. Accidental release measures

Personal precautions, protective equipment and emergency procedures:	Do not touch damaged containers or spilled material unless wearing appropriate protective clothing. Keep unauthorized personnel away.
Methods and material for containment and cleaning up:	Absorb spillage with non-combustible, absorbent material.
Notification Procedures:	Dike for later disposal. Prevent entry into waterways, sewer, basements or confined areas. Stop the flow of material, if this is without risk.
Environmental precautions:	Do not contaminate water sources or sewer. Avoid release to the environment.

7. Handling and storage

Precautions for safe handling:	Do not taste or swallow. Wash hands thoroughly after handling. Do not get in eyes. Do not get in eyes, on skin, on clothing.
Conditions for safe storage, including any incompatibilities:	Store locked up.

8. Exposure controls/personal protection

Control parameters

Occupational exposure limits

Chemical identity	Type	Exposure Limit values	Source
Sodium hydroxide	Ceiling	2 mg/m3	US. Tennessee. OELs. Occupational Exposure Limits, Table Z1A (06 2008)
Sodium hydroxide - Particulate.	ST ESL	20 µg/m3	US. Texas. Effects Screening Levels (Texas Commission on Environmental Quality) (02 2013)
	AN ESL	2 µg/m3	US. Texas. Effects Screening Levels (Texas Commission on Environmental Quality) (02 2013)
Sodium hydroxide	Ceiling	2 mg/m3	US. California Code of Regulations, Title 8, Section 5155. Airborne Contaminants (02 2012)
	Ceiling	2 mg/m3	US. ACGIH Threshold Limit Values (03 2013)
	Ceil_Time	2 mg/m3	US. NIOSH: Pocket Guide to Chemical Hazards (2010)
	PEL	2 mg/m3	US. OSHA Table Z-1 Limits for Air Contaminants (29 CFR 1910.1000) (02 2006)
	Ceiling	2 mg/m3	US. OSHA Table Z-1-A (29 CFR 1910.1000) (1989)

Appropriate engineering controls No data available.

Individual protection measures, such as personal protective equipment

General information: Provide easy access to water supply and eye wash facilities. Use personal protective equipment as required. Always observe good personal hygiene measures, such as washing after handling the material and before eating, drinking, and/or smoking. Routinely wash work clothing to remove contaminants. Discard contaminated footwear that cannot be cleaned.

Eye/face protection: Wear a full-face respirator, if needed. Wear safety glasses with side shields (or goggles) and a face shield.

Skin protection

Hand protection: Chemical resistant gloves

Other: Wear chemical-resistant gloves, footwear, and protective clothing

	appropriate for the risk of exposure. Contact health and safety professional or manufacturer for specific information.
Respiratory protection:	In case of inadequate ventilation use suitable respirator.
Hygiene measures:	Do not eat, drink or smoke when using the product. Wash hands after handling. Do not get in eyes. Observe good industrial hygiene practices. Wash contaminated clothing before reuse. Do not get this material in contact with skin. Wash hands before breaks and immediately after handling the product.

9. Physical and chemical properties

Physical state:	Liquid
Form:	No data available.
Color:	Pale yellow-green
Odor:	Odor of chlorine
Odor threshold:	No data available.
pH:	11.2
Melting point/freezing point:	-20 °C
Initial boiling point and boiling range:	> 100 °C
Flash Point:	No data available.
Evaporation rate:	No data available.
Flammability (solid, gas):	No data available.
Upper/lower limit on flammability or explosive limits	
Flammability limit - upper (%):	No data available.
Flammability limit - lower (%):	No data available.
Explosive limit - upper (%):	No data available.
Explosive limit - lower (%):	No data available.
Vapor pressure:	No data available.
Vapor density:	No data available.
Relative density:	1.224
Solubility(ies)	
Solubility in water:	No data available.
Solubility (other):	No data available.
Partition coefficient (n-octanol/water):	No data available.

Auto-ignition temperature:	No data available.
Decomposition temperature:	No data available.
Viscosity:	No data available.

10. Stability and reactivity

Reactivity:	No data available.
Chemical stability:	Material is stable under normal conditions.
Possibility of hazardous reactions:	No data available.
Conditions to avoid:	Avoid heat or contamination.
Incompatible materials:	Oxidizers, acids
Hazardous decomposition products:	No data available.

11. Toxicological information

Symptoms related to the physical, chemical and toxicological characteristics

Ingestion:	No data available.
Inhalation:	No data available.
Skin contact:	No data available.
Eye contact:	No data available.

Information on toxicological effects

Acute toxicity (list all possible routes of exposure)

Oral

Product: ATEmix (): 325 mg/kg

Dermal

Product:

Not classified for acute toxicity based on available data.

Inhalation

Product: May be harmful if inhaled.

Repeated dose toxicity

Product: No data available.

Skin corrosion/irritation

Product: Causes severe skin burns.

Serious eye damage/eye irritation

Product: Causes serious eye damage.

Respiratory or skin sensitization

Product: No data available.

Carcinogenicity

Product: No data available.

IARC Monographs on the Evaluation of Carcinogenic Risks to Humans:
No carcinogenic components identified

US. National Toxicology Program (NTP) Report on Carcinogens:
No carcinogenic components identified

US. OSHA Specifically Regulated Substances (29 CFR 1910.1001-1050):
No carcinogenic components identified

Germ cell mutagenicity

In vitro

Product: No data available.

In vivo

Product: No data available.

Reproductive toxicity

Product: No data available.

Specific target organ toxicity - single exposure

Product: No data available.

Specific target organ toxicity - repeated exposure

Product: No data available.

Aspiration hazard

Product: No data available.

Other effects: No data available.

12. Ecological information

Ecotoxicity:

Acute hazards to the aquatic environment:

Fish

Product: No data available.

Specified substance(s):

Sodium hypochlorite	LC 50 (Bluegill (Lepomis macrochirus), 96 h): 2.2 - 2.64 mg/l Mortality
Sodium hydroxide	LC 50 (Western mosquitofish (Gambusia affinis), 96 h): 125 mg/l Mortality LC 50 (Western mosquitofish (Gambusia affinis), 24 h): 125 mg/l Mortality LC 50 (Guppy (Poecilia reticulata), 24 h): 145 mg/l Mortality LC 50 (Western mosquitofish (Gambusia affinis), 48 h): 125 mg/l Mortality LC 50 (Goldfish (Carassius auratus), 24 h): 160 mg/l Mortality

Aquatic invertebrates

Product: No data available.

Specified substance(s):

Sodium hydroxide	LC 50 (Cockle (Cerastoderma edule), 48 h): 330 - 1,000 mg/l Mortality EC 50 (Water flea (Ceriodaphnia dubia), 48 h): 34.59 - 47.13 mg/l Intoxication LC 50 (Common shrimp, sand shrimp (Crangon crangon), 48 h): 33 - 100 mg/l Mortality

Chronic hazards to the aquatic environment:

Fish

Product: No data available.

Aquatic invertebrates

Product: No data available.

Toxicity to Aquatic Plants

Product: No data available.

Specified substance(s):

Sodium hypochlorite	LC 50 (Green algae (Dunaliella primolecta)): 0.4 mg/l Mortality LC 50 (Red algae (Porphyra yezoensis), 10 d): 2.3 mg/l Mortality

Persistence and degradability

Biodegradation

Product: No data available.

BOD/COD ratio

Product: No data available.

Bioaccumulative potential

Bioconcentration factor (BCF)

Product: No data available.

Partition coefficient n-octanol / water (log Kow)

Product: No data available.

Mobility in soil: No data available.

Known or predicted distribution to environmental compartments

Sodium hypochlorite	No data available.
Sodium hydroxide	No data available.
Water	No data available.

Known or predicted distribution to environmental compartments

Water: No data available.

13. Disposal considerations

Disposal instructions: Discharge, treatment, or disposal may be subject to national, state, or local laws.

Contaminated packaging: Since emptied containers retain product residue, follow label warnings even after container is emptied.

14. Transport information

DOT

UN number:	UN 1791
UN proper shipping name:	Hypochlorite solutions
Transport hazard class(es)	
Class:	8
Label(s):	8
Packing group:	III
Marine Pollutant:	Marine Pollutant
Special precautions for user:	–

IMDG

UN number:	UN 1791
UN proper shipping name:	HYPOCHLORITE SOLUTION
Transport hazard class(es)	
Class:	8
Label(s):	8
EmS No.:	F-A, S-B
Packing group:	III
Marine Pollutant:	Marine Pollutant
Special precautions for user:	–

15. Regulatory information

US federal regulationsUS. OSHA Specifically Regulated Substances (29 CFR 1910.1001-1050)

None present or none present in regulated quantities.

CERCLA Hazardous Substance List (40 CFR 302.4):

Sodium hypochlorite	Reportable quantity: 100 lbs.
Sodium hydroxide	Reportable quantity: 1000 lbs.

Superfund amendments and reauthorization act of 1986 (SARA)

Hazard categories

Not listed.

SARA 302 Extremely hazardous substance

None present or none present in regulated quantities.

SARA 304 Emergency release notification

Chemical identity	RQ
Sodium hypochlorite	100 lbs.
Sodium hydroxide	1000 lbs.

SARA 311/312 Hazardous chemical

Chemical identity	Threshold Planning Quantity
Sodium hypochlorite	500 lbs
Sodium hydroxide	500 lbs

SARA 313 (TRI reporting)

None present or none present in regulated quantities.

Clean Water Act Section 311 Hazardous Substances (40 CFR 117.3)

Sodium hypochlorite	Reportable quantity: 100 lbs.
Sodium hydroxide	Reportable quantity: 1000 lbs.

Clean Air Act (CAA) Section 112(r) Accidental Release Prevention (40 CFR 68.130):

None present or none present in regulated quantities.

US state regulations

US. California Proposition 65

No ingredient regulated by CA Prop 65 present.

US. New Jersey Worker and Community Right-to-Know Act

Sodium hypochlorite	Listed
Sodium hydroxide	Listed

US. Massachusetts RTK - Substance List

Sodium hypochlorite	Listed
Sodium hydroxide	Listed

US. Pennsylvania RTK - Hazardous Substances

Sodium hypochlorite	Listed
Sodium hydroxide	Listed

US. Rhode Island RTK

Sodium hypochlorite	Listed
Sodium hydroxide	Listed

Inventory Status: Australia AICS:	Not in compliance with the inventory.
Canada DSL Inventory List:	Not in compliance with the inventory.
EU EINECS List:	Not in compliance with the inventory.
EU ELINCS List:	Not in compliance with the inventory.
Japan (ENCS) List:	Not in compliance with the inventory.
EU No Longer Polymers List:	Not in compliance with the inventory.
China Inv. Existing Chemical Substances:	Not in compliance with the inventory.
Korea Existing Chemicals Inv. (KECI):	Not in compliance with the inventory.
Canada NDSL Inventory:	Not in compliance with the inventory.
Philippines PICCS:	Not in compliance with the inventory.
New Zealand Inventory of Chemicals:	Not in compliance with the inventory.
Japan ISHL Listing:	Not in compliance with the inventory.
Japan Pharmacopoeia Listing:	Not in compliance with the inventory.
US TSCA Inventory:	On or in compliance with the inventory

16.Other information, including date of preparation or last revision

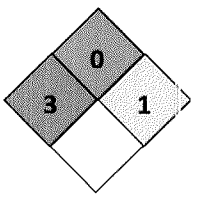
HMIS Hazard ID

Health		3
Flammability		0
Physical hazards		1
PERSONAL PROTECTION		B

B - Safety Glasses & Gloves

Hazard rating: 0 - Minimal; 1 - Slight; 2 - Moderate; 3 - Serious; 4 - Severe; *Chronic health effect

NFPA Hazard ID



Flammability
Health
Reactivity
Special hazard.

Hazard rating: 0 - Minimal; 1 - Slight; 2 - Moderate; 3 - Serious; 4 - Severe

Issue date:	08/29/2016
Revision date:	No data available.
Version #:	1.6
Further information:	No data available.

Univar USA Inc Safety Data Sheet

For Additional Information contact SDS Coordinator during business hours, Pacific time: (425) 889-3400

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This information relates only to the product designated herein, and does not relate to its use in combination with any other material or in any other process

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SAFETY DATA SHEET

This Safety Data Sheet conforms to ANSI Z400.5, and to the format requirements and the International Chemical Safety Cards of the Global Harmonizing System.
THIS SDS COMPLIES WITH 29 CFR 1910.1200 (HAZARD COMMUNICATION STANDARD)
IMPORTANT: Read this SDS before handling & disposing of this product.
Pass this information on to employees, customers, & users of this product.

SECTION 1. IDENTIFICATION OF THE SUBSTANCE OR MIXTURE AND OF THE SUPPLIER

PRODUCT IDENTITY: SULFURIC ACID 77 - 100%
SDS NUMBER: CDS1741
NEW MSDS DATE: 01/28/2011
COMPANY IDENTITY: Univar USA Inc.
COMPANY ADDRESS: 17425 NE Union Hill Road
COMPANY CITY: Redmond, WA 98052
COMPANY PHONE: 1-425-889-3400
EMERGENCY PHONES: CHEMTREC: 1-800-424-9300 (USA)
CANUTEC: 1-613-996-6666 (CANADA)

SECTION 2. HAZARDS IDENTIFICATION

DANGER!!

EXPOSURE PREVENTION: AVOID ALL CONTACT!
PREVENT DISPERSION OF MISTS OR DUST!

RISK STATEMENTS:
R35 Causes severe burns.

SAFETY STATEMENTS:
S1/2 Keep locked up and out of the reach of children.
S24/25 Avoid contact with skin and eyes.
S26 In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.
S30 Never add water to this product.
S45 In case of accident, or if you feel unwell, seek medical advice immediately. (Show the label where possible).

SEE SECTIONS 8, 11 & 12 FOR TOXICOLOGICAL INFORMATION.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

MATERIAL	CAS#	EINECS#	WT %
Sulfuric Acid*	7664-93-9	231-639-5	85-95
Water	7732-18-5	231-791-2	5-15

SECTION 4. FIRST AID MEASURES

EYE CONTACT:
For eyes, flush with plenty of water for 15 minutes & get medical attention.

SKIN CONTACT:
In case of contact with skin immediately remove contaminated clothing.
Wash thoroughly with soap & water. Wash contaminated clothing before reuse.

INHALATION:
After high vapor exposure, remove to fresh air. If breathing is difficult, give oxygen. If breathing has stopped, trained personnel should immediately begin artificial respiration. If the heart has stopped, trained personnel should immediately begin cardiopulmonary resuscitation (CPR).

SWALLOWING:
Rinse mouth. Do NOT induce vomiting. GET MEDICAL ATTENTION IMMEDIATELY.
Do NOT give liquids to an unconscious or convulsing person.

SECTION 5. FIRE FIGHTING MEASURES

FIRE & EXPLOSION PREVENTIVE MEASURES
Not Applicable.

EXTINGUISHING MEDIA
Expect violent reaction with water. For small fires use dry chemical, carbon dioxide or halon. For large fires, flood fire area with water from a distance. Donot get solid stream of water on spilled material.

SPECIAL FIRE FIGHTING PROCEDURES
Water spray may be ineffective on fire but can protect fire-fighters & cool closed containers. Use fog nozzles if water is used.
Do not enter confined fire-space without full bunker gear.
(Helmet with face shield, bunker coats, gloves & rubber boots).
Use NIOSH approved positive-pressure self-contained breathing apparatus.

SECTION 5. FIRE FIGHTING MEASURES (CONTINUED)

UNUSUAL EXPLOSION AND FIRE PROCEDURES

Noncombustible.
Reacts with most metals producing hydrogen which is extremely flammable & may explode.
Applying to hot surfaces requires special precautions. Closed containers may explode if exposed to extreme heat.

SECTION 6. ACCIDENTAL RELEASE MEASURES

PERSONAL PROTECTIVE MEASURES:
EVACUATE DANGER AREA! Consult an expert! Keep unprotected personnel away.
Use complete chemical protective suit with self-contained breathing apparatus.

ENVIRONMENTAL PRECAUTIONS:
Do NOT let this chemical enter the environment.
Keep from entering storm sewers and ditches which lead to waterways.

CONTAINMENT AND CLEAN-UP MEASURES:
Stop spill at source. Dike and contain.
Do NOT absorb in sawdust or other combustible absorbents.

SECTION 7. HANDLING AND STORAGE

HANDLING
Use only with adequate ventilation. Do not get in eyes, on skin or clothing.
Wear OSHA Standard full face shield. Consult Safety Equipment Supplier. Wear gloves, apron & footwear impervious to this material. Wash clothing before reuse.
NEVER pour water into this substance. When dissolving or diluting, always add it slowly to the water.
To minimize static discharge when transferring, ensure electrical continuity by bonding and grounding all equipment. Use an inlet line diameter of at least 3.5 inches (8.9 centimeters) with a maximum flow rate of 1 meter/second.

STORAGE
Keep separated from strong oxidants, strong bases, combustible & reducing substances, metals, food & feedstuffs, incompatible materials. May be stored in stainless steel containers.
See: Section 10, <Materials to Avoid>. Do not store above 49 C/120 F.
Keep container tightly closed & upright when not in use to prevent leakage.
Reacts with most metals producing hydrogen which is extremely flammable & may explode.
Wear full face shield, gloves & full protective clothing when opening or handling.
When empty, drain completely, replace bungs securely.

SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

MATERIAL	CAS#	EINECS#	TWA (OSHA)	TLV (ACGIH)
Sulfuric Acid*	7664-93-9	231-639-5	None Known	None Known
Water	7732-18-5	231-791-2	None Known	None Known

This product contains no EPA Hazardous Air Pollutants (HAP) in amounts > 0.1%.

RESPIRATORY EXPOSURE CONTROLS
A respiratory protection program that meets OSHA 29 CFR 1910.134 and ANSI Z86.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant a respirator's use.

VENTILATION
LOCAL EXHAUST: Necessary MECHANICAL (GENERAL): Necessary
SPECIAL: None OTHER: None
Please refer to ACGIH document, "Industrial Ventilation, A Manual of Recommended Practices", most recent edition, for details.

PERSONAL PROTECTIONS:
Wear OSHA Standard full face shield. Consult Safety Equipment Supplier. Wear gloves, apron & footwear impervious to this material. Wash clothing before reuse.

WORK & HYGIENIC PRACTICES:
Provide readily accessible eye wash stations & safety showers.
Wash at end of each workshift & before eating, smoking or using the toilet.
Promptly remove clothing that becomes contaminated. Destroy contaminated leather articles. Launder or discard contaminated clothing.

SECTION 9. PHYSICAL & CHEMICAL PROPERTIES

APPEARANCE:	Oily Liquid, Water-White
ODOR:	None
ODOR THRESHOLD:	Not Available
pH (Neutrality):	0.0
MELTING POINT/FREEZING POINT:	-11 to -29 C / +12 to -20 F
BOILING RANGE (IBP,50%,Dry Point):	193 to 276 C / 380 to 529 F
FLASH POINT (TEST METHOD):	Not Applicable
EVAPORATION RATE (n-BUTYL ACETATE=1):	Not Applicable
FLAMMABILITY CLASSIFICATION:	Non-Combustible
LOWER FLAMMABLE LIMIT IN AIR (% by vol):	Not Applicable
UPPER FLAMMABLE LIMIT IN AIR (% by vol):	Not Available
VAPOR PRESSURE (mm of Hg)@20 C	17.5
VAPOR DENSITY (air=1):	Not Applicable
GRAVITY @ 68/68F / 20/20C:	
SPECIFIC GRAVITY (Water=1):	1.70 to 1.84
POUNDS/GALLON:	14.2 to 15.3
WATER SOLUBILITY:	Complete
PARTITION COEFFICIENT (n-Octane/Water):	Not Available
AUTO IGNITION TEMPERATURE:	Not Applicable
DECOMPOSITION TEMPERATURE:	Not Available

SECTION 10. STABILITY & REACTIVITY

STABILITY
Stable but Reacts with most metals producing hydrogen which is extremely flammable & may explode.

CONDITIONS TO AVOID
Isolate from alkalis. When diluting, always add acid to diluent. DO NOT add diluent to acid.

MATERIALS TO AVOID
The substance is a strong acid, reacts violently with bases and is corrosive. Upon heating, irritating and toxic fumes are formed including sulfur oxides, The substance is a strong oxidant & reacts violently with combustible &, reducing materials. Corrosive to most common metals. forming flammable/explosive gas (hydrogen) . Sulfuric acid reacts violently with water & organic materials with much heat. Isolate from organics, chlorates, carbides, fulminates, picrates, metals. Fire risk on contact with organic materials and chemicals such as nitrates, carbids, and chlorates.

HAZARDOUS DECOMPOSITION PRODUCTS
Sulfur Oxides.

HAZARDOUS POLYMERIZATION
Will not occur.

SECTION 11. TOXICOLOGICAL INFORMATION

ACUTE HAZARDS

EYE & SKIN CONTACT:
Severe burns to skin, defatting, dermatitis.
Severe burns to eyes, redness, tearing, blurred vision.
Liquid can cause severe skin & eye burns. Wash thoroughly after handling.

INHALATION:
Severe respiratory tract irritation may occur. Vapor harmful.

SWALLOWING:
Harmful or fatal if swallowed.

SUBCHRONIC HAZARDS/CONDITIONS AGGRAVATED

CONDITIONS AGGREVATED:
None Known.

CHRONIC HAZARDS

CANCER, REPRODUCTIVE & OTHER CHRONIC HAZARDS:
This product has no carcinogens listed by IARC, NTP, NIOSH, OSHA or ACGIH, as of this date, greater or equal to 0.1%.

MAMMALIAN TOXICITY INFORMATION

No mammalian information is available on this product.

SECTION 12. ECOLOGICAL INFORMATION

AQUATIC ANIMAL INFORMATION:
No aquatic environmental information is available on this product.
The substance is harmful to aquatic organisms.

MOBILITY IN SOIL
Mobility of this material has not been determined.

DEGRADABILITY
This product is completely biodegradable.

ACCUMULATION
Bioaccumulation of this product has not been determined.

SECTION 13. DISPOSAL CONSIDERATIONS

Processing, use or contamination may change the waste management options.
Recycle / dispose of observing national, regional, state, provincial and local health, safety & pollution laws. If in doubt, contact appropriate agencies.

SECTION 14. TRANSPORT INFORMATION

DOT SHIPPING NAME: UN1830, Sulfuric acid, 8, PG-II
DRUM LABEL: (CORROSIVE)
IATA / ICAO: UN1830, Sulfuric acid, 8, PG-II
IMO / IMDG: UN1830, Sulfuric acid, 8, PG-II
EMERGENCY RESPONSE GUIDEBOOK NUMBER: 137

SECTION 15. REGULATORY INFORMATION

EPA REGULATION:
SARA SECTION 311/312 HAZARDS: Acute Health

All components of this product are on the TSCA list.
SARA Title III Section 313 Supplier Notification
This product contains the indicated <*> toxic chemicals subject to the reporting requirements of Section 313 of the Emergency Planning & Community Right-To-Know Act of 1986 & of 40 CFR 372. This information must be included in all MSDSs that are copied and distributed for this material.

SARA TITLE III INGREDIENTS	CAS#	EINECS#	WT%	(REG.SECTION)	RQ(LBS)
Sulfuric Acid	7664-93-9	231-639-5	85-95	(302,311,312,313)	1000

SECTION 15. REGULATORY INFORMATION (CONTINUED)

> 1099 LB / 499 KG OF THIS PRODUCT IN 1 CONTAINER EXCEEDS THE "RQ" OF SULFURIC ACID.
Any release equal to or exceeding the RQ must be reported to the National Response Center (800-424-8802) and appropriate state and local regulatory agencies as described in 40 CFR 302.6 and 40 CFR 355.40 respectively. Failure to report may result in substantial civil and criminal penalties. State & local regulations may be more restrictive than federal regulations.

SARA Title III Section 302 (Extremely Hazardous Substance List) : Sulfuric Acid.

STATE REGULATIONS:
CALIFORNIA PROPOSITION 65: This product contains no chemicals known to the State of California to cause cancer & reproductive toxicity.

INTERNATIONAL REGULATIONS
The components of this product are listed on the chemical inventories of the following countries:
Australia (AICS), Canada (DSL, NDSL), China (IECSC), Europe (EINECS, ELINCS), Japan (METI/CSCL, MHLW/ISHL), South Korea (KECI), New Zealand (NZIoC), Philippines (PICCS), Switzerland (SWISS), Taiwan (NECSI), USA (TSCA).

CANADA: WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)
D2B: Irritating to skin / eyes.
E: Corrosive Material.

SECTION 16. OTHER INFORMATION

HAZARD RATINGS:
HEALTH (NFPA): 0, HEALTH (HMIS): 3, FLAMMABILITY: 0, REACTIVITY: 0
(Personal Protection Rating to be supplied by user based on use conditions.)
This information is intended solely for the use of individuals trained in the NFPA & HMIS hazard rating systems.

EMPLOYEE TRAINING
See Section 2 for Risk & Safety Statements. Employees should be made aware of all hazards of this material (as stated in this SDS) before handling it.

Univar USA Inc Material Safety Data Sheet

For Additional Information contact MSDS Coordinator during business hours, Pacific time: (425) 889-3400

Notice

Univar USA Inc. ("Univar") expressly disclaims all express or implied warranties of merchantability and fitness for a particular purpose, with respect to the product or information provided herein, and shall under no circumstances be liable for incidental or consequential damages.

Do not use ingredient information and/or ingredient percentages in this MSDS as a product specification. For product specification information refer to a product specification sheet and/or a certificate of analysis. These can be obtained from your local Univar sales office.

All information appearing herein is based upon data obtained from the manufacturer and/or recognized technical sources. While the information is believed to be accurate, Univar makes no representations as to its accuracy or sufficiency. Conditions of use are beyond Univar's control and therefore users are responsible to verify this data under their own operating conditions to determine whether the product is suitable for their particular purposes and they assume all risks of their use, handling, and disposal of the product, or from the publication or use of, or reliance upon, information contained herein.

This information relates only to the product designated herein, and does not relate to its use in combination with any other material or in any other process

ATTACHMENT 9

CONTRACTED LABORATORIES INFORMATION AND POLLUTANTS ANALYZED BY EACH LABORATORY

Air Lquide retained an environmental laboratory for the analyses of the pollutants required in Worksheet 2.0: Pollutant Analysis. The laboratory name and contact and the pollutants analyzed are presented below.

Laboratory Name:	Pace Analytical 12065 Lebanon Road Mount Juliet, TN 37122 (615) 758-5858
Contact:	Lori A Vahrenkamp Project Manager
Pollutants Analyzed:	Pace Analytical analyzed the pollutants listed in Tables 1, 2, 3, 6, 8, 9 and 10 of Worksheet 2.0: Pollutant Analysis.

ATTACHMENT 10
TCEQ ePAY VOUCHER RECEIPT

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number: 582EA000618559
Date: 07/23/2024 01:57 PM
Payment Method: CC - Authorization 0000051297
ePay Actor: JACOB DITTMAR
Actor Email: jacob.dittmar@airliquide.com
IP: 165.225.218.93
TCEQ Amount: $1,215.00
Texas.gov Price: $1,242.59*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name: JACOB DITTMAR
Company: AIR LIQUIDE LARGE INDUSTRIES
Address: 767 OLD BLOOMINGTON ROAD, BLOOMINGTON, TX 77951
Phone: 361-827-5743

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
714125	WW PERMIT - MINOR FACILITY SUBJECT TO 40 CFR 400-471 - RENEWAL		$1,200.00
714126	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		$15.00
		TCEQ Amount:	$1,215.00

ePay Again | Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

Item 13. Signature Page (Instructions, Page33)

Permit No: WQ0003943000

Applicant Name: Air Liquide Large Industries U.S. LP

Certification: I, Christiaan Brand, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Christiaan Brand

Signatory title: Vice President, of Operations

Signature: _____ Date: 29/07/2024
(Use blue ink)

Subscribed and Sworn to before me by the said Christiaan Brand

on this 29th day of July, 2024.

My commission expires on the 23rd day of May, 2027.

_____
Notary Public

[SEAL]

MARILYN LAZABAL
Notary Public, State of Texas
Comm. Expires 05-23-2027
Notary ID 13437534-4

Harris
County, Texas

Note: *If co-applicants are necessary, each entity must submit an original, separate signature page.*

23. Street Address of the Regulated Entity: *(No PO Boxes)*	767 Old Bloomington Road							
	City	Bloomington	**State**	TX	**ZIP**	77951	**ZIP + 4**	
24. County	Victoria							

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

25. Description to Physical Location:	N/A				
26. Nearest City			**State**	**Nearest ZIP Code**	

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:			**28. Longitude (W)In Decimal:**		
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)
2813		325120	

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

Air seperation to produce O2, N2 & Argon

34. Mailing Address:	**PO Box 577**							
	City	**Bloomington**	**State**	**TX**	**ZIP**	**77951**	**ZIP + 4**	
35. E-Mail Address:	**aswath.kalappa@airliquide.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(832) 236-0523	**N/A**	**(0) -**

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:
	WQ0003943000			

SECTION IV:Preparer Information

40. Name:	Aswath Kalappa	**41. Title:**	Sr. Environmental Specialist

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(832) 236-0523	N/A	(N/A) -	aswath.kalappa@airliquide.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, Field6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Air Liquide Large Industries U.S. LP	**Job Title:**	Vice President , of Operations
Name *(In Print):*	Christiaan Brand	**Phone:**	(713) 624-6000
Signature:		**Date:**	07/29/2024

Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
  - periodically inspected by the TCEQ; or
  - located in another state and is accredited or inspected by that state; or
  - performing work for another company with a unit located in the same site; or
  - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review *30 TAC Chapter 25* for specific requirements.

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.*

Printed Name: Christiaan Brand

Title: Vice President, of Operations

Signature: _____

Date: 07/29/2024