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## Section 2 Administrative Forms

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This section contains the following forms and information:

- TCEQ Core Data Form
- TCEQ Form APD-EXP
- TCEQ Form PI-1
- Table 30
- Copy of Fee Payment



# TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of 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.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN		RN

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<b>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).</b>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Axis Midstream Holdings, LLC			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
802812872	32064822730	82-2771615	
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input checked="" type="checkbox"/> Owner & Operator		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other:			
15. Mailing Address:			
5005 Riverway, Suite 110			
City	Houston	State	TX
ZIP	77056	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
18. Telephone Number		19. Extension or Code	20. Fax Number (if applicable)
( 713 ) 623-2412			( ) -

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)</b>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Harbor Island Marine Terminal	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	Property is approximately one mile Northwest of Highway 361 Ferry Landing					
26. Nearest City	State			Nearest ZIP Code		
Port Aransas	TX			78336		
27. Latitude (N) In Decimal:	28. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
27	50	40.65	97	05	01.31	
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)		
4612		486110				
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>						
Marine Loading						
34. Mailing Address:						
	City		State		ZIP	ZIP + 4
35. E-Mail Address:						
36. Telephone Number		37. Extension or Code		38. Fax Number <i>(if applicable)</i>		
( ) -				( ) -		

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


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Emissions Inventory Air	<input checked="" type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

**SECTION IV: Preparer Information**

40. Name:	James F. Wedemeier II	41. Title:	Senior Staff Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 713 ) 955-1223		( 713 ) 955-1201	jwedemeier@disorboconsult.com

**SECTION V: Authorized Signature**

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Axis Midstream Holdings, LLC	Job Title:	Vice President Pipeline Operations
Name (In Print):	David O'Dell	Phone:	( 713 ) 623-2412
Signature:		Date:	11/19/2018

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Important Note: The agency requires that a Core Data Form be submitted on all incoming applications unless a Regulated Entity and Customer Reference Number have been issued and no core data information has changed. For more information regarding the Core Data Form, call (512) 239-5175 or go to [www.tceq.texas.gov/permitting/central\\_registry/guidance.html](http://www.tceq.texas.gov/permitting/central_registry/guidance.html).

<b>I. Applicant Information</b>		
A. Company or Other Legal Name: Axis Midstream Holdings, LLC		
Texas Secretary of State Charter/Registration Number (if applicable):		
B. Company Official Contact Information: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:) _____		
Name: David O'Dell		
Title: Vice President Pipeline Operations		
Mailing Address: 5005 Riverway, Suite 110		
City: Houston	State: TX	ZIP Code: 77056
Telephone No.: 713-623-2412	Fax No.:	
E-mail Address: dodell@axismidstream.com		
<i>All permit correspondence will be sent via electronic copies unless hard copies are specifically requested through regular mail. The company official must initial here if hard copy correspondence is requested.</i> _____		
C. Technical Contact Name Information: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:) _____		
Name: Neal Nygaard		
Title: Chief Operating Officer, Principal		
Company Name: DiSorbo Consulting, LLC		
Mailing Address: 1010 Travis Street, Suite 916		
City: Houston	State: Texas	ZIP Code: 77002
Telephone No.: 713-955-1221	Fax No.: 713-955-1201	
E-mail Address: nnygaard@disorboconsult.com		
D. Site Name: Harbor Island Marine Terminal		
E. Area Name/Type of Facility: Marine Loading		<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
For portable units, please provide the serial number of the equipment being authorized below.		
Serial No:	Serial No:	
F. Principal Company Product or Business: Bulk Petroleum Marine Terminal		
Principal Standard Industrial Classification Code (SIC): 4612		
Principal North American Industry Classification System (NAICS): 486110		
G. Projected Start of Construction Date: TBD		
Projected Start of Operation Date: TBD		

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<b>I. Applicant Information (continued)</b>		
<b>H. Facility and Site Location Information (If no street address, provide clear driving directions to the site in writing.):</b>		
Street Address:		
Property is approximately one mile Northwest of Highway 361 Ferry Landing		
City/Town: Port Aransas	County: Nueces	ZIP Code: 78336
Latitude (nearest second): 27°50'40.65" N		Longitude (nearest second): 97°05'01.31" W
<b>I. Account Identification Number (leave blank if new site or facility):</b>		
<b>J. Core Data Form</b>		
Is the Core Data Form (Form 10400) attached? If No, provide customer reference number and regulated entity number (complete K and L).		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>K. Customer Reference Number (CN):</b> TBD		
<b>L. Regulated Entity Number (RN):</b> TBD		
<b>II. General Information</b>		
<b>A. Is confidential information submitted with this application? If Yes, mark each confidential page confidential in large red letters at the bottom of each page.</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>B. Is this application in response to an investigation, notice of violation, or enforcement action?</b>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, attach a copy of any correspondence from the agency and provide the RN in section I.L. above.		
<b>C. Number of New Jobs:</b> TBD		
<b>D. Provide the name of the State Senator and State Representative and district numbers for this facility site:</b>		
State Senator: Lois W. Kolkhorst		District No.: 18
State Representative: Todd A. Hunter		District No.: 32
<b>III. Type of Permit Action Requested</b>		
<b>A. Mark the appropriate box indicating what type of action is requested.</b>		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Revision (30 TAC § 116.116(e)) <input type="checkbox"/> Change of Location <input type="checkbox"/> Relocation		
<b>B. Permit Number (if existing):</b>		
<b>C. Permit Type: Mark the appropriate box indicating what type of permit is requested. (check all that apply, skip for change of location)</b>		
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Flexible <input type="checkbox"/> Multiple Plant <input type="checkbox"/> Nonattainment <input type="checkbox"/> Plant-Wide Applicability Limit <input type="checkbox"/> Prevention of Significant Deterioration (PSD) <input type="checkbox"/> Hazardous Air Pollutant Major Source <input type="checkbox"/> PSD for greenhouse gases (GHGs) <input type="checkbox"/> Other: _____		

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<b>III. Type of Permit Action Requested (continued)</b>		
D. Is a permit renewal application being submitted in conjunction with this amendment in accordance with 30 TAC § 116.315(c).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E. Is this application for a change of location of previously permitted facilities?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If Yes, complete all parts of III.E.		
Current Location of Facility (If no street address, provide clear driving directions to the site in writing.):		
Street Address:		
City:	County:	ZIP Code:
Proposed Location of Facility (If no street address, provide clear driving directions to the site in writing.):		
Street Address:		
City:	County:	ZIP Code:
Will the proposed facility, site, and plot plan meet all current technical requirements of the permit special conditions? If "NO," attach detailed information.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the site where the facility is moving considered a major source of criteria pollutants or HAPs?		<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Are there any standard permits, standard exemptions, or PBRs to be incorporated by reference?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If Yes, list any PBR, standard exemptions, or standard permits that need to be referenced. (attach pages as needed)		
Are there any PBR, standard exemptions, or standard permits associated to be incorporated by consolidation?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, list any PBR, standard exemptions, or standard permits that need to be consolidated. (attach pages as needed)		
If Yes, are emission calculations, a BACT analysis, and an impacts analysis attached to this application for any authorization to be incorporated by consolidation.		<input type="checkbox"/> YES <input type="checkbox"/> NO
G. Are you permitting planned maintenance, startup, and shutdown emissions?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, attach information on any changes to emissions under this application as specified in VII and VIII.		

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<b>III. Type of Permit Action Requested</b>	
<b>H. Federal Operating Permit Requirements (30 TAC Chapter 122 Applicability)</b>	
Is this facility located at a site required to obtain a federal operating permit?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> To Be Determined
If Yes, list all associated permit number(s), attach pages as needed.	
NA	
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this application is approved.	
<input type="checkbox"/> FOP Significant Revision	<input type="checkbox"/> FOP Minor
<input type="checkbox"/> Operational Flexibility/Off-Permit Notification	<input type="checkbox"/> Application for an FOP Revision
<input checked="" type="checkbox"/> To be Determined	<input type="checkbox"/> Streamlined Revision for GOP
	<input type="checkbox"/> None
Identify the type(s) of FOP(s) issued and/or FOP application(s) submitted/pending for the site. <i>(check all that apply)</i>	
<input type="checkbox"/> GOP Issued	<input type="checkbox"/> GOP application/revision application submitted or under APD review
<input type="checkbox"/> SOP Issued	<input type="checkbox"/> SOP application/revision application submitted or under APD review
<b>IV. Public Notice Applicability</b>	
<b>A.</b> Is this a new permit application or a change of location application?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>B.</b> Is this application for a concrete batch plant? If Yes, complete all parts of V.D.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>C.</b> Is this an application for a major modification of a PSD, nonattainment, FCAA § 112(g) permit, or exceedance of a PAL permit?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>D.</b> If this is an application for emissions of GHGs, select one of the following:	
<input type="checkbox"/> Separate Public Notice (requires a separate application)	<input type="checkbox"/> Consolidated Public Notice
<b>E.</b> Is this application for a PSD or major modification of a PSD located within 100 kilometers or less of an affected state or Class I Area?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, list the affected state(s) and/or Class I Area(s).	
<b>State</b>	<b>Class I Area</b>

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<b>IV. Public Notice Applicability (continued)</b>		
F. Is this a state permit amendment application? If Yes, complete all parts of IV.F.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Is there any change in character of emissions in this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there a new air contaminant in this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do the facilities handle, load, unload, dry, manufacture, or process grain, seed, legumes, or vegetables fibers (agricultural facilities)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
List the total annual emission increases associated with the application <b>(List all that apply and attach additional sheets as needed):</b>		
Volatile Organic Compounds (VOC):		
Sulfur Dioxide (SO <sub>2</sub> ):		
Carbon Monoxide (CO):		
Nitrogen Oxides (NO <sub>x</sub> ):		
Particulate Matter (PM):		
PM 10 microns or less (PM <sub>10</sub> ):		
PM 2.5 microns or less (PM <sub>2.5</sub> ):		
Lead (Pb):		
Hazardous Air Pollutants (HAPs):		
Below list other speciated air contaminants not listed above:		
<b>V. Public Notice Information (complete if applicable)</b>		
A. Responsible Person: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:) _____		
Name: David O'Dell		
Title: Vice President Pipeline Operations		
Company Name: Axis Midstream Holdings, LLC		
Mailing Address: 5005 Riverway, Suite 110		
City: Houston	State: TX	ZIP Code: 77056
Telephone No.: 713-623-2412		Fax No.:
E-mail Address: dodell@axismidstream.com		



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<b>V. Public Notice Information (complete if applicable) (continued)</b>		
B. Technical Contact: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____		
Name: Neal Nygaard		
Title: Chief Operating Officer, Principal		
Mailing Address: 1010 Travis Street, Suite 916		
City: Houston	State: Texas	ZIP Code: 77002
Telephone No.: 713-955-1221	Fax No.: 713-955-1201	
E-mail Address: nnygaard@disorboconsult.com		
C. Name of the Public Place: Anita & W.T. Neyland Public Library		
Physical Address (No P.O. Boxes): 1230 Carmel Pkwy		
City: Corpus Christi	County: Nueces	ZIP Code: 78411
The public place has granted authorization to place the application for public viewing and copying.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The public place has internet access available for the public.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Concrete Batch Plants, PSD, and Nonattainment Permits		
County Judge Information (For Concrete Batch Plants and PSD and/or Nonattainment Permits) for this facility site.		
The Honorable:		
Mailing Address:		
City:	State:	ZIP Code:
<b>For Concrete Batch Plants</b>		
Is the facility located in a municipality or an extraterritorial jurisdiction of a municipality?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Presiding Officers Name(s):		
Title:		
Mailing Address:		
City:	State:	ZIP Code:
Provide the name, mailing address of the chief executive for the location where the facility is or will be located.		
Chief Executive:		
Mailing Address:		
City:	State:	ZIP Code:

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<b>V. Public Notice Information (complete if applicable) (continued)</b>		
B. Technical Contact: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:) _____		
Name: Neal Nygaard		
Title: Chief Operating Officer, Principal		
Mailing Address: 1010 Travis Street, Suite 916		
City: Houston	State: Texas	ZIP Code: 77002
Telephone No.: 713-955-1221	Fax No.: 713-955-1201	
E-mail Address: nnygaard@disorboconsult.com		
C. Name of the Public Place: Ingleside Public Library		
Physical Address (No P.O. Boxes): 2775 Waco Street		
City: Ingleside	County: Nueces	ZIP Code: 78362
The public place has granted authorization to place the application for public viewing and copying.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The public place has internet access available for the public.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Concrete Batch Plants, PSD, and Nonattainment Permits		
County Judge Information (For Concrete Batch Plants and PSD and/or Nonattainment Permits) for this facility site.		
The Honorable:		
Mailing Address:		
City:	State:	ZIP Code:
<b>For Concrete Batch Plants</b>		
Is the facility located in a municipality or an extraterritorial jurisdiction of a municipality?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Presiding Officers Name(s):		
Title:		
Mailing Address:		
City:	State:	ZIP Code:
Provide the name, mailing address of the chief executive for the location where the facility is or will be located.		
Chief Executive:		
Mailing Address:		
City:	State:	ZIP Code:

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<b>V. Public Notice Information (complete if applicable) (continued)</b>		
<b>D. Concrete Batch Plants, PSD, and Nonattainment Permits (continued)</b>		
Provide the name, mailing address of the Indian Governing Body for the location where the facility is or will be located.		
Indian Governing Body:		
Mailing Address:		
City:	State:	ZIP Code:
Identify the Federal Land Manager(s) for the location where the facility is or will be located.		
Federal Land Manager(s):		
<b>E. Bilingual Notice</b>		
Is a bilingual program required by the Texas Education Code in the School District?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Are the children who attend either the elementary school or the middle school closest to your facility eligible to be enrolled in a bilingual program provided by the district?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If Yes, list which languages are required by the bilingual program?		
<b>VI. Small Business Classification (Required)</b>		
A. Does this company (including parent companies and subsidiary companies) have fewer than 100 employees or less than \$6 million in annual gross receipts?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
B. Is the site a major stationary source for federal air quality permitting?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
C. Are the site emissions of any regulated air pollutant greater than or equal to 50 tpy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
D. Are the site emissions of all regulated air pollutants combined less than 75 tpy?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

*Revised*  
**DEC 03 2018**

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<b>V. Public Notice Information (complete if applicable) (continued)</b>		
<b>D. Concrete Batch Plants, PSD, and Nonattainment Permits (continued)</b>		
Provide the name, mailing address of the Indian Governing Body for the location where the facility is or will be located.		
Indian Governing Body:		
Mailing Address:		
City:	State:	ZIP Code:
Identify the Federal Land Manager(s) for the location where the facility is or will be located.		
Federal Land Manager(s):		
<b>E. Bilingual Notice</b>		
Is a bilingual program required by the Texas Education Code in the School District?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Are the children who attend either the elementary school or the middle school closest to your facility eligible to be enrolled in a bilingual program provided by the district?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, list which languages are required by the bilingual program?		
Spanish		
<b>VI. Small Business Classification (Required)</b>		
<b>A.</b> Does this company (including parent companies and subsidiary companies) have fewer than 100 employees or less than \$6 million in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>B.</b> Is the site a major stationary source for federal air quality permitting?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>C.</b> Are the site emissions of any regulated air pollutant greater than or equal to 50 tpy?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>D.</b> Are the site emissions of all regulated air pollutants combined less than 75 tpy?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

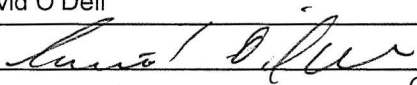
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<b>VII. Technical Information</b>	
A. The following information must be submitted with your Form PI-1 <i>(this is just a checklist to make sure you have included everything)</i>	
<input checked="" type="checkbox"/> Current Area Map <input checked="" type="checkbox"/> Plot Plan <input type="checkbox"/> Existing Authorizations <input checked="" type="checkbox"/> Process Flow Diagram <input checked="" type="checkbox"/> Process Description <input checked="" type="checkbox"/> Maximum Emissions Data and Calculations <input checked="" type="checkbox"/> Air Permit Application Tables <input checked="" type="checkbox"/> Table 1(a) (Form 10153) entitled, Emission Point Summary <input type="checkbox"/> Table 2 (Form 10155) entitled, Material Balance <input type="checkbox"/> Other equipment, process or control device tables	
B. Are any schools located within 3,000 feet of this facility?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Maximum Operating Schedule: 8760	
Hour(s): 24	Day(s): 7
Week(s): 52	Year(s):
Seasonal Operation? If Yes, please describe in the space provide below.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Hour(s):	Day(s):
Week(s):	Year(s):
D. Have the planned MSS emissions been previously submitted as part of an emissions inventory?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Provide a list of each planned MSS facility or related activity and indicate which years the MSS activities have been included in the emissions inventories. Attach pages as needed.	
<b>MSS Facility(s) or Activity</b>	<b>Year(s)</b>

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<b>VII. Technical Information (continued)</b>	
E. Does this application involve any air contaminants for which a disaster review is required?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, list which air contaminants require a disaster review	
F. Does this application include a pollutant of concern on the Air Pollutant Watch List (APWL)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
G. Are emissions of GHGs associated with this project subject to PSD?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, provide a list of all associated applications for this project:	
H. Does this project require an impacts analysis?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If No, is a description of why an impacts analysis is not required attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
For Non-Federal Projects	
Is an attachment included detailing how the project meets all applicable impacts requirements, including which MERA step was met (if applicable), how the modeling was conducted (if applicable), and the results demonstrating compliance with all applicable impacts requirements following the Initial Modeling Summary guidance document?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Note: for projects with modeling, utilizing APD's Electronic Modeling Evaluation Workbook to complete this analysis will help streamline the modeling review and is strongly encouraged.	
<b>VIII. State Regulatory Requirements</b> <b>Applicants must demonstrate compliance with all applicable state regulations to obtain a permit or amendment. The application must contain detailed attachments addressing applicability or non-applicability; identify state regulations; show how requirements are met; and include compliance demonstrations.</b>	
A. Will the emissions from the proposed facility protect public health and welfare, and comply with all rules and regulations of the TCEQ?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B. Will emissions of significant air contaminants from the facility be measured?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Is the Best Available Control Technology (BACT) demonstration attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Will the proposed facilities achieve the performance represented in the permit application as demonstrated through recordkeeping, monitoring, stack testing, or other applicable methods?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>IX. Federal Regulatory Requirements</b> <b>Applicants must demonstrate compliance with all applicable federal regulations to obtain a permit or amendment. The application must contain detailed attachments addressing applicability or non-applicability; identify federal regulation subparts; show how requirements are met; and include compliance demonstrations.</b>	
A. Does Title 40 Code of Federal Regulations Part 60, (40 CFR Part 60) New Source Performance Standard (NSPS) apply to a facility in this application?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B. Does 40 CFR Part 61, National Emissions Standard for Hazardous Air Pollutants (NESHAP) apply to a facility in this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Does 40 CFR Part 63, Maximum Achievable Control Technology (MACT) standard apply to a facility in this application?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**Texas Commission on Environmental Quality  
Form PI-1 General Application for  
Air Preconstruction Permit and Amendment  
Page 10**

<b>IX. Federal Regulatory Requirements (continued)</b> Applicants must demonstrate compliance with all applicable federal regulations to obtain a permit or amendment. The application must contain detailed attachments addressing applicability or non-applicability; identify federal regulation subparts; show how requirements are met; and include compliance demonstrations.	
D. Do nonattainment permitting requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. Do prevention of significant deterioration permitting requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F. Do Hazardous Air Pollutant Major Source [FCAA § 112(g)] requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
G. Is a Plant-wide Applicability Limit permit being requested?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>X. Professional Engineer (P.E.) Seal</b>	
Is the estimated capital cost of the project greater than \$2 million dollars?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, submit the application under the seal of a Texas licensed P.E.	
<b>XI. Permit Fee Information</b>	
Check, Money Order, Transaction Number, ePay Voucher Number: 383285 <sup>145</sup>	
Fee Amount: \$75,000	
Paid online?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name on check: Axis Midstream Holdings, LLC	
Is a Table 30 (Form 10196) entitled, Estimated Capital Cost and Fee Verification, attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>XII. Delinquent Fees and Penalties</b>	
This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ is paid in accordance with the Delinquent Fee and Penalty Protocol. For more information regarding Delinquent Fees and Penalties, go to the TCEQ Web site at: <a href="http://www.tceq.texas.gov/agency/financial/fees/delin">www.tceq.texas.gov/agency/financial/fees/delin</a> .	
<b>XIII. Signature</b>	
The signature below confirms that I have knowledge of the facts included in this application and that these facts are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), Chapter 7; the Texas Health and Safety Code, Chapter 382, the Texas Clean Air Act (TCAA) the air quality rules of the Texas Commission on Environmental Quality; or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I understand my signature indicates that this application meets all applicable nonattainment, prevention of significant deterioration, or major source of hazardous air pollutant permitting requirements. The signature further signifies awareness that intentionally or knowingly making or causing to be made false material statements or representations in the application is a criminal offense subject to criminal penalties.	
Name: David O'Dell	
Signature:  <i>Original Signature Required</i>	
Date: 11/19/2018	



**Texas Commission on Environmental Quality**  
**Table 30**  
**Estimated Capital Cost and Fee Verification**

Include estimated cost of the equipment and services that would normally be capitalized according to standard and generally accepted corporate financing and accounting procedures. Tables, checklists, and guidance documents pertaining to air quality permits are available from the Texas Commission on Environmental Quality, Air Permits Division Web site at [www.tceq.texas.gov/nav/permits/air\\_permits.html](http://www.tceq.texas.gov/nav/permits/air_permits.html).

<b>I. Direct Costs [30 TAC § 116.141(c)(1)]</b>	<b>Estimated Capital Cost</b>
A. A process and control equipment not previously owned by the applicant and not currently authorized under this chapter.	\$-
B. Auxiliary equipment, including exhaust hoods, ducting, fans, pumps, piping, conveyors, stacks, storage tanks, waste disposal facilities, and air pollution control equipment specifically needed to meet permit and regulation requirements.	\$-
C. Freight charges	\$-
D. Site preparation, including demolition, construction of fences, outdoor lighting, road, and parking areas.	\$-
E. Installation, including foundations, erection of supporting structures, enclosures or weather protection, insulation and painting, utilities and connections, process integration, and process control equipment.	\$-
F. Auxiliary buildings, including materials storage, employee facilities, and changes to existing structures.	\$-
G. Ambient air monitoring network.	\$-
<b>II. Indirect Costs [30 TAC § 116.141(c)(2)]</b>	<b>Estimated Capital Cost</b>
A. Final engineering design and supervision, and administrative overhead.	\$-
B. Construction expense, including construction liaison, securing local building permits, insurance, temporary construction facilities, and construction clean-up.	\$-
C. Contractor's fee and overhead.	\$-
<b>Total Estimated Capital Cost</b>	<b>\$ &gt; \$25,000,000</b>



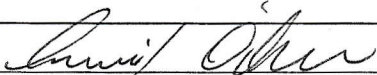
**Texas Commission on Environmental Quality**  
**Table 30**  
**Estimated Capital Cost and Fee Verification**

I certify that the total estimated capital cost of the project as defined in 30 TAC § 116.141 is equal to or less than the above figure. I further state that I have read and understand Texas Water Code § 7.179, which defines Criminal Offenses for certain violations, including intentionally or knowingly making, or causing to be made, false material statements or representations.

Company Name: Axis Midstream Holdings, LLC

Company Representative Name (please print): David O'Dell

Title: Vice President Pipeline Operations

Company Representative Signature: 

Estimated Capital Cost		Permit Application Fee	GHG*/PSD/Nonattainment Application Fee
Less than	\$300,000	\$900 (minimum fee)	\$3,000 (minimum fee)
\$300,000 to	\$25,000,000	0.30% of capital cost	
\$300,000 to	\$7,500,000		1.0% of capital cost
Greater than	\$25,000,000	\$75,000 (maximum fee)	
Greater than	\$7,500,000		\$75,000 (maximum fee)

\*A single PSD fee (calculated on the capital cost of the project per 30 TAC § 116.163) will be required for all of the associated permitting actions for a GHG PSD project. Other NSR permit fees related to the project that have already been remitted to the TCEQ can be subtracted when determining the appropriate fee to submit with the GHG PSD application; please identify these other fees in the GHG PSD permit application.

Permit Application Fee (from table above) = \$ 75,000      Date: 11/19/2018



Texas Commission on Environmental Quality  
**Table 30**  
**Estimated Capital Cost and Fee Verification**

<p>Include estimated cost of the equipment and services that would normally be capitalized according to standard and generally accepted corporate financing and accounting procedures. Tables, checklists, and guidance documents pertaining to air quality permits are available from the Texas Commission on Environmental Quality, Air Permits Division Web site at <a href="http://www.tceq.texas.gov/nav/permits/air_permits.html">www.tceq.texas.gov/nav/permits/air_permits.html</a>.</p>	
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B. Auxiliary equipment, including exhaust hoods, ducting, fans, pumps, piping, conveyors, stacks, storage tanks, waste disposal facilities, and air pollution control equipment specifically needed to meet permit and regulation requirements.	\$-
C. Freight charges	\$-
D. Site preparation, including demolition, construction of fences, outdoor lighting, road, and parking areas.	\$-
E. Installation, including foundations, erection of supporting structures, enclosures or weather protection, insulation and painting, utilities and connections, process integration, and process control equipment.	\$-
F. Auxiliary buildings, including materials storage, employee facilities, and changes to existing structures.	\$-
G. Ambient air monitoring network.	\$-
<b>II. Indirect Costs [30 TAC § 116.141(c)(2)]</b>	<b>Estimated Capital Cost</b>
A. Final engineering design and supervision, and administrative overhead.	\$-
B. Construction expense, including construction liaison, securing local building permits, insurance, temporary construction facilities, and construction clean-up.	\$-
C. Contractor's fee and overhead.	\$-
<b>Total Estimated Capital Cost</b>	<b>\$ &gt; \$25,000,000</b>

**Texas Commission on Environmental Quality**  
**Table 30**  
**Estimated Capital Cost and Fee Verification**

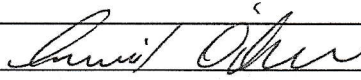
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Company Name: Axis Midstream Holdings, LLC

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Permit Application Fee (from table above) = \$ 75,000

Date: 11/19/2018