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|  <b>Pennsylvania<br/>Department of<br/>Environmental Protection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | INSPECTION REPORT                                                                                                                                                                                                                    |                                                  | <b>Commonwealth of Pennsylvania<br/>Department of Environmental Protection<br/>Air Quality Program</b> |                                                          |                                  |
| <b>Date(s) of Inspection:</b><br><b>7/13/26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | <b>TV</b> <input type="checkbox"/> <b>PA</b> <input type="checkbox"/><br><b>SM</b> <input type="checkbox"/> <b>GP</b> <input type="checkbox"/><br><b>NM</b> <input type="checkbox"/> <b>MEGA</b> <input checked="" type="checkbox"/> | <b>Permit #(s):</b><br><b>PA-04-00740A, B, C</b> | <b>Expiration Date:</b>                                                                                | <b>Case #:</b><br><b>04-00740</b>                        | <b>PF ID #:</b><br><b>775836</b> |
| <b>Company Name:</b><br><b>Shell Chemical Appalachia LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                                                                                                                                                                                      | <b>Municipality:</b><br><b>Potter Township</b>   |                                                                                                        | <b>County:</b><br><b>Beaver</b>                          |                                  |
| <b>Plant Name:</b><br><b>SHELL CHEM APPALACHIA<br/>/PETROCHEMICALS COMPLEX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                                                                                                                                                                      | <b>Physical Location:</b><br><b>Route 18</b>     |                                                                                                        | <b>Federal ID — Plant Code #:</b><br><b>46-1624986-1</b> |                                  |
| <b>Responsible Official:</b><br><b>Nathan Levin</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                                                                                                                                                      |                                                  | <b>Mailing Address:</b><br><b>300 Frankfort Road</b>                                                   |                                                          |                                  |
| <b>Title:</b><br><b>General Manager</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                                                                                                                                                      |                                                  | <b>Monaca, PA 15061-2210</b>                                                                           |                                                          |                                  |
| <b>Phone #(s):</b><br><b>724-709-2825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |
| <b>Mark (X) All Inspection Types That Apply To This Inspection:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |
| <input type="checkbox"/> Full Compliance Evaluation (FCE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Plan Approval Inspection                | <input type="checkbox"/> File Review (FR)                                                                                                                                                                                            |                                                  |                                                                                                        |                                                          |                                  |
| <input type="checkbox"/> Operating Permit Inspection (PI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Initial Permit Inspection (IPI)         | <input type="checkbox"/> Complaint Inspection (CI)                                                                                                                                                                                   |                                                  |                                                                                                        |                                                          |                                  |
| <input type="checkbox"/> Routine/Partial (RTPT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Follow-Up Inspection (Ref. Date: _____) | <input type="checkbox"/> Sample Collection (SC)                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |
| <input type="checkbox"/> Minor Source(s) Inspection (RFD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Stack Test Observation                  | <input type="checkbox"/> Multi-Media Inspection (MM)                                                                                                                                                                                 |                                                  |                                                                                                        |                                                          |                                  |
| <input checked="" type="checkbox"/> Other: <b>ADMIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Announced                               |                                                                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |
| <b>Annual Compliance Certification Received:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                                                                                                                                                                                      |                                                  | <b>Date Received:</b>                                                                                  |                                                          |                                  |
| <b>AIMS Report Received:</b> <input type="checkbox"/> YES <input type="checkbox"/> N.O <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                                                                                                                                                      |                                                  | <b>Date Received:</b>                                                                                  |                                                          |                                  |
| <b>Mark (X) All Activities That Apply:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |
| <input checked="" type="checkbox"/> File Review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Pre-Inspection Briefing                 | <input type="checkbox"/> Exit Interview/Briefing                                                                                                                                                                                     |                                                  |                                                                                                        |                                                          |                                  |
| <input type="checkbox"/> Pre-Inspection Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Check For New/Unreported Sources        | <input type="checkbox"/> Sample(s) Collected                                                                                                                                                                                         |                                                  |                                                                                                        |                                                          |                                  |
| <input type="checkbox"/> Visible Emissions Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Verify Operation of CEMS                | <input type="checkbox"/> Other                                                                                                                                                                                                       |                                                  |                                                                                                        |                                                          |                                  |
| <b>Compliance Status:</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> Pending <input type="checkbox"/> Awaiting Co. Report <b>Needs a Follow-Up Inspection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>SIC: 2821</b> <b>NAICS: 221112</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |
| <p>On July 13, 2026, I reviewed the records for Shell Chemical Appalachia LLC, Shell Polymers Monaca, Potter Township, Beaver County. Shell Polymers Monaca (Shell) is authorized to operate pursuant to plan approval PA-04-00740C. On July 10, 2026, Shell reported to the Department that visible emissions from the HP (High Pressure) Ground Flare #1 (Source C205A) were observed on June 13, 2026. Shell reported 8 minutes and 5 seconds of visible emissions observed between 08:51:03 and 09:08:05 on June 13, 2026, from the HP (High Pressure) Ground Flare #1 (Source C205A). Shell reported that these emissions exceeded 5 minutes in a consecutive 2-hour period. Visible emissions greater than 0% opacity in excess of five minutes are violations of PA-04-00740C, 25 Pa. Code § 127.25 and 40 CFR § 60.18. A Notice of Violation will be issued for these violations.</p> |                                                                  |                                                                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |
| <b>Company Representative:</b><br><b>MEMO TO FILE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  | <b>Title:</b><br>-----                                                                                                                                                                                                               | <b>Signature:</b><br>-----                       | <b>Date:</b><br>-----                                                                                  |                                                          |                                  |
| <b>DEP Representative:</b><br><b>Scott Beaudway</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  | <b>Title:</b><br><b>Air Quality Specialist</b>                                                                                                                                                                                       | <b>Signature:</b><br><b>Scott Beaudway/SB</b>    | <b>Date/Time:</b><br><b>7/13/26</b>                                                                    |                                                          |                                  |
| <small>This document is official notification that a representative of the Department of Environmental Protection, Air Quality Program, inspected the identified site. The findings of this inspection are shown above and on any attached pages, and may include violations uncovered during the inspection. Violations may also be discovered upon review of sample results or from any additional review of Department records. Notification will be forthcoming, if such violations are noted.</small>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                                                                                                                                      |                                                  |                                                                                                        |                                                          |                                  |

