

# AIR QUALITY APPLICATION TRACKING SHEET

PERMIT# 32-00433

FACILITY NAME SUNOCO PIPELINE LP, BLAIRSVUE STATION

CLIENT# 290687

APPLICATION ASSIGNED TO: Sheldon

SITE # 78/093

AUTH# 1295576

APS# 843143

PF# 776279

DATE RECEIVED 11/13/19

DATE ASSIGNED 11/19

DATE DUE 5/31/2020

**APPLICATION TYPE:**

MSO

AUTO ID OF MSTR - 1026683

- Plan Approval       EXT    MOD    NSR    NSPS    NESHAPS    MACT    PSD
- General Permit      GP Type \_\_\_\_\_       New       Renewal       Modification
- Title V       New       Renewal       Adm Amend       Minor Mod
- State Only       New       Renewal       Adm Amend       Minor Mod
- Change of Ownership
- Request for Determination

**ADMINISTRATIVE COMPLETENESS:**

- Application Fee      Check # 253001758 Amount \$ 375<sup>00</sup>      Efacts Acct # 776786
- Compliance Review Form
- GIF
- Municipal Notification Letters and Certified Mail Receipts

Notes: op expires 5/31/2020      - Application received on 11/13/19  
However no other info with it

- contacted J & D weaver 11/12/19  
+ requested (1) fee 375<sup>00</sup>

**Clerical Tracking:**

PA REC'D	PA ISSUED	PA Extension	GP Issued
Appl Tracking	AQ Only	Efacts	Efacts
Log CH	Efacts	AQ Database	AQ Database
TV Issued	AQ Database	Issue Letter	Issue Letter
Addendum A	Hsbg & Field	Hsbg & Field	Conditions
Efacts	Publish Appl	Publish Ext	Hsbg & Field
AQ Database	EPA Report	File Action	Publish Permit
Accept & Attach	File Action		File Action
Hsbg & Field			
Publish Appl			

- (2) APC # Compliance Review Form
- (3) Notices to trip + Co with receipts

TW





**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

November 19, 2019

Matthew L. Gordon - Project Manager  
Sunoco Pipeline LP  
525 Fritztown Road  
Sinking Spring, PA 19608-1509

RE: State Only Permit Application 32-00433 for Blairsville Station  
APS ID No. 843143, AUTH ID No. 1295576

Dear Mr. Gordon:

The Department has reviewed the above-referenced Bureau of Air Quality Operating Permit application and finds it to be administratively complete. The recently submitted application contains the required basic elements and sufficient data to allow for the initiation of the technical review. You will be contacted once the technical review of the application has begun, as a site visit is normally made. If circumstances warrant, you may amend the application any time prior to the drafting of the proposed permit.

This letter authorizes the continued operation of your facility as long as such operation is in compliance with the Federal Clean Air Act, the Pennsylvania Air Pollution Control Act, and other applicable requirements. Please feel free to contact me if you have questions regarding this determination and authorization.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Williams".

Matthew Williams  
Environmental Group Manager  
Air Quality Program

file: Sunoco Pipeline LP Blairsville Station; AQ/Facilities/FacOp/NM-32-00433



## Williams, Matthew

---

**From:** Sion, Lauren N <LAUREN.SION@energytransfer.com>  
**Sent:** Monday, November 18, 2019 2:56 PM  
**To:** Williams, Matthew  
**Subject:** [External] Blairsville PS certified mail receipts  
**Attachments:** Blairsville SOOP Renewal Certified Mail Tracking.pdf

***ATTENTION:** This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to CWOPA\_SPAM@pa.gov.*

Hi Matt-

As discussed, please see attached proof of delivery for the township & county notifications for the Blairsville PS air permit renewal.

Please let me know if you need anything additional from us regarding this application.

Thank you,



Lauren Sion  
Environmental Specialist  
Energy Transfer  
office: 412.784.3474  
office: 878.332.2214  
cell: 313.706.9455  
fax: 1.844.613.9231

Private and confidential as detailed [here](#). If you cannot access hyperlink, please e-mail sender.



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**INDIANA PA 15701**  
**OFFICIAL USE**

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$0.55
Total Postage and Fees	\$4.05

Sent To:  
 Indiana Co. Commissioners  
 Street and Apt. No., or PO Box No.  
 825 Philadelphia St.  
 City, State, ZIP+4®  
 Indiana, PA 15701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™**  
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**INDIANA PA 15701**  
**OFFICIAL USE**

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$1.90
Total Postage and Fees	\$5.40

Sent To:  
 PADEP - NWRO Eric Gustafson  
 Street and Apt. No., or PO Box No.  
 230 Chestnut St.  
 City, State, ZIP+4®  
 Meadville, PA 16335

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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**INDIANA PA 15701**  
**OFFICIAL USE**

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$0.55
Total Postage and Fees	\$4.05

Sent To:  
 Suffer Two Supervisors  
 Street and Apt. No., or PO Box No.  
 321 Park Drive  
 City, State, ZIP+4®  
 Black Lick, PA 15716

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

# USPS Tracking®

[FAQs >](#)

[Track Another Package +](#)

**Tracking Number:** 70191120000106240543

[Remove X](#)

Your item has been delivered and is available at a PO Box at 9:53 am on November 13, 2019 in BLACK LICK, PA 15716.

 **Delivered**

November 13, 2019 at 9:53 am  
Delivered, PO Box  
BLACK LICK, PA 15716

[Get Updates](#) ▼

[See More](#) ▼

Feedback

**Tracking Number:** 70191120000106240550

[Remove X](#)

Your item was delivered to an individual at the address at 9:06 am on November 8, 2019 in INDIANA, PA 15701.

 **Delivered**

November 8, 2019 at 9:06 am  
Delivered, Left with individual



**See More** ▼

**Tracking Number:** 70191120000106240536

Remove X

Your item was delivered to an individual at the address at 9:38 am on November 8, 2019 in MEADVILLE, PA 16335.

 **Delivered**

November 8, 2019 at 9:38 am  
Delivered, Left with Individual  
MEADVILLE, PA 16335

**Get Updates** ▼

**See More** ▼

Feedback

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs**





Sunoco Pipeline, LP  
525 Fritztown Road  
Sinking Spring, PA 19608

November 12, 2019

**CERTIFIED MAIL**

1Z 227 87W 01 9542 9857

Mr. Eric Gustafson  
Air Quality Program Manager  
Department of Environmental Protection  
Northwest Regional Office  
Air Quality Program  
230 Chestnut Street  
Meadville, PA 16335

RE: Sunoco Pipeline, LP/Blairsville Station  
Burrell Township, Indiana County  
State Only Operating Permit 32-00433  
Permit Application Fee

Dear Mr. Gustafson:

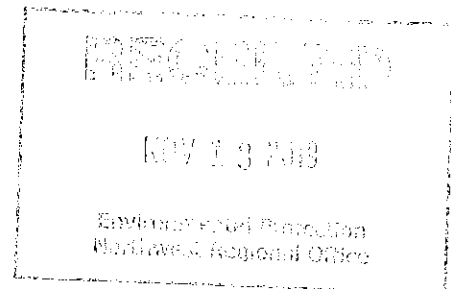
Sunoco Pipeline, LP submitted the renewal application on November 4<sup>th</sup>, 2019 and had inadvertently omitted the permit application renewal fee, municipal notification letters, and the compliance review form.

Please find attached check number 2530001758 for \$375.00, the municipal notification letters, and the compliance review form.

Should you have any questions regarding this application or require additional information, please contact me at 570-692-1421.

Sincerely,  
  
Jeremy Daniel  
Environmental Specialist

Enclosure







**SUNOCO PIPELINE**  
An ENERGY TRANSFER Partnership

**Sunoco Pipeline, LP**  
525 Fritztown Road  
Sinking Spring, PA 19608

November 4, 2019

**CERTIFIED MAIL**

Burrell Township Supervisors  
321 Park Drive  
Black Lick, PA 15716

RE: Municipal Notification  
Sunoco Pipeline, LP/Blairsville Station  
Burrell Township, Indiana County  
State Only Operating Permit 32-00433

Dear Supervisors:

This letter is to inform you that Sunoco Pipeline, LP has submitted a State Only Operating Permit renewal application to the Pennsylvania Department of Environmental Protection's Air Quality Program for the Blairsville Station.

Pennsylvania Code Title 25 (Environmental Protection – Air Resources) Section 127.413 requires municipal notification including a thirty (30) day comment period regarding the permit application, which begins upon receipt of this formal notification. During this comment period, DEP will accept such comments. Comments are to be sent to:

Mr. Eric Gustafson  
Air Quality Program Manager  
Department of Environmental Protection  
Northwest Regional Office  
Air Quality Program  
230 Chestnut Street  
Meadville, PA 16335

Should you have any questions pertaining to this matter, please call me at 610-670-3297.

Sincerely,

Jed A. Werner  
Air Permitting Manager

Enclosure

Cc: Eric Gustafson, PADEP

S. Marnell



**SUNOCO PIPELINE**  
An ENERGY TRANSFER Partnership

**Sunoco Pipeline, LP**  
525 Fritztown Road  
Sinking Spring, PA 19608

November 4, 2019

**CERTIFIED MAIL**

Indiana County Commissioners  
825 Philadelphia Street  
Indiana, PA 15701

RE: Municipal Notification  
Sunoco Pipeline, LP/Blairsville Station  
Burrell Township, Indiana County  
State Only Operating Permit 32-00433

Dear Commissioners:

This letter is to inform you that Sunoco Pipeline, LP has submitted a State Only Operating Permit renewal application to the Pennsylvania Department of Environmental Protection's Air Quality Program for the Blairsville Station.

Pennsylvania Code Title 25 (Environmental Protection – Air Resources) Section 127.413 requires municipal notification including a thirty (30) day comment period regarding the permit application, which begins upon receipt of this formal notification. During this comment period, DEP will accept such comments. Comments are to be sent to:

Mr. Eric Gustafson  
Air Quality Program Manager  
Department of Environmental Protection  
Northwest Regional Office  
Air Quality Program  
230 Chestnut Street  
Meadville, PA 16335

Should you have any questions pertaining to this matter, please call me at 610-670-3297.

Sincerely,

Jed A. Werner  
Air Permitting Manager

Enclosure

Cc: Eric Gustafson, PADEP

S. Marnell



2700-PM-AQ0004 Rev. 6/2006



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

**AIR POLLUTION CONTROL ACT COMPLIANCE REVIEW FORM**

Fully and accurately provide the following information, as specified. Attach additional sheets as necessary.

**Type of Compliance Review Form Submittal (check all that apply)**

- Original Filing
  - Amended Filing
- Date of Last Compliance Review Form Filing: 08/20/18

**Type of Submittal**

- New Plan Approval
- Extension of Plan Approval
- Other: \_\_\_\_\_
- New Operating Permit
- Change of Ownership
- Renewal of Operating Permit
- Periodic Submission (@ 6 mos)

**Name of Applicant/Permittee/("applicant")**  
(non-corporations-attach documentation of legal name)

Sunoco Pipeline, L.P.

**Address** 3807 West Chester Pike  
Newtown Square, PA 19072

**Telephone** 610-670-3297 **Taxpayer ID#** 23-3102656

**Permit, Plan Approval or Application ID#**

**Identify the form of management under which the applicant conducts its business (check appropriate box)**

- Individual
- Municipality
- Proprietorship
- Public Corporation
- Private Corporation
- Syndicate
- Municipal Authority
- Fictitious Name
- Partnership
- Limited Partnership
- Government Agency
- Joint Venture
- Association
- Other Type of Business, specify below:

**Describe below the type(s) of business activities performed.**

SIC Code: 4613 - Refined Petroleum Pipeline  
SIC Code 4612 - Crude Petroleum Pipeline  
SIC Code 4619 - Natural Gas Liquid Pipeline

2700-PM-AQ0004 Rev. 6/2006

**SECTION B. GENERAL INFORMATION REGARDING APPLICANT**

If applicant is a corporation or a division or other unit of a corporation, provide the names, principal places of business, state of incorporation, and taxpayer ID numbers of all domestic and foreign parent corporations (including the ultimate parent corporation), and all domestic and foreign subsidiary corporations of the ultimate parent corporation with operations in Pennsylvania. Please include all corporate divisions or units, (whether incorporated or unincorporated) and privately held corporations. (A diagram of corporate relationships may be provided to illustrate corporate relationships.) Attach additional sheets as necessary.

Unit Name	Principal Places of Business	State of Incorporation	Taxpayer ID	Relationship to Applicant
Sunoco Pipeline L.P.	PA	TX	23-3102656	Applicant
Sunoco Logistics Partners Operations GP LLC	PA	DE	23-3102660	General Partner of Applicant
Sunoco Logistics Partners Operations L.P.	PA	DE	23-3102657	Limited Partner and owner of General Partner of Applicant
Sunoco Logistics Partners GP LLC	PA	DE	23-3102658	General Partner of Limited Partner of Applicant
Energy Transfer Partners, L.P.	TX	DE	73-1493906	Ultimate Parent - limited partner of the Limited Partner and owner of the General Partner of the limited partner of the Applicant
Subsidiaries of ultimate parent with operations in PA- See Attachment 3				

**SECTION C. PENNSYLVANIA FACILITIES**

Pennsylvania Facilities. List the name and location (mailing address, municipality, county), telephone number, and relationship to applicant (parent, subsidiary or general partner) of applicant and all Related Parties' places of business, and facilities in Pennsylvania. Attach additional sheets as necessary.

Unit Name	Street Address	County and Municipality	Telephone No.	Relationship to Applicant
see attachment #1				

2700-PM-AQ0004 Rev. 6/2008

**Provide the names and business addresses of all general partners of the applicant and parent and subsidiary corporations, if any.**

Name	Business Address
Sunoco Pipeline, L.P.	3807 West Chester Pike, Newtown Square, PA 19072

**List the names and business address of persons with overall management responsibility for the process being permitted (i.e. plant manager).**

Name	Business Address
see attachment #2	

**Plan Approvals or Operating Permits. List all plan approvals or operating permits issued by the Department or an approved local air pollution control agency under the APCA to the applicant or related parties that are currently in effect or have been in effect at any time 5 years prior to the date on which this form is notarized. This list shall include the plan approval and operating permit numbers, locations, issuance and expiration dates. Attach additional sheets as necessary.**

Air Contamination Source	Plan Approval/ Operating Permit#	Location	Issuance Date	Expiration Date
see attachment #2				

2700-PM-AQ0004 Rev. 6/2006

**Compliance Background.** (Note: Copies of specific documents, if applicable, must be made available to the Department upon its request.) List all documented conduct of violations or enforcement actions identified by the Department pursuant to the APCA, regulations, terms and conditions of an operating permit or plan approval or order by applicant or any related party, using the following format grouped by source and location in reverse chronological order. Attach additional sheets as necessary. See the definition of "documented conduct" for further clarification. Unless specifically directed by the Department, deviations which have been previously reported to the Department in writing, relating to monitoring and reporting, need not be reported.

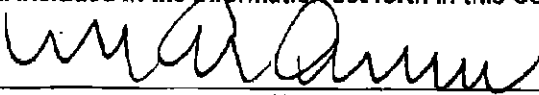
Date	Location	Plan Approval/ Operating Permit#	Nature of Documented Conduct	Type of Department Action	Status: Litigation Existing/Continuing or Corrected/Date	Dollar Amount Penalty
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

List all incidents of deviations of the APCA, regulations, terms and conditions of an operating permit or plan approval or order by applicant or any related party, using the following format grouped by source and location in reverse chronological order. This list must include items both currently known and unknown to the Department. Attach additional sheets as necessary. See the definition of "deviations" for further clarification.

Date	Location	Plan Approval/ Operating Permit#	Nature of Deviation	Incident Status: Litigation Existing/Continuing Or Corrected/Date
none				

**CONTINUING OBLIGATION.** Applicant is under a continuing obligation to update this form using the Compliance Review Supplemental Form if any additional deviations occur between the date of submission and Department action on the application.

2700-PM-AQ0004 Rev. 6/2006

VERIFICATION STATEMENT	
<p>Subject to the penalties of Title 18 Pa.C.S. Section 4904 and 35 P.S. Section 4009(b)(2), I verify under penalty of law that I am authorized to make this verification on behalf of the Applicant/Permittee. I further verify that the information contained in this Compliance Review Form is true and complete to the best of my belief formed after reasonable inquiry. I further verify that reasonable procedures are in place to ensure that "documented conduct" and "deviations" as defined in 25 Pa Code Section 121.1 are identified and included in the information set forth in this Compliance Review Form.</p>	
	2.27.19
Signature	Date
Todd Stamm	Name (Print or Type)
Vice President - Sunoco Pipeline L.P.	Title

**Attachment #2: Plan Approvals & Operating Permits**

Location	Owner/Operator	State	Permit Type	Permit No.	Effective	Expiration
Icedale	Sunoco Pipeline L.P.	PA	SOOP	15-00046	10/4/2018	10/3/2023
Montello SPL	Sunoco Pipeline L.P.	PA	Title V Permit	06-05050	1/27/2016	1/31/2021
Vanport Tank Farm	Sunoco Pipeline L.P.	PA	GPA/GP	GP2-04-00489	3/27/2014	3/27/2019
Beckerville Pump Station	Sunoco Pipeline L.P.	PA	SOOP	06-03164	12/1/2017	11/30/2022
Blainesport Pump Station	Sunoco Pipeline L.P.	PA	SOOP	36-03197	12/1/2017	11/30/2022
Blairsville Pump Station	Sunoco Pipeline L.P.	PA	SOOP	32-00433	5/14/2015	5/14/2020
Boot Pump Station	Sunoco Pipeline L.P.	PA	SOOP	15-00153	3/3/2017	3/2/2022
Cornwall pump Station	Sunoco Pipeline L.P.	PA	SOOP	38-03062	11/15/2017	9/30/2022
Cramer Pump Station	Sunoco Pipeline L.P.	PA	SOOP	32-00434	4/27/2015	4/27/2020
Doylesburg Pump Station	Sunoco Pipeline L.P.	PA	SOOP	50-03006	12/1/2017	11/30/2022
Eagle Pump Station	Sunoco Pipeline L.P.	PA	SOOP	15-00152	3/3/2017	3/3/2022
Ebensburg Pump Station	Sunoco Pipeline L.P.	PA	SOOP	11-00531	6/10/2015	6/10/2020
Holidaysburg Pump Station	Sunoco Pipeline L.P.	PA	SOOP	07-03062	3/1/2015	2/29/2020
Marklesburg Pump Station	Sunoco Pipeline L.P.	PA	SOOP	31-03035	3/1/2015	2/29/2020
Middletown Pump Station	Sunoco Pipeline L.P.	PA	SOOP	22-03094	12/1/2017	11/30/2022
Mt. Union Pump Station	Sunoco Pipeline L.P.	PA	SOOP	31-03036	12/1/2017	11/30/2022
Plainfield Pump Station	Sunoco Pipeline L.P.	PA	SOOP	21-03108	3/1/2015	2/29/2020
Houston Tank Farm	Sunoco Pipeline L.P.	PA	SOOP	63-01007	application submitted 11/21/2016	
Houston Injection Site	Sunoco Pipeline L.P.	PA	SOOP	63-01008	application submitted 11/28/2016	

**Attachment 3**  
**APCA Compliance Review Form**  
**Subsidiaries with Operations in Pennsylvania of**  
**Ultimate Parent Energy Transfer Partners, L.P. of Applicant Sunoco Pipeline L.P.**  
**February 19, 2019**

Entity Name	Entity Main Address	Domestic Jurisdiction	Taxpayer ID	Relationship to Applicant
Sunoco Partners Marketing & Terminals L.P.	3807 West Chester Pike, Newtown Square, PA 19073	TX	23-3102655	Subsidiary of applicant's parent
Regency Marcellus Gas Gathering LLC	8111 Westchester Drive, Suite 600 Dallas, TX 75225	DE	27-2142725	Indirect subsidiary of ultimate parent
Regency NEPA GAS Gathering LLC	8111 Westchester Drive, Suite 600 Dallas, TX 75225	TX	38-3877838	Indirect subsidiary of ultimate parent
ETC Northeast Pipeline LLC	6051 Wallace Road Ext., Suite 300 Wexford, PA 15090	DE	26-2863396	Indirect subsidiary of ultimate parent
ETC Northeast Field Services LLC	6051 Wallace Road Ext., Suite 300 Wexford, PA 15090	DE	35-2497449	Indirect subsidiary of ultimate parent
ET Rover Pipeline LLC	8111 Westchester Drive, Suite 600 Dallas, TX 75225	DE	46-5655475	Indirect subsidiary of ultimate parent and Member Rover Pipeline LLC joint venture
Rover Pipeline LLC	8111 Westchester Drive, Suite 600 Dallas, TX 75225	DE	47-1958303	Joint Venture of ET Rover Pipeline LLC, and non-affiliated company, AE-MidCo Rover, LLC
PEI Power Corporation	1 P E I CTR Wilkes-Barre, PA 18711-0601	PA	23-2933578	Indirect subsidiary of ultimate parent







**Sunoco Pipeline, LP**  
**525 Fritztown Road**  
**Sinking Spring, PA 19608**

November 4, 2019

**CERTIFIED MAIL**

Mr. Eric Gustafson  
Air Quality Program Manager  
Department of Environmental Protection  
Northwest Regional Office  
Air Quality Program  
230 Chestnut Street  
Meadville, PA 16335

RE: Sunoco Pipeline, LP/Blairsville Station  
Burrell Township, Indiana County  
State Only Operating Permit 32-00433

Dear Mr. Gustafson:

In accordance with Section B, Condition #003 of the referenced permit, this application package is being submitted for the Sunoco Pipeline, LP/Blairsville Station. This includes the State Only Operating Permit Application (in duplicate), applicable fee, APCA Compliance Review Form, and copies of the required municipal notifications.

As part of this renewal SPLP requests the following changes be made to the facility State-Only Operating Permit:

Responsible Official  
Sean Marnell  
Pipeline Operations Supervisor  
412-310-6175

Permit Contact Person  
Lauren Sion  
Environmental Specialist  
412-784-3474

Should you have any questions regarding this application or require additional information, please contact me at 610-670-3297.

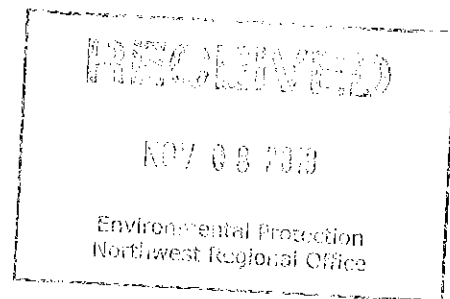
Sincerely,

Jed A. Werner  
Air Permitting Manager

Enclosure

Cc: S. Marnell

Air-2 – 11/04/2019 – Blairsville Station – State Only Operating Permit Renewal Application







STATE-ONLY  
PERMIT APPLICATION

FOR OFFICIAL USE ONLY	
State Only OP Number:	_____
Reviewed by:	_____
Date:	_____
Comments:	_____

Section 1 - General Information

1.1 Application Type

Type of permit for which application is made: (Check one)

- Initial
- Renewal      Operating Permit No. 32-00433
- Application Revision

1.2 Plant Information

<b>Federal Tax ID:</b> <u>23-3102656</u>	<b>Firm Name:</b> <u>SUNOCO PIPELINE LP/BLAIRSVILLE STATION</u>
<b>Plant Code:</b> <u>21</u>	<b>Plant Name:</b> <u>SUNOCO PIPELINE INDIANA CO</u>
<b>NAICS Code:</b> <u>486990</u>	<b>SIC Code:</b> <u>4619</u>
<b>Description of NAICS Code:</b> <u>All Other Pipeline Transportation</u>	
<b>Description of SIC Code:</b> <u>Trans. &amp; Utilities - Pipelines, Nec</u>	
<b>County:</b> <u>Indiana</u>	<b>Municipality:</b> <u>Burrell Township</u>
<b>Latitude:</b> <u>40° 26 35.0200</u>	<b>Longitude:</b> <u>-79° 15 19.0000</u>
<b>Horizontal Reference Datum:</b> <u>North American Datum of 1983</u>	
<b>Horizontal Collection Method:</b> <u>Locational data submitted by applicant or other source outside of DEP</u>	
<b>Reference Point:</b> <u>Center of Area</u>	

1.3 Contact Information

<b>Name:</b> <u>MATTHEW L GORDON</u>	<b>Title:</b> <u>PROJECT MGR</u>
<b>Address:</b> <u>525 FRITZTOWN RD</u>	
<u>SINKING SPRING, PA 19608-1509</u>	
<b>Telephone Number:</b> <u>(610) 670-3284</u>	
<b>Email Address:</b> <u>mlgordon@sunocologistics.com</u>	

1.4 Certification of Truth, Accuracy and Completeness

Note: This certification must be signed by a responsible official. Applications without a signed certification will be returned as incomplete.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

(Signed)   
 \_\_\_\_\_  
**Name (Typed):** Sean Marnell

**Date:** 11-10-2019  
 \_\_\_\_\_  
**Title:** Pipeline Operations Supervisor



**Please read instructions carefully before completing this application.**

---



Please read instructions carefully before completing this application.

## Section 2 - Site Information

### 2.1 Potential Emission Estimates for the Site

Provide the estimated potential emission for the site BEFORE and AFTER utilizing the proposed restriction(s) and/or limitation(s).

Pollutant or CAS No.	Potential Emission BEFORE taking Limitations (TPY)	Potential Emission AFTER taking Limitations (TPY)

\* Provide all supporting calculation methods as an attachment at the end of this application.

### 2.2 Facility Type

Is this facility a Synthetic Minor Facility? Yes  No

If yes, go to Section 2.3, "Synthetic Minor Facility".

If no, go to Section 3, "Site Inventory".

**IMPORTANT:** Note that all Synthetic Minor Facilities must be able to meet the proposed restriction(s) and/or limitation(s) immediately upon the submission of this application. By signing the Certification of Compliance in Section 13 of this application, the facility for which a Synthetic Minor Status is proposed will be deemed a Synthetic Minor Facility according to the restriction(s) and/or limitation(s) proposed upon receipt of the application by the Department, unless the Department determines that the facility is unable to meet the Synthetic Minor requirements at a later date.





**Please read instructions carefully before completing this application.**

**2.3 Synthetic Minor Facility Information (to be completed by all facilities seeking Synthetic Minor Status)**

Synthetic Minor Status for this facility can be taken at the: Source Level  AND/OR Site Level

**If limitation(s) and/or restriction(s) can be taken at the site level (for all sources within this facility), complete the following questions, otherwise please go on to Section 3, "Site Inventory".**

Synthetic Minor Status for the Entire Site is achievable through the following restrictions: (Please check all that apply and describe in detail what is/are proposed):

<input type="checkbox"/>	Hours of Operation	
<input type="checkbox"/>	Production/Throughput Rate	
<input type="checkbox"/>	Type of Fuel	
<input type="checkbox"/>	Fuel Usage	
<input type="checkbox"/>	Control Devices	
<input type="checkbox"/>	Emissions Limitations	
<input type="checkbox"/>	Other	

Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?

**Note: If Section 2.3 is completed and there are no additional restrictions proposed at the source level, the applicant can omit Sub Sections 5, 6, and 7 in Sections 5, 6, and 7 for all sources in this permit application.**



**Please read instructions carefully before completing this application.**

**2.4 Compliance Method for the Site (for Synthetic Minor Facilities only)**

**Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 2.3.**

- a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s) listed in Section 2.3:
  
  
  
  
  
  
  
  
  
  
- b. Describe what is to be reported in the compliance report:
  
  
  
  
  
  
  
  
  
  
- c. Reporting start date:
  
  
  
  
  
  
  
  
  
  
- d. Indicate the frequency for submitting compliance report as explained above:







Please read instructions carefully before completing this application.

### Section 4 - Source Group (Optional)

#### 4.1 Source Group Definition

This section applies to new State-Only Operating Permit applications only.

Define groups of source(s) that are subject to one or more applicable requirements that apply to all source(s) in the group.

Group No.	Source ID (for source(s) in this group)
GROUP 01	101, 103, C101

#### 4.2 Applicable Requirements for Source Groups

For renewals, only list group level requirements not included in the current State-Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State-Only Operating Permit.

Describe and cite all applicable requirements pertaining to all source groups.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

Group Number	Citation Number	Citation Limitation	Limitation Used

















Please read instructions carefully before completing this application.

**5.4 Maximum Fuel Physical Characteristics**

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML*	% Sulfur	% Ash	BTU Content (Units)

\*FML = Fuel Material Location

**5.5 Limitations on Source Operation (optional)**

Maximum amount of hours of source operation per year: \_\_\_\_\_

- Hours of Operation
- Production Throughput Rate
- Type of Fuel
- Fuel Usage
- Control Devices
- Emissions Limitations
- Other

Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?

**5.6 Compliance Method for this source (for Synthetic Minor Sources only)**

Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 5.5.

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

\_\_\_\_\_

b. Describe what is to be reported in the compliance report:

\_\_\_\_\_

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_





Please read instructions carefully before completing this application.

**5.7 Source Potential to Emit (for Synthetic Minor Sources only)**

Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or proposed in Section 5.5, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emissions/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY

**5.8 Source Applicable Requirements**

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list group level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used



Please read instructions carefully before completing this application.

### Section 6 - Incinerator Operational Inventory

(Complete this section for each incinerator at this site. Duplicate this section as needed).

For renewals, review and correct any pre-printed information and add additional sections for any new incinerator listed in Section 3 of this application.

#### 6.1 General Source Information

- a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_
- c. Plan Approval or Operating Permit Number: \_\_\_\_\_
- d. Manufacturer: \_\_\_\_\_ e. Model Number: \_\_\_\_\_
- f. Source Description: \_\_\_\_\_
- g. Rated Heat Input/Throughput: \_\_\_\_\_ h. Installation Date: \_\_\_\_\_
- i. Exhaust Temperature: \_\_\_\_\_ Units: \_\_\_\_\_ j. Exhaust % Moisture: \_\_\_\_\_ k. Exhaust Flow Volume: \_\_\_\_\_ SCFM
- l. Inc. Capacity: \_\_\_\_\_ Lbs/Hr m. Primary Burner Heat Input: \_\_\_\_\_ Units
- n. Exhaust % CO<sub>2</sub>: \_\_\_\_\_ o. Secondary Burner Heat Input: \_\_\_\_\_ Units
- p. Incinerator Class: \_\_\_\_\_
- q. Waste Type: \_\_\_\_\_ r. Waste BTU/Lb: \_\_\_\_\_

#### 6.2 Exhaust System Components

Explain how the exhaust components are configured:

From Unit	Unit Description	To Unit	Unit Description	Percent Flow

#### 6.3 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence



**Please read instructions carefully before completing this application.**

**6.4 Maximum Fuel Physical Characteristics**

If taking limitations on Fuel Physical Characteristics, see instructions.

SCC/Fuel Burned	FML*	% Sulfur	% Ash	BTU Content (Units)

\*FML = Fuel Material Location

**6.5 Limitations on Source Operation (optional) (for Synthetic Minor Sources only)**

Maximum amount of hours of source operation per year: \_\_\_\_\_

<input type="checkbox"/>	Hours of Operation	
<input type="checkbox"/>	Production Throughput Rate	
<input type="checkbox"/>	Type of Fuel	
<input type="checkbox"/>	Fuel Usage	
<input type="checkbox"/>	Control Devices	
<input type="checkbox"/>	Emissions Limitations	
<input type="checkbox"/>	Other	

Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?



Please read instructions carefully before completing this application.

**6.6 Compliance Method for this source (for Synthetic Minor Sources only)**

Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 6.5.

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

---



---

b. Describe what is to be reported in the compliance report:

---



---

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_

**6.7 Source Potential to Emit (for Synthetic Minor Sources only)**

Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or limitation(s) proposed in Section 6.6, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emission/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY





Please read instructions carefully before completing this application.

**6.8 Source Applicable Requirements**

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list source level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used



Please read instructions carefully before completing this application.

**Section 7 – Process Operational Inventory**

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, review and correct any pre-printed information and add additional sections for any new incinerator listed in Section 3 of this application.

**7.1 General Source Information**

a. Unit ID: 101                                      b. Company Designation: PUMP STATION SEAL LEAKS

---

c. Plan Approval or Operating Permit Number: \_\_\_\_\_

d. Manufacturer: \_\_\_\_\_ e. Model Number: \_\_\_\_\_

f. Source Description: Process \_\_\_\_\_

g. Rated Heat Input/Throughput: \_\_\_\_\_ h. Installation Date: \_\_\_\_\_

i. Exhaust Temperature: \_\_\_\_\_ Units: \_\_\_\_\_ j. Exhaust % Moisture: \_\_\_\_\_ k. Exhaust Flow Volume: \_\_\_\_\_ SCFM

**7.2 Exhaust System Components**

Explain how the exhaust components are configured:

From Unit	Unit Description	To Unit	Unit Description	Percent Flow
101	Process	C101	Control Device	100
101	Process	Z101	Point of Air Emission	0
C101	Control Device	S101	Point of Air Emission	100

**7.3 Source Classification code (SCC) Listing for Standard Operation**

Fuel/Material	Associated SCC	Max. Throughput Rate	Firing Sequence



Please read instructions carefully before completing this application.

<b>7.4 Maximum Fuel Physical Characteristics</b>				
If taking limitations on Fuel Physical Characteristics, see instructions.				
<b>SCC/Fuel Burned</b>	<b>FML*</b>	<b>% Sulfur</b>	<b>% Ash</b>	<b>BTU Content (Units)</b>

\*FML = Fuel Material Location

<b>7.5 Limitations on Source Operation (optional) (for Synthetic Minor Sources only)</b>	
Maximum amount of hours of source operation per year: _____	
<input type="checkbox"/>	Hours of Operation
<input type="checkbox"/>	Production Throughput Rate
<input type="checkbox"/>	Type of Fuel
<input type="checkbox"/>	Fuel Usage
<input type="checkbox"/>	Control Devices
<input type="checkbox"/>	Emissions Limitations
<input type="checkbox"/>	Other
Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?	



Please read instructions carefully before completing this application.

**7.6 Compliance Method for this source (for Synthetic Minor Sources only)**

Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 7.6.

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

b. Describe what is to be reported in the compliance report:

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_

**7.7 Source Potential to Emit (for Synthetic Minor Sources only)**

Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or limitation(s) proposed in Section 7.5, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emissions/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY

**7.8 Source Applicable Requirements**

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list group level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used





Please read instructions carefully before completing this application.

**Section 7 – Process Operational Inventory**

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, review and correct any pre-printed information and add additional sections for any new incinerator listed in Section 3 of this application.

**7.1 General Source Information**

a. Unit ID: 103                                  b. Company Designation: MAINTENANCE (PIGGING) OPERATION

c. Plan Approval or Operating Permit Number: \_\_\_\_\_

d. Manufacturer: \_\_\_\_\_                                  e. Model Number: \_\_\_\_\_

f. Source Description: Process

g. Rated Heat Input/Throughput: \_\_\_\_\_                                  h. Installation Date: \_\_\_\_\_

i. Exhaust Temperature: \_\_\_\_\_ Units: \_\_\_\_\_                                  j. Exhaust % Moisture: \_\_\_\_\_                                  k. Exhaust Flow Volume: \_\_\_\_\_ SCFM

**7.2 Exhaust System Components**

Explain how the exhaust components are configured:

From Unit	Unit Description	To Unit	Unit Description	Percent Flow
103	Process	C101	Control Device	100
C101	Control Device	S101	Point of Air Emission	100

**7.3 Source Classification code (SCC) Listing for Standard Operation**

Fuel/Material	Associated SCC	Max. Throughput Rate	Firing Sequence



Please read instructions carefully before completing this application.

7.4 Maximum Fuel Physical Characteristics				
If taking limitations on Fuel Physical Characteristics, see instructions.				
SCC/Fuel Burned	FML*	% Sulfur	% Ash	BTU Content (Units)

\*FML = Fuel Material Location

7.5 Limitations on Source Operation (optional) (for Synthetic Minor Sources only)	
Maximum amount of hours of source operation per year: _____	
<input type="checkbox"/>	Hours of Operation
<input type="checkbox"/>	Production Throughput Rate
<input type="checkbox"/>	Type of Fuel
<input type="checkbox"/>	Fuel Usage
<input type="checkbox"/>	Control Devices
<input type="checkbox"/>	Emissions Limitations
<input type="checkbox"/>	Other
Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?	



Please read instructions carefully before completing this application.

**7.6 Compliance Method for this source (for Synthetic Minor Sources only)**

Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 7.6.

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

---

b. Describe what is to be reported in the compliance report:

---

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_

**7.7 Source Potential to Emit (for Synthetic Minor Sources only)**

Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or limitation(s) proposed in Section 7.5, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emissions/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY

**7.8 Source Applicable Requirements**

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list group level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used



Please read instructions carefully before completing this application.

**Section 7 – Process Operational Inventory**

(Complete this section for each process at this site. Duplicate this section as needed).  
 For renewals, review and correct any pre-printed information and add additional sections for any new incinerator listed in Section 3 of this application.

**7.1 General Source Information**

a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Plan Approval or Operating Permit Number: \_\_\_\_\_

d. Manufacturer: \_\_\_\_\_ e. Model Number: \_\_\_\_\_

f. Source Description: \_\_\_\_\_

g. Rated Heat Input/Throughput: \_\_\_\_\_ h. Installation Date: \_\_\_\_\_

i. Exhaust Temperature: \_\_\_\_\_ Units: \_\_\_\_\_ j. Exhaust % Moisture: \_\_\_\_\_ k. Exhaust Flow Volume: \_\_\_\_\_ SCFM

**7.2 Exhaust System Components**

Explain how the exhaust components are configured:

From Unit	Unit Description	To Unit	Unit Description	Percent Flow

**7.3 Source Classification code (SCC) Listing for Standard Operation**

Fuel/Material	Associated SCC	Max. Throughput Rate	Firing Sequence









Please read instructions carefully before completing this application.

**7.6 Compliance Method for this source (for Synthetic Minor Sources only)**

Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 7.6.

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

b. Describe what is to be reported in the compliance report:

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_

**7.7 Source Potential to Emit (for Synthetic Minor Sources only)**

Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or limitation(s) proposed in Section 7.5, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emissions/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY

**7.8 Source Applicable Requirements**

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list group level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used













Please read instructions carefully before completing this application.

### Section 9 – Stack/Flue Information (duplicate this section as needed)

For renewals, review and correct any pre-printed information and add additional sections for any new stack/flue listed in Section 3 of this application.

#### 9.1 General Stack/Vent Information

a. Unit ID: S101                      b. Company Designation: ENCLOSED FLARE STACK

c. Discharge Type: VERTICAL: UNOBSTRUCTED OPENING

d. Diameter (ft): 4                      Height (ft): 30                      Base Elevation (ft): 4

e. Exhaust Temperature: 1660 deg F                      Exhaust % Moisture: 6                      Exhaust Velocity: 8.34

f. Exhaust Volume: 20,630                      ACFM                      Exhaust Volume: 4,848                      SCFM

g. Distance to Nearest Property Line (ft): \_\_\_\_\_

h. Weather Cap?:     Yes     No

i. Used by Sources: C101

j. Latitude: 40° 26 35.02                      Longitude: -79° 15 19

k. Horizontal Reference Datum: \_\_\_\_\_

l. Horizontal Collection Method: \_\_\_\_\_

m. Reference Point: \_\_\_\_\_

a. Unit ID: Z101                      b. Company Designation: FUGITIVE EMISSIONS

c. Discharge Type: \_\_\_\_\_

d. Diameter (ft): \_\_\_\_\_                      Height (ft): \_\_\_\_\_                      Base Elevation (ft): \_\_\_\_\_

e. Exhaust Temperature: 68 deg F                      Exhaust % Moisture: 1                      Exhaust Velocity: \_\_\_\_\_

f. Exhaust Volume: 1                      ACFM                      Exhaust Volume: 1                      SCFM

g. Distance to Nearest Property Line (ft): \_\_\_\_\_

h. Weather Cap?:     Yes     No

i. Used by Sources: 101

j. Latitude: 40° 26 35.02                      Longitude: -79° 15 19

k. Horizontal Reference Datum: \_\_\_\_\_

l. Horizontal Collection Method: \_\_\_\_\_

m. Reference Point: \_\_\_\_\_



Please read instructions carefully before completing this application.

**Section 9 – Stack/Flue Information (duplicate this section as needed)**

For renewals, review and correct any pre-printed information and add additional sections for any new stack/flue listed in Section 3 of this application.

**9.1 General Stack/Vent Information**

a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Discharge Type: \_\_\_\_\_

d. Diameter (ft): \_\_\_\_\_ Height (ft): \_\_\_\_\_ Base Elevation (ft): \_\_\_\_\_

e. Exhaust Temperature: \_\_\_\_\_ Exhaust % Moisture: \_\_\_\_\_ Exhaust Velocity: \_\_\_\_\_

f. Exhaust Volume: \_\_\_\_\_ ACFM Exhaust Volume: \_\_\_\_\_ SCFM

g. Distance to Nearest Property Line (ft): \_\_\_\_\_

h. Weather Cap?:  Yes  No

i. Used by Sources: \_\_\_\_\_

j. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

k. Horizontal Reference Datum: \_\_\_\_\_

l. Horizontal Collection Method: \_\_\_\_\_

m. Reference Point: \_\_\_\_\_

a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Discharge Type: \_\_\_\_\_

d. Diameter (ft): \_\_\_\_\_ Height (ft): \_\_\_\_\_ Base Elevation (ft): \_\_\_\_\_

e. Exhaust Temperature: \_\_\_\_\_ Exhaust % Moisture: \_\_\_\_\_ Exhaust Velocity: \_\_\_\_\_

f. Exhaust Volume: \_\_\_\_\_ ACFM Exhaust Volume: \_\_\_\_\_ SCFM

g. Distance to Nearest Property Line (ft): \_\_\_\_\_

h. Weather Cap?:  Yes  No

i. Used by Sources: \_\_\_\_\_

j. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

k. Horizontal Reference Datum: \_\_\_\_\_

l. Horizontal Collection Method: \_\_\_\_\_

m. Reference Point: \_\_\_\_\_



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**Please read instructions carefully before completing this application.**



Please read instructions carefully before completing this application.

**Section 10 – Fuel Material Location (FML) Information (Optional)**

For renewals, review and correct any pre-printed information and add additional sections for any new FML listed in Section 3 of this application.

**10.1 Fuel Material Location Information**

a. FML ID Number: \_\_\_\_\_ b. Name: \_\_\_\_\_

c. Capacity: \_\_\_\_\_ Units: \_\_\_\_\_ d. Fuel: \_\_\_\_\_

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content?  
% Ash: \_\_\_\_\_ % Sulfur: \_\_\_\_\_ BTU Content: \_\_\_\_\_ Units: \_\_\_\_\_

f. Used by Source: \_\_\_\_\_

a. FML ID Number: \_\_\_\_\_ b. Name: \_\_\_\_\_

c. Capacity: \_\_\_\_\_ Units: \_\_\_\_\_ d. Fuel: \_\_\_\_\_

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content?  
% Ash: \_\_\_\_\_ % Sulfur: \_\_\_\_\_ BTU Content: \_\_\_\_\_ Units: \_\_\_\_\_

f. Used by Source: \_\_\_\_\_

a. FML ID Number: \_\_\_\_\_ b. Name: \_\_\_\_\_

c. Capacity: \_\_\_\_\_ Units: \_\_\_\_\_ d. Fuel: \_\_\_\_\_

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content?  
% Ash: \_\_\_\_\_ % Sulfur: \_\_\_\_\_ BTU Content: \_\_\_\_\_ Units: \_\_\_\_\_

f. Used by Source: \_\_\_\_\_





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**Please read instructions carefully before completing this application.**

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Please read instructions carefully before completing this application.

**Section 11 – Alternative Operating Scenario (optional)**

**(Duplicate this section for each source participated in this alternative scenarios)**

**11.1 General Information**

- a. Alternative Operating Scenario Name or ID No.: \_\_\_\_\_
- b. Source ID No.: \_\_\_\_\_ c. Source Name: \_\_\_\_\_
- d. Source Type (check one):     Combustion         Incinerator         Process
- e. Give a brief description of this alternative scenario stating how it is different from the standard operation:

**11.2 Operational Flexibility Request**

Check all that apply.

- Alternative exhaust system component configuration.  
If this box is checked, complete Sections, 11.3 and 11.7
- Alternative type of fuel replacing or in addition to an existing fuel in standard operation.  
If this box is checked, complete Sections 11.4 and/or 11.5 and 11.7
- Alternative process method replacing or in addition to a process SCC existing in standard operation.  
If this box is checked, complete Section 11.6 and 11.7
- Alternative lower limitations.

**11.3 Exhaust System Components**

Specify the complete exhaust system component configuration for this alternative operating scenario.

From Component Type	From Component Number	To Component Type	To Component Number	Percent Flow	Begin Date	End Date



Please read instructions carefully before completing this application.

**11.4 Source Classification Code (SCC) Listing for Alternative Operation**

Give a complete listing of all fuels burned, products produced by a process or waste incinerated for this alternative operating scenario.

Fuel	Associated SCC	Max. Throughput Rate	Firing Sequence

**11.5 Alternative Fuel Physical Characteristics**

Give a complete listing of all fuels physical characteristics for this alternative operating scenario.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

**11.6 Alternative Process/Product Description**

a. Briefly describe the change(s) in raw materials and/or process methods used in this operating scenario, if applicable:

b. Provide and briefly describe the process SCC associated with this alternative operating scenario:

Process SCC:		SCC Description:	
c. Alternative Product(s):			









Please read instructions carefully before completing this application.

**Section 12 – Compliance Plan for the Facility**

- |      |  |                                     |                          |
|------|--|-------------------------------------|--------------------------|
|      |  | Yes                                 | No                       |
| 12.1 | Will your facility be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements during the permit duration? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12.2 | Will your facility be in compliance with all applicable requirements presently scheduled to take effect during the term of the permit?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12.3 | Will these requirements be met by the regulatory required dates?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you checked "NO" in part 12.1, 12.2 or 12.3, answer the following questions:

12.4 Identify applicable requirement(s) for which compliance is not or will not be achieved:

Source ID Number	Citation Number

12.4.2 Briefly describe how compliance with this/these applicable requirement(s) will be achieved:



**Please read instructions carefully before completing this application.**

12.4.3. Provide a detailed schedule of compliance for the non-complying sources or activities identified in this section of the application. Include an enforceable sequence of corrective actions with milestone and projected compliance dates.

Date	Action/Milestone

12.4.4. Indicate the submittal frequency for the progress report(s): \_\_\_\_\_

12.4.5. Starting date for the submittal of the progress report(s):



Please read instructions carefully before completing this application.

**Section 13 – Certification of Compliance for Synthetic Minor Source**

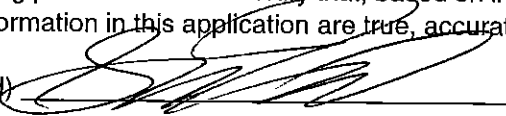
In order for this Synthetic Minor facility to avoid the State Only Operating Permit requirements, the applicant must agree to be bound by the emissions limitation(s) and/or restriction(s) contained in this application. In addition, the applicant must agree that these emission limitation(s) are enforceable by the Department, the Environmental Protection Agency and the citizens.

**13.1 Schedule for Compliance Certification Submission**

- a. Frequency of submittal: \_\_\_\_\_
- b. Beginning Date: \_\_\_\_\_

**13.2 Certification of Compliance (for Synthetic Minor Facility only)**

I certify under the penalty of 18 Pa. CS 4904 (b) (2) that the sources covered by this application will comply with the emission limitations and other requirements contained in this application and all previously issued plan approvals and operating permits. I further certify that, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete.

(Signed)  \_\_\_\_\_

Date 11-6-2019

Name (Typed) Sean Marnell

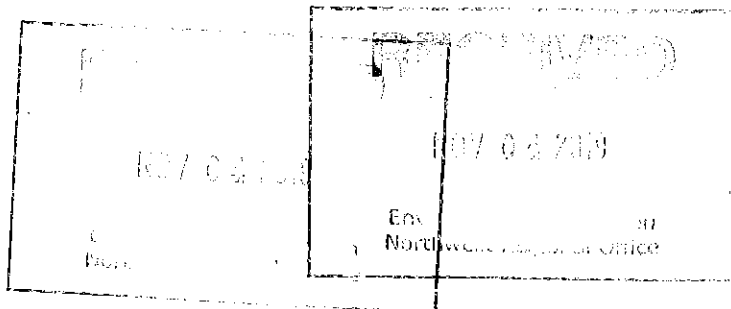
Title: Pipeline Operations Supervisor



**Matthew M. Williams** | Environmental Group Manager  
Department of Environmental Protection | Air Quality Program  
Northwest Regional Office  
230 Chestnut Street | Meadville, PA 16335  
Phone: 814.332.6131 | Fax: 814.332.6117  
[www.dep.pa.gov](http://www.dep.pa.gov)

*Transferred to NW Air Office for  
processing combined with renewal Auth*

*(MW)*







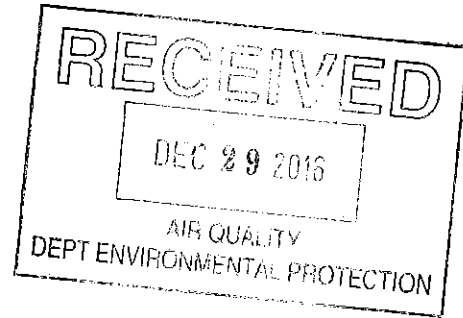


**TETRA TECH**

OP-33-00433

December 27, 2016

**FedEx: 7780 4903 9063**



Mr. Thomas J. Joseph, P.E.  
Engineering Manager  
Pennsylvania Department of Environmental Protection  
Air Quality Program  
Southwest District Office  
400 Waterfront Drive  
Pittsburgh, Pennsylvania 15222

**Subject:** Proof of Notifications to Indiana County and Burrell Township

**RE:** Sunoco Pipeline L.P. (SPLP) Blairsville Station  
December 23, 2016 State Only Operating Permit (SOOP) Modification  
SOOP #OP-32-00433  
Tetra Tech, Inc. Project No. 112IC05958

Dear Mr. Joseph:

As stated in the December 23, 2016 Blairsville Station State-Only Operating Permit (SOOP) modification submittal, upon receipt of the verification for the Indiana County and Burrell Township notifications, copies of the SPLP signed letters and their respective delivery receipts are being provided as an attachment to this letter.

Please contact Mr. Jed A. Werner ([JAWERNER@sunocologistics.com](mailto:JAWERNER@sunocologistics.com)) at (610.670.3297) regarding the Subject SOOP Modification Application. Additionally, I am available to facilitate any questions regarding the subject SOOP Application Modification at (412) 829-3610 or via email at ([valerie.plachy@tetrattech.com](mailto:valerie.plachy@tetrattech.com)).

Thank you for your assistance in processing the Blairsville Station SOOP modification application.

Sincerely,

Valerie J. Plachy, P.E.  
Senior Environmental/Project Engineer

**cc:** Project file 112IC05958 (electronic)  
Jed Werner, SPLP (email)  
Christopher Embry, SPLP (email)  
Megan Allison, Tetra Tech (email)

VJP:vjp

**Attachment:** Proof of Notifications to Indiana County and Burrell Township for SPLP Blairsville Station SOOP Modification

Tetra Tech, Inc.  
400 Penn Center Boulevard, Suite 200, Pittsburgh, PA 15235  
Tel 412.829.3600 Fax 412.829.3620 [www.tetrattech.com](http://www.tetrattech.com)



**OBradovich, Anne**

**From:** TrackingUpdates@fedex.com  
**Sent:** Tuesday, December 27, 2016 10:36 AM  
**To:** OBradovich, Anne  
**Subject:** FedEx Shipment 778038039180 Delivered

**Your package has been delivered**

Tracking # 778038039180

Ship date:  
Fri, 12/23/2016  
Anne OBradovich  
Tetra Tech, Inc.  
PITTSBURGH, PA 15235  
US

Delivery date:  
Tue, 12/27/2016 10:33  
am



Delivered

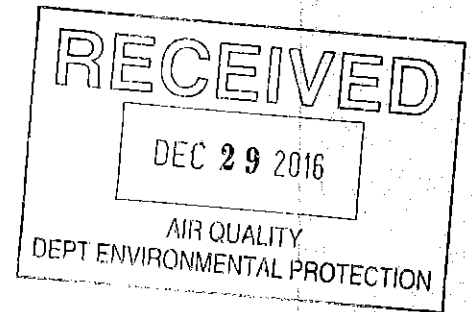
Indiana County  
Commissioners  
825 Philadelphia Street  
INDIANA, PA 15701  
US




**Shipment Facts**

Our records indicate that the following package has been delivered.

**Tracking number:** 778038039180  
**Status:** Delivered: 12/27/2016 10:33 AM  
Signed for By: J.BERNARD  
**Reference:** 112IC05958, Task 20  
**Signed for by:** J.BERNARD  
**Delivery location:** INDIANA, PA  
**Delivered to:** Receptionist/Front Desk  
**Service type:** FedEx Priority Overnight  
**Packaging type:** FedEx Envelope  
**Number of pieces:** 1  
**Weight:** 0.50 lb.  
**Special handling/Services:** Adult Signature Required  
Deliver Weekday  
**Standard transit:** 12/27/2016 by 12:00 pm



 Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:35 AM CST on 12/27/2016.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above.

Standard transit is the date and time the package is scheduled to be delivered by, based on the selected service, destination and ship date. Limitations and exceptions may apply. Please see the FedEx Service Guide for terms and conditions of service, including the FedEx Money-Back Guarantee, or contact your FedEx Customer Support representative.

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Thank you for your business.



**Sunoco Logistics**

FedEx # 7780 3803 9180

December 20, 2016

Indiana County Commissioners  
825 Philadelphia Street  
Indiana, PA 15701

Re: County Notification  
State Only Operating Permit Minor Modification Application  
Sunoco Pipeline L.P. Blairsville Station  
Burrell Township, Indiana County

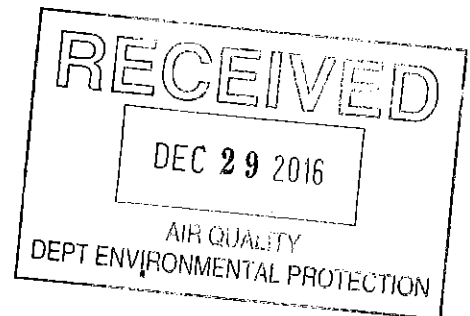
To Whom It May Concern:

Pursuant to 25 Pa Code (for operating permit) (127.413), Sunoco Pipeline L.P. is hereby providing notice that we have submitted an application to the Pennsylvania Department of Environmental Protection (PADEP) for a State Only Operating Permit (#32-00433) Minor Modification for a natural gas liquid pumping station known as Blairsville Station located in Burrell Township, Indiana County.

A 30-day comment period begins with the receipt of this letter. If you have any questions concerning this notice or the application you can contact me at 610-670-3284 or you can contact the PADEP, Southwest Regional Office, Bureau of Air Quality Control at 400 Waterfront Drive, Pittsburgh, PA 15222 (412-442-4000).

Sincerely,

Matthew L. Gordon  
Sunoco Pipeline L.P.





**OBradovich, Anne**

**From:** TrackingUpdates@fedex.com  
**Sent:** Tuesday, December 27, 2016 2:51 PM  
**To:** OBradovich, Anne  
**Subject:** FedEx Shipment 778038061642 Delivered

## Your package has been delivered

Tracking # 778038061642

Ship date:  
Fri, 12/23/2016  
Anne OBradovich  
Tetra Tech, Inc.  
PITTSBURGH, PA 15235  
US



Delivered

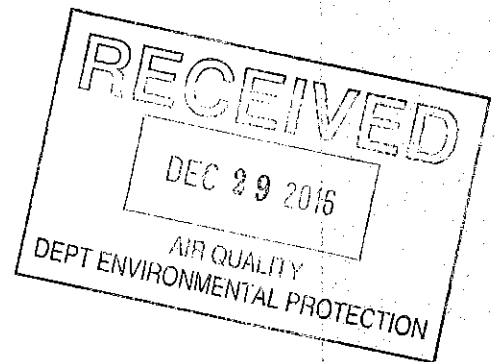
Delivery date:  
Tue, 12/27/2016 2:46  
pm  
Burrell Township Supervisors  
321 Park Drive  
Black Lick, PA 15716  
US



### Shipment Facts

Our records indicate that the following package has been delivered.

**Tracking number:** 778038061642  
**Status:** Delivered: 12/27/2016 2:46 PM Signed for By: H.HILL  
**Reference:** 112IC05958, Task 20  
**Signed for by:** H.HILL  
**Delivery location:** Black Lick, PA  
**Delivered to:** Receptionist/Front Desk  
**Service type:** FedEx Priority Overnight  
**Packaging type:** FedEx Envelope  
**Number of pieces:** 1  
**Weight:** 0.50 lb.  
**Special handling/Services:** Adult Signature Required  
Deliver Weekday  
**Standard transit:** 12/27/2016 by 4:30 pm



Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 1:50 PM CST on 12/27/2016.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above.

Standard transit is the date and time the package is scheduled to be delivered by, based on the selected service, destination and ship date. Limitations and exceptions may apply. Please see the FedEx Service Guide for terms and conditions of service, including the FedEx Money-Back Guarantee, or contact your FedEx Customer Support representative.

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Thank you for your business.





**Sunoco Logistics**

FedEx # 7780 3806 1642

December 20, 2016

**Burrell Township Supervisors  
321 Park Drive  
Black Lick, PA 15716**

**Re: Municipal Notification  
State Only Operating Permit Minor Modification Application  
Sunoco Pipeline L.P. Blairsville Station  
Burrell Township, Indiana County**

**To Whom It May Concern:**

Pursuant to 25 Pa Code (for operating permit) (127.413), Sunoco Pipeline L.P. is hereby providing notice that we have submitted an application to the Pennsylvania Department of Environmental Protection (PADEP) for a State Only Operating Permit (#32-00433) Minor Modification for a natural gas liquid pumping station known as Blairsville Station located in Burrell Township, Indiana County.

A 30-day comment period begins with the receipt of this letter. If you have any questions concerning this notice or the application you can contact me at 610-670-3284 or you can contact the PADEP, Southwest Regional Office, Bureau of Air Quality Control at 400 Waterfront Drive, Pittsburgh, PA 15222 (412-442-4000).

Sincerely,

**Matthew L. Gordon  
Sunoco Pipeline L.P.**





930940	32-00433 SUNOCO PIPELINE LP/BLAIRSVILLE	01/09/2017
290687	SUNOCO PIPELINE LP	OWNOP
781093	SUNOCO PIPELINE LP/BLAIRSVILLE STATION	OWNOP

1165291	32-00433	NOCNG
---------	----------	-------

General

MSO: Minor Source Operating Permit    MOD: Modification

No: 1026683    776786

12/29/2016    01/09/2017

PEND: Pending    12/29/2016    375.00

DRUTIS-DONNA L

JOSEPH THOMAS J



Record Fee Payments - Role : FC

### Fee Payment Screen

Payment Information									
Payment Type	Amount Paid	Reference Number	Date Paid	Date on Check	Deposit Method	Paid By Client	Payer	Address List	
CHECK	\$375.00	410005599	12/29/2016	12/01/2016	SAP	Y	290687	SUNOCO	

Retrieval Criteria									
Account Id	Invoice Id	Client Id	Client AKA	Client Name	Program	Auth Id	Entity Type	Entity Id	
776786									

Transaction Payments											
Account Id	Feetrans Id	Auth Id	Entity Type	Entity Id	Trans Reason	Billing Year	Date Due	Balance	Amount Applied	Rev Code	Trans Details
776786	2675676	116529			PRM		01/09/2017	\$0.00	\$375.00	1384	


Total Applied: \$375.00      Total Amount of Payments: \$375.00

OP-32-00433

M00

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.



SUNOCO PIPELINE LP  
3807 WEST CHESTER PIKE  
NEWTOWN SQUARE PA 19073

56-382/412

Date : 12/01/2016  
Check# : 410005599

**Pay Exactly \*\* THREE HUNDRED SEVENTY-FIVE USD \*\***

TO THE ORDER OF

COMMONWEALTH OF PENNSYLVANIA  
CLEAN AIR FUND  
400 WATERFRONT DR  
PITTSBURGH PA 15222-4745

WELLS FARGO BANK N.A.

Amount

**\$\*\*\*\*\*375.00**

VOID AFTER 90 DAYS

*Peter J. Dziadosha*

Authorized Signer

Memo:

⑈ 410005599 ⑈ ⑆ 041203824 ⑆ 9647481515 ⑈

THE ORIGINAL DOCUMENT HAS HEAT SENSITIVE INK AND HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.





SUNOCO PIPELINE LP  
3807 WEST CHESTER PIKE  
NEWTOWN SQUARE PA 19073

Date : 12/01/2016  
Check # : 410005599  
Payment Amount : 375.00  
Vendor # : 1000001489

COMMONWEALTH OF PENNSYLVANIA  
CLEAN AIR FUND  
400 WATERFRONT DR  
PITTSBURGH PA 15222-4745

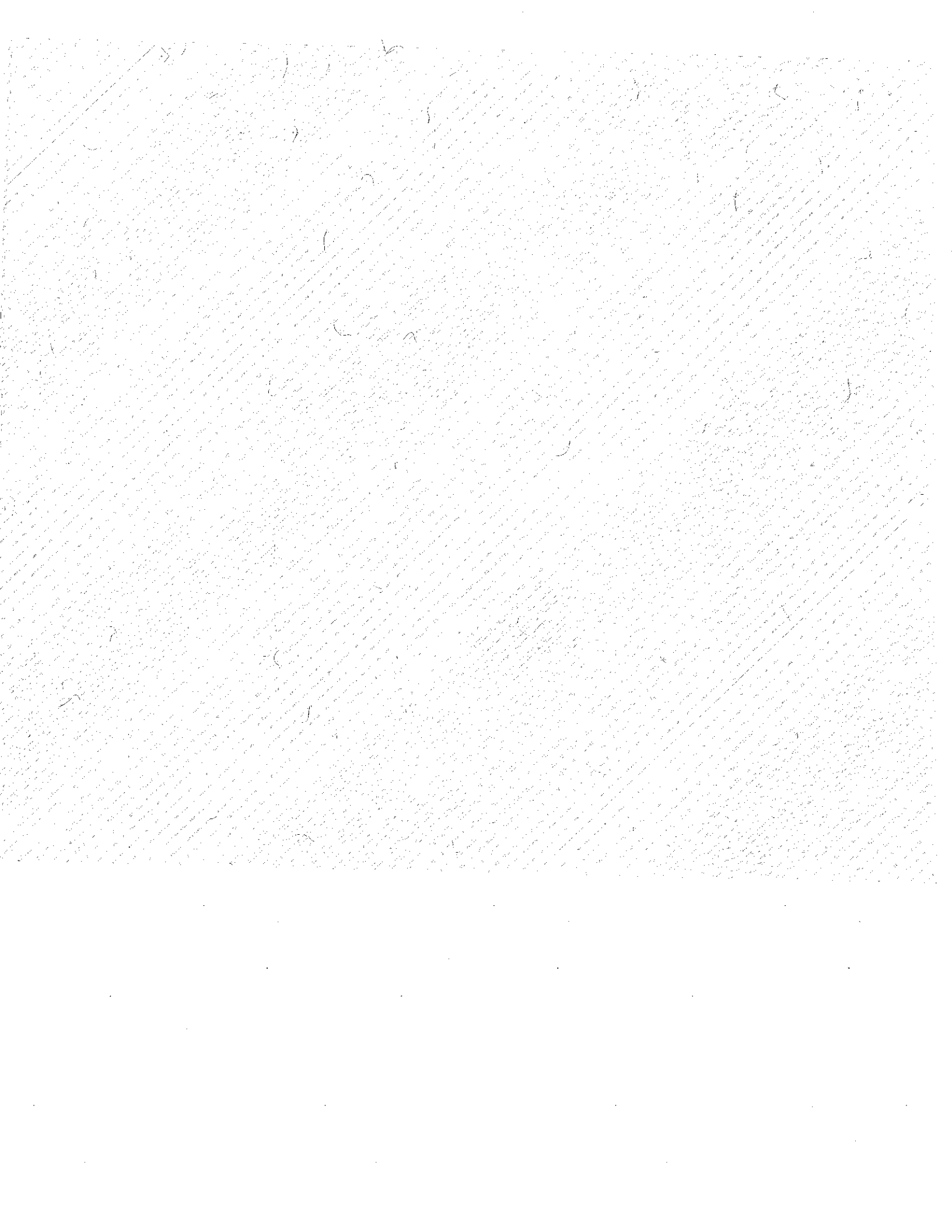
**Remittance Advice**

Invoice Date	Invoice#	Document#	Invoice Gross Amt	Discount Taken	Invoice Net Amount
11/27/2016	CHKREQ112716 BLAIRSVILLE STATION SOOP	2000108254	375.00	0.00	375.00

RECEIVED  
DEC 29 2016  
AIR QUALITY  
DEPT ENVIRONMENTAL PROTECTION

OP-32-00433

PLEASE DETACH BEFORE DEPOSITING CHECK. For inquiries call 1-855-900-0069 or email [SXLAP@sunocologistics.com](mailto:SXLAP@sunocologistics.com)







**TETRA TECH**

December 23, 2016

**FedEx: 7780 3623 3461**

Mr. Thomas J. Joseph, P.E.  
Engineering Manager  
Pennsylvania Department of Environmental Protection  
Air Quality Program  
Southwest District Office  
400 Waterfront Drive  
Pittsburgh, Pennsylvania 15222

Subject: State Only Operating Permit (SOOP) Modification Application  
SOOP #OP-32-00433  
Sunoco Pipeline L.P. (SPLP) Blairsville Station  
Burrell Township, Indiana County, Pennsylvania  
Hardcopy  
Tetra Tech, Inc. Project No. 112IC05958

Dear Mr. Joseph:

As stated in the Blairsville Station Pennsylvania Department of Environmental Protection (PADEP) determination letter dated December 1, 2016 regarding the Blairsville Station Permit Condition modification:

“...to change from a continuous thermocouple reading to a continuous pilot flame monitoring methodology for the enclosed flare will require an operating permit modification.”

Per PADEP guidance, the attached presents the SPLP SOOP Modification Application for Section E. Source Group Restriction. III. Monitoring Requirements #004.

SPLP has included copies of the County and Municipal Notification letters. The verification of receipt by the County and Municipality will be provided under separate cover letter.

Please contact Mr. Jed A. Werner ([JAWERNER@sunocologistics.com](mailto:JAWERNER@sunocologistics.com)) at (610.670.3297) regarding the subject SOOP Application Modification. Additionally, I am available to facilitate any questions regarding the subject SOOP Application Revision at (412) 829-3610 or via email at ([valerie.plachy@tetrattech.com](mailto:valerie.plachy@tetrattech.com)).

December 23, 2016

Thank you for your assistance in processing this document.

Sincerely,



Valerie J. Plachy, P.E.  
Senior Environmental/Project Engineer

cc: Project file 112IC05958 (electronic)  
Jed Werner, SPLP (email)  
Christopher Embry, SPLP (email)  
Megan Allison, Tetra Tech (email)

VJP:vjp

Attachment: SOOP Modification Application for SPLP Blairsville Station  
Air Pollution Control Act Compliance Review Form  
Copy of County and Municipal Notification Cover Letters

**ATTACHMENT A:**

**STATE FORMS**

**State Only Operating Permit Application Form  
Air Pollution Control Act Compliance Review Form**

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**State Only Operating Permit Application Form**

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OP-32-00433



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

**STATE-ONLY  
PERMIT APPLICATION**

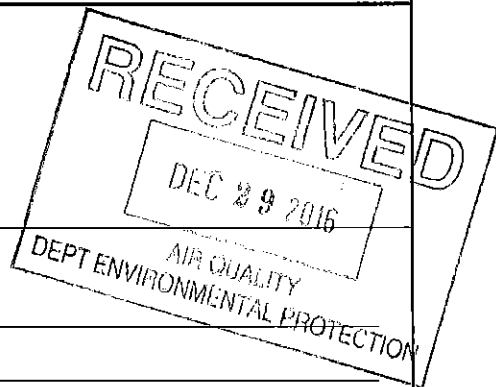
FOR OFFICIAL USE ONLY	
State-Only OP Number:	_____
Reviewed by:	_____
Date:	_____
Comments:	_____

**Section 1 - General Information**

**1.1 Application Type**

Type of permit for which application is made: (Check one)

- Initial
- Renewal      Operating Permit No. \_\_\_\_\_
- Application Revision



**1.2 Plant Information**

Federal Tax ID:	<u>Blairsville Station</u>	Firm Name:	<u>Sunoco Pipeline L.P.</u>		
Plant Code:	<u>23-3102656-21</u>	Plant Name:	<u>Blairsville Station</u>		
NAICS Code:	<u>493190</u>	SIC Code:	<u>4619</u>		
Description of NAICS Code:	<u>Other Warehousing and Storage</u>				
Description of SIC Code:	<u>Transmission &amp; Utilities - Pipelines, Nec</u>				
County:	<u>Indiana</u>	Municipality:	<u>Burrell Township</u>		
Latitude:	<u>40.443060</u>	Longitude:	<u>-79.255410</u>		
Horizontal Reference Datum:	<u>NAD 1983</u>	Horizontal Collection Method:	<u>NTDEP</u>	Reference Point:	<u>CNTAR</u>

**1.3 Contact Information**

Name:	<u>Matthew L. Gordon</u>	Title:	<u>Principal Engineer</u>
Address:	<u>525 Fritztown Road</u>		
	<u>Sinking Spring, Pennsylvania 19608</u>		
Telephone Number:	<u>610-670-3284</u>		
Email Address:	<u>mlgordon@sunocologistics.com</u>		

**1.4 Certification of Truth, Accuracy and Completeness**

Note: This certification must be signed by a responsible official. Applications without a signed certification will be returned as incomplete.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

(Signed)	<u></u>	Date:	<u>12/20/2016</u>
Name (Typed):	<u>Matthew L. Gordon</u>	Title:	<u>Principal Engineer</u>





Please read instructions carefully before completing this application.

**Section 2 - Site Information**

**2.1 Potential Emission Estimates for the Site**

Provide the estimated potential emission for the site BEFORE and AFTER utilizing the proposed restriction(s) and/or limitation(s).

Pollutant or CAS No.	Potential Emission BEFORE taking Limitations (TPY)	Potential Emission AFTER taking Limitations (TPY)

\* Provide all supporting calculation methods as an attachment at the end of this application.

**2.2 Facility Type**

Is this facility a Synthetic Minor Facility?    Yes     No

**If yes, go to Section 2.3, "Synthetic Minor Facility".**

**If no, go to Section 3, "Site Inventory".**

**IMPORTANT:** Note that all Synthetic Minor Facilities must be able to meet the proposed restriction(s) and/or limitation(s) immediately upon the submission of this application. By signing the Certification of Compliance in Section 13 of this application, the facility for which a Synthetic Minor Status is proposed will be deemed a Synthetic Minor Facility according to the restriction(s) and/or limitation(s) proposed upon receipt of the application by the Department, unless the Department determines that the facility is unable to meet the Synthetic Minor requirements at a later date.

Please read instructions carefully before completing this application.

**2.3 Synthetic Minor Facility Information (to be completed by all facilities seeking Synthetic Minor Status)**

Synthetic Minor Status for this facility can be taken at the: Source Level  AND/OR Site Level

If limitation(s) and/or restriction(s) can be taken at the site level (for all sources within this facility), complete the following questions, otherwise please go on to Section 3, "Site Inventory".

Synthetic Minor Status for the Entire Site is achievable through the following restrictions: (Please check all that apply and describe in detail what is/are proposed):

<input type="checkbox"/>	Hours of Operation	
<input type="checkbox"/>	Production/Throughput Rate	
<input type="checkbox"/>	Type of Fuel	
<input type="checkbox"/>	Fuel Usage	
<input type="checkbox"/>	Control Devices	
<input type="checkbox"/>	Emissions Limitations	
<input type="checkbox"/>	Other	

Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor

**Note: If Section 2.3 is completed and there are no additional restrictions proposed at the source level, the applicant can omit Subsections 5, 6, and 7 in Sections 5, 6, and 7 for all sources in this permit application.**

**Please read instructions carefully before completing this application.**

**2.4 Compliance Method for the Site (for Synthetic Minor Facilities only)**

**Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 2.3.**

- a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s) listed in Section 2.3:
  
  
  
  
  
  
  
- b. Describe what is to be reported in the compliance report:
  
  
  
  
  
  
  
- c. Reporting start date:
  
  
  
  
- d. Indicate the frequency for submitting compliance report as explained above:

Please read instructions carefully before completing this application.

<b>Section 3 - Site Inventory</b>		
List all air pollution sources, control equipment, emission points and fuel material locations at this site. Duplicate this page as necessary. For renewals, only list sources not included in current permit.		
<b>Unit ID No.</b>	<b>Company Designation</b>	<b>Unit Type</b>
N/A	N/A	N/A

Please read instructions carefully before completing this application.

**Section 4 - Source Group (Optional)**

**4.1 Source Group Definition**

This section applies to new State-Only Operating Permit applications only.

Define groups of source(s) that are subject to one or more applicable requirements that apply to all source(s) in the group.

Group No.	Source ID (for source(s) in this group)

**4.2 Applicable Requirements for Source Groups**

For renewals, only list group level requirements not included in the current State-Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State-Only Operating Permit.

Describe and cite all applicable requirements pertaining to all source groups.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

Group Number	Citation Number	Citation Limitation	Limitation Used

Please read instructions carefully before completing this application.

**Section 5 - Combustion Operational Inventory**

(Complete this section for each combustion source in this site. Duplicate this section as needed).

For renewals, review and correct any pre-printed information and add additional sections for any new combustion unit listed in Section 3 of this application.

**5.1 General Source Information**

a. Unit ID No.: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Plan Approval or Operating Permit Number: \_\_\_\_\_

d. Manufacturer: \_\_\_\_\_ e. Model Number: \_\_\_\_\_

f. Source Description: \_\_\_\_\_

g. Rated Heat Input/Thruput: \_\_\_\_\_ h. Installation Date: \_\_\_\_\_

i. Exhaust Temperature: \_\_\_\_\_ Units: \_\_\_\_\_ j. Exhaust % Moisture: \_\_\_\_\_ k. Exhaust Flow Volume: \_\_\_\_\_ SCFM

**5.2 Exhaust System Components**

Explain how the exhaust components are configured:

From Unit	Unit Description	To Unit	Unit Description	Percent Flow

**5.3 Source Classification Code (SCC) Listing for Standard Operation**

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence

Please read instructions carefully before completing this application.

5.4 Maximum Fuel Physical Characteristics				
If taking limitations on Fuel Physical Characteristics, see instructions.				
SCC/Fuel Burned	FML*	% Sulfur	% Ash	BTU Content (Units)

\*FML = Fuel Material Location

5.5 Limitations on Source Operation (optional)	
Maximum amount of hours of source operation per year: _____	
<input type="checkbox"/>	Hours of Operation
<input type="checkbox"/>	Production Throughput Rate
<input type="checkbox"/>	Type of Fuel
<input type="checkbox"/>	Fuel Usage
<input type="checkbox"/>	Control Devices
<input type="checkbox"/>	Emissions Limitations
<input type="checkbox"/>	Other
Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?	

Please read instructions carefully before completing this application.

**5.6 Compliance Method for this source (for Synthetic Minor Sources only)**

Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 5.5.

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

---

b. Describe what is to be reported in the compliance report:

---

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_

**5.7 Source Potential to Emit (for Synthetic Minor Sources only)**

Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or proposed in Section 5.5, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emissions/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY

**5.8 Source Applicable Requirements**

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list group level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used



Please read instructions carefully before completing this application.

**Section 6 - Incinerator Operational Inventory**

(Complete this section for each incinerator at this site. Duplicate this section as needed).  
 For renewals, review and correct any pre-printed information and add additional sections for any new incinerator listed in Section 3 of this application.

**6.1 General Source Information**

a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Plan Approval or Operating Permit Number: \_\_\_\_\_

d. Manufacturer: \_\_\_\_\_ e. Model Number: \_\_\_\_\_

f. Source Description: \_\_\_\_\_

g. Rated Heat Input/Thruput: \_\_\_\_\_ h. Installation Date: \_\_\_\_\_

i. Exhaust Temperature: \_\_\_\_\_ Units: \_\_\_\_\_ j. Exhaust % Moisture: \_\_\_\_\_ k. Exhaust Flow Volume: \_\_\_\_\_ SCFM

l. Inc. Capacity: \_\_\_\_\_ Lbs/Hr m. Primary Burner Heat Input: \_\_\_\_\_ Units: \_\_\_\_\_

n. Exhaust % CO<sub>2</sub>: \_\_\_\_\_ o. Secondary Burner Heat Input: \_\_\_\_\_ Units: \_\_\_\_\_

p. Incinerator Class: \_\_\_\_\_

q. Waste Type: \_\_\_\_\_ r. Waste BTU/lb: \_\_\_\_\_

**6.2 Exhaust System Components**

Explain how the exhaust components are configured:

From Unit	Unit Description	To Unit	Unit Description	Percent Flow

Please read instructions carefully before completing this application.

6.3 Source Classification Code (SCC) Listing for Standard Operation			
Fuel/Material	Associated SCC	Max. Throughput Rate	Firing Sequence

6.4 Maximum Fuel Physical Characteristics				
If taking limitations on Fuel Physical Characteristics, see instructions.				
SCC/Fuel Burned	FML*	% Sulfur	% Ash	BTU Content (Units)

\*FML = Fuel Material Location

6.5 Limitations on Source Operation (optional) (for Synthetic Minor Sources only)	
Maximum amount of hours of source operation per year: _____	
<input type="checkbox"/>	Hours of Operation
<input type="checkbox"/>	Production Throughput Rate
<input type="checkbox"/>	Type of Fuel
<input type="checkbox"/>	Fuel Usage
<input type="checkbox"/>	Control Devices
<input type="checkbox"/>	Emissions Limitations
<input type="checkbox"/>	Other
Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?	

Please read instructions carefully before completing this application.

**6.6 Compliance Method for this source (for Synthetic Minor Sources only)**  
**Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 6.5.**

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

---



---

b. Describe what is to be reported in the compliance report:

---



---

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_

**6.7 Source Potential to Emit (for Synthetic Minor Sources only)**  
 Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or limitation(s) proposed in Section 6.5, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emissions/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY

**6.8 Source Applicable Requirements**  
 Describe and cite all applicable requirements pertaining to this source.  
 Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.  
 For renewals, only list group level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.  No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used

Please read instructions carefully before completing this application.

**Section 7 – Process Operational Inventory**

(Complete this section for each process at this site. Duplicate this section as needed).

For renewals, review and correct any pre-printed information and add additional sections for any new incinerator listed in Section 3 of this application.

**7.1 General Source Information**

a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Plan Approval or Operating Permit Number: \_\_\_\_\_

d. Manufacturer: \_\_\_\_\_ e. Model Number: \_\_\_\_\_

f. Source Description: \_\_\_\_\_

g. Rated Heat Input/Thruput: \_\_\_\_\_ h. Installation Date: \_\_\_\_\_

i. Exhaust Temperature: \_\_\_\_\_ Units: \_\_\_\_\_ j. Exhaust % Moisture: \_\_\_\_\_ k. Exhaust Flow Volume: \_\_\_\_\_ SCFM

**7.2 Exhaust System Components**

Explain how the exhaust components are configured:

From Unit	Unit Description	To Unit	Unit Description	Percent Flow

**7.3 Source Classification Code (SCC) Listing for Standard Operation**

Fuel/Material	Associated SCC	Max. Throughput Rate	Firing Sequence

Please read instructions carefully before completing this application.

<b>7.4 Maximum Fuel Physical Characteristics</b>				
If taking limitations on Fuel Physical Characteristics, see instructions.				
SCC/Fuel Burned	FML*	% Sulfur	% Ash	BTU Content (Units)

\*FML = Fuel Material Location

<b>7.5 Limitations on Source Operation (optional) (for Synthetic Minor Sources only)</b>	
Maximum amount of hours of source operation per year: _____	
<input type="checkbox"/>	Hours of Operation
<input type="checkbox"/>	Production Throughput Rate
<input type="checkbox"/>	Type of Fuel
<input type="checkbox"/>	Fuel Usage
<input type="checkbox"/>	Control Devices
<input type="checkbox"/>	Emissions Limitations
<input type="checkbox"/>	Other
Describe how the elected restriction(s) will allow the facility to become a Synthetic Minor?	

Please read instructions carefully before completing this application.

**7.6 Compliance Method for this source (for Synthetic Minor Sources only)**  
**Complete this section only if limitation(s) and/or restriction(s) were proposed in Section 7.6.**

a. Explain how you would demonstrate compliance with the restriction(s) and/or limitation(s):

b. Describe what is to be reported in the compliance report:

c. Reporting start date: \_\_\_\_\_

d. Indicate the frequency for submitting compliance report as explained above: \_\_\_\_\_

**7.7 Source Potential to Emit (for Synthetic Minor Sources only)**

Give Potential Emission estimate for all air pollutants emitted at this source. Calculations for the Potential Emissions Estimate here should have included the restriction(s) and/or limitation(s) proposed in Section 7.5, if applicable.

Pollutant or CAS Number	Fuel/SCC	Emissions/Activity Allowable per Unit	Calc. Method	Max. Capacity	Total Hours	Emission in TPY

**7.8 Source Applicable Requirements**

Describe and cite all applicable requirements pertaining to this source.

Note: A Method of Compliance Worksheet (Addendum 1) must be completed for each requirement listed.

For renewals, only list group level requirements not included in the current State Only Operating Permit. If there are no changes, check the box to the right.

No changes from current State Only Operating Permit.

Fuel/SCC	Citation Number	Citation Limitation	Limitation Used

Please read instructions carefully before completing this application.

<b>Section 8 – Control Device Information (duplicate this section as needed)</b>	
For renewals, review and correct any pre-printed information and add additional sections for any new control device listed in Section 3 of this application.	
<b>8.1 General Control Device Information</b>	
a. Unit ID: _____	b. Company Designation: _____
c. Used by Sources: _____	
d. Type: _____	
e. Pressure Drop in H <sub>2</sub> O: _____	f. Capture Efficiency: _____
g. Scrubber Flow Rate (GPM): _____	
h. Manufacturer: _____	i. Model Number: _____
j. Installation Date: _____	

<b>8.2 Control Device Efficiencies for this Control Device:</b>			
Pollutant Name	CAS Number	Estimated Control Efficiency	Basis for Efficiency Estimate

Please read instructions carefully before completing this application.

**Section 9 – Stack/Flue Information (duplicate this section as needed)**

For renewals, review and correct any pre-printed information and add additional sections for any new stack/flue listed in Section 3 of this application.

**9.1 General Stack/Vent Information**

a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Discharge Type: \_\_\_\_\_

d. Diameter (ft): \_\_\_\_\_ Height (ft): \_\_\_\_\_ Base Elevation (ft): \_\_\_\_\_

e. Exhaust Temperature: \_\_\_\_\_ Exhaust % Moisture: \_\_\_\_\_ Exhaust Velocity: \_\_\_\_\_

f. Exhaust Volume: \_\_\_\_\_ ACFM Exhaust Volume: \_\_\_\_\_ SCFM

g. Distance to Nearest Property Line (ft): \_\_\_\_\_

h. Weather Cap?:  Yes  No

i. Used by Sources: \_\_\_\_\_

j. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Horizontal Reference Datum: \_\_\_\_\_ Horizontal Collection Method: \_\_\_\_\_ Reference Point: \_\_\_\_\_

a. Unit ID: \_\_\_\_\_ b. Company Designation: \_\_\_\_\_

c. Discharge Type: \_\_\_\_\_

d. Diameter (ft): \_\_\_\_\_ Height (ft): \_\_\_\_\_ Base Elevation (ft): \_\_\_\_\_

e. Exhaust Temperature: \_\_\_\_\_ Exhaust % Moisture: \_\_\_\_\_ Exhaust Velocity: \_\_\_\_\_

f. Exhaust Volume: \_\_\_\_\_ ACFM Exhaust Volume: \_\_\_\_\_ SCFM

g. Distance to Nearest Property Line (ft): \_\_\_\_\_

h. Weather Cap?:  Yes  No

i. Used by Sources: \_\_\_\_\_

j. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Horizontal Reference Datum: \_\_\_\_\_ Horizontal Collection Method: \_\_\_\_\_ Reference Point: \_\_\_\_\_



Please read instructions carefully before completing this application.

**Section 10 – Fuel Material Location (FML) Information (Optional)**

For renewals, review and correct any pre-printed information and add additional sections for any new FML listed in Section 3 of this application.

**10.1 Fuel Material Location Information**

a. FML ID Number: \_\_\_\_\_ b. Name: \_\_\_\_\_

c. Capacity: \_\_\_\_\_ Units: \_\_\_\_\_ d. Fuel: \_\_\_\_\_

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? \_\_\_\_\_

% Ash: \_\_\_\_\_ % Sulfur: \_\_\_\_\_ BTU Content: \_\_\_\_\_ Units: \_\_\_\_\_

f. Used by Source: \_\_\_\_\_

a. FML ID Number: \_\_\_\_\_ b. Name: \_\_\_\_\_

c. Capacity: \_\_\_\_\_ Units: \_\_\_\_\_ d. Fuel: \_\_\_\_\_

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? \_\_\_\_\_

% Ash: \_\_\_\_\_ % Sulfur: \_\_\_\_\_ BTU Content: \_\_\_\_\_ Units: \_\_\_\_\_

f. Used by Source: \_\_\_\_\_

a. FML ID Number: \_\_\_\_\_ b. Name: \_\_\_\_\_

c. Capacity: \_\_\_\_\_ Units: \_\_\_\_\_ d. Fuel: \_\_\_\_\_

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? \_\_\_\_\_

% Ash: \_\_\_\_\_ % Sulfur: \_\_\_\_\_ BTU Content: \_\_\_\_\_ Units: \_\_\_\_\_

f. Used by Source: \_\_\_\_\_

Please read instructions carefully before completing this application.

**Section 11 – Alternative Operating Scenario (optional)**

(Duplicate this section for each source participated in this alternative scenarios)

**11.1 General Information**

- a. Alternative Operating Scenario Name or ID No.:   N/A
- b. Source ID No.:   C101                        c. Source Name:   ENCLOSED FLARE
- d. Source Type (check one):     Combustion             Incinerator             Process
- e. Give a brief description of this alternative scenario stating how it is different from the standard operation:

**11.2 Operational Flexibility Request**

Check all that apply.

- Alternative exhaust system component configuration.  
If this box is checked, complete Sections 11.3 and 11.7
- Alternative type of fuel replacing or in addition to an existing fuel in standard operation.  
If this box is checked, complete Sections 11.4 and/or 11.5 and 11.7
- Alternative process method replacing or in addition to a process SCC existing in standard operation.  
If this box is checked, complete Sections 11.6 and 11.7
- Alternative lower limitations.

**11.3 Exhaust System Components**

Specify the complete exhaust system component configuration for this alternative operating scenario.

From Component Type	From Component Number	To Component Type	To Component Number	Percent Flow	Begin Date	End Date

Please read instructions carefully before completing this application.

<b>11.4 Source Classification Code (SCC) Listing for Alternative Operation</b>			
Give a complete listing of all fuels burned, products produced by a process or waste incinerated for this alternative operating scenario.			
<b>Fuel</b>	<b>Associated SCC</b>	<b>Max. Throughput Rate</b>	<b>Firing Sequence</b>

<b>11.5 Alternative Fuel Physical Characteristics</b>				
Give a complete listing of all fuels physical characteristics for this alternative operating scenario.				
<b>SCC/Fuel Burned</b>	<b>FML</b>	<b>% Sulfur</b>	<b>% Ash</b>	<b>BTU Content (Units)</b>

<b>11.6 Alternative Process/Product Description</b>					
<p>a. Briefly describe the change(s) in raw materials and/or process methods used in this operating scenario, if applicable:</p> <p>Update the method used for monitoring the flare pilot from a thermocouple to a flame detection device. Sunoco proposes to modify the Existing Operating Permit Condition, "SOURCE E. Source Group Restrictions. III. MONITORING REQUIREMENTS. #004" to the following proposed permit condition language:</p> <p>"The permittee shall maintain a system to notify the operator when the enclosed flare is not operational."</p>					
<p>b. Provide and briefly describe the process SCC associated with this alternative operating scenario: Not Applicable</p> <table border="1" style="width:100%"> <tr> <td style="width:30%">Process SCC:</td> <td style="width:30%"> </td> <td style="width:30%">SCC Description:</td> <td style="width:10%"> </td> </tr> </table>		Process SCC:		SCC Description:	
Process SCC:		SCC Description:			
<p>c. Alternative Product(s): Not Applicable</p>					

Please read instructions carefully before completing this application.

**11.7 Source Potential to Emit: Not Applicable**

Give Potential Emission estimate for all air pollutants emitted at this source for this operating scenario.

<b>Pollutant or CAS Number</b>	<b>Fuel</b>	<b>Emissions/Activity Allowable per Unit</b>	<b>Calc. Method</b>	<b>Max. Capacity</b>	<b>Total Hours</b>	<b>Emission in TPY</b>

Please read instructions carefully before completing this application.

<b>Section 12 – Compliance Plan for the Facility</b>																		
		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;">No</td> </tr> </table>	Yes	No														
Yes	No																	
12.1	Will your facility be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements during the permit duration?	<table style="border: none;"> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
12.2	Will your facility be in compliance with all applicable requirements presently scheduled to take effect during the term of the permit?	<table style="border: none;"> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
12.3	Will these requirements be met by the regulatory required dates?	<table style="border: none;"> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
If you checked "NO" in part 12.1, 12.2 or 12.3, answer the following questions:																		
12.4	Identify applicable requirement(s) for which compliance is not or will not be achieved:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Source ID Number</th> <th style="width: 50%; padding: 5px;">Citation Number</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>			Source ID Number	Citation Number														
Source ID Number	Citation Number																	
12.4.1	Briefly describe how compliance with this/these applicable requirement(s) will be achieved:																	

Please read instructions carefully before completing this application.

12.4.2. Provide a detailed schedule of compliance for the non-complying sources or activities identified in this section of the application. Include an enforceable sequence of corrective actions with milestone and projected compliance dates.

Date	Action/Milestone

12.4.3. Indicate the submittal frequency for the progress report(s): \_\_\_\_\_

12.4.4. Starting date for the submittal of the progress report(s): \_\_\_\_\_

Please read instructions carefully before completing this application.

<b>Section 13 – Certification of Compliance for Synthetic Minor Source</b>
In order for this Synthetic Minor facility to avoid the State-Only Operating Permit requirements, the applicant must agree to be bound by the emissions limitation(s) and/or restriction(s) contained in this application. In addition, the applicant must agree that these emission limitation(s) are enforceable by the Department, the Environmental Protection Agency and the citizens.
<b>13.1 Schedule for Compliance Certification Submission</b>
a. Frequency of submittal: _____
b. Beginning date: _____
<b>13.2 Certification of Compliance (for Synthetic Minor Facility only)</b>
I certify under the penalty of 18 Pa. CS 4904 (b) (2) that the sources covered by this application will comply with the emission limitations and other requirements contained in this application and all previously issued plan approvals and operating permits. I further certify that, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete.
(Signed) _____ Date _____
Name (Typed) _____
Title: _____

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**Air Pollution Control Act Compliance Review Form**

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

## AIR POLLUTION CONTROL ACT COMPLIANCE REVIEW FORM

Fully and accurately provide the following information, as specified. Attach additional sheets as necessary.

### Type of Compliance Review Form Submittal (check all that apply)

- Original Filing  
 Amended Filing
- Date of Last Compliance Review Form Filing: 03/11/16

### Type of Submittal

- New Plan Approval  
 Extension of Plan Approval  
 Other: \_\_\_\_\_
- New Operating Permit  
 Change of Ownership
- Renewal of Operating Permit  
 Periodic Submission (@ 6 mos)

### SECTION A. GENERAL APPLICATION INFORMATION

Name of Applicant/Permittee/("applicant")  
(non-corporations-attach documentation of legal name)

Sunoco Pipeline LP

Address 4041 Market Street  
Aston, PA 19014

Telephone 610-670-3297 Taxpayer ID# 23-310-2656

Permit, Plan Approval or Application ID#

Identify the form of management under which the applicant conducts its business (check appropriate box)

- Individual  
 Municipality  
 Proprietorship  
 Public Corporation  
 Private Corporation
- Syndicate  
 Municipal Authority  
 Fictitious Name  
 Partnership  
 Limited Partnership
- Government Agency  
 Joint Venture  
 Association  
 Other Type of Business, specify below:

Describe below the type(s) of business activities performed.

SIC Code: 4613 - Refined Petroleum Pipeline

SIC Code 4612 - Crude Petroleum Pipeline

SIC Code 4619 - Natural Gas Liquid Pipeline

**SECTION B. GENERAL INFORMATION REGARDING "APPLICANT"**

If applicant is a corporation or a division or other unit of a corporation, provide the names, principal places of business, state of incorporation, and taxpayer ID numbers of all domestic and foreign parent corporations (including the ultimate parent corporation), and all domestic and foreign subsidiary corporations of the ultimate parent corporation with operations in Pennsylvania. Please include all corporate divisions or units, (whether incorporated or unincorporated) and privately held corporations. (A diagram of corporate relationships may be provided to illustrate corporate relationships.) Attach additional sheets as necessary.

Unit Name	Principal Places of Business	State of Incorporation	Taxpayer ID	Relationship to Applicant
Sunoco Partner, LLC	PA	PA	23-3096839	Parent of Applicant and General Partner of Sunoco Logistics Partners L.P.
Sunoco Logistics Partners, L.P.	PA	DE	23-3096839	Parent of Sunoco Partners Operations L.P. and Sunoco Logistics Partners GP
Sunoco Logistics Partners Operations, L.P.	PA	DE	23-3102657	Parent of Sunoco Logistics Partners Operations, LLC and Sunoco Partners Marketing & Terminals L.P.
Sunoco Logistics Partners Operations GP, LLC	PA	DE	23-3102658	General Partner of Sunoco Partners Marketing & Terminals L.P.
ETE Common Holdings LLC	PA	DE	46-2638935	Parent of Energy Transfer Partners L.P.
Energy Transfer Partners L.L.	PA	DE	73-1493906	Ultimate Parent and General Partner of Sunoco Logistics Partners Operations GP, LLC
Subsidiaries of ultimate parent with operations in PA- See Attachment 3				

**SECTION C. SPECIFIC INFORMATION REGARDING APPLICANT AND ITS "RELATED PARTIES"**

Pennsylvania Facilities. List the name and location (mailing address, municipality, county), telephone number, and relationship to applicant (parent, subsidiary or general partner) of applicant and all Related Parties' places of business, and facilities in Pennsylvania. Attach additional sheets as necessary.

Unit Name	Street Address	County and Municipality	Telephone No.	Relationship to Applicant
see attachment #1				


**Provide the names and business addresses of all general partners of the applicant and parent and subsidiary corporations, if any.**

Name	Business Address
Sunoco Logistics Partners Operations GP LLC	4041 Market Street, Aston, PA 19014

**List the names and business address of persons with overall management responsibility for the process being permitted (i.e. plant manager).**

Name	Business Address
see attachment #1	

**Plan Approvals or Operating Permits. List all plan approvals or operating permits issued by the Department or an approved local air pollution control agency under the APCA to the applicant or related parties that are currently in effect or have been in effect at any time 5 years prior to the date on which this form is notarized. This list shall include the plan approval and operating permit numbers, locations, issuance and expiration dates. Attach additional sheets as necessary.**

Air Contamination Source	Plan Approval/ Operating Permit#	Location	Issuance Date	Expiration Date
see attachment #2				


**Compliance Background.** (Note: Copies of specific documents, if applicable, must be made available to the Department upon its request.) List all documented conduct of violations or enforcement actions identified by the Department pursuant to the APCA, regulations, terms and conditions of an operating permit or plan approval or order by applicant or any related party, using the following format grouped by source and location in reverse chronological order. Attach additional sheets as necessary. See the definition of "documented conduct" for further clarification. Unless specifically directed by the Department, deviations which have been previously reported to the Department in writing, relating to monitoring and reporting, need not be reported.

Date	Location	Plan Approval/ Operating Permit#	Nature of Documented Conduct	Type of Department Action	Status: Litigation Existing/Continuing or Corrected/Date	Dollar Amount Penalty
12/20/12	Icedale	15-00046	Late submittal SMOP Air Permit renewal	NOV	Renewal submitted/Permit renewed	\$5000
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

List all incidents of deviations of the APCA, regulations, terms and conditions of an operating permit or plan approval or order by applicant or any related party, using the following format grouped by source and location in reverse chronological order. This list must include items both currently known and unknown to the Department. Attach additional sheets as necessary. See the definition of "deviations" for further clarification.

Date	Location	Plan Approval/ Operating Permit#	Nature of Deviation	Incident Status: Litigation Existing/Continuing Or Corrected/Date
none				

**CONTINUING OBLIGATION.** Applicant is under a continuing obligation to update this form using the Compliance Review Supplemental Form if any additional deviations occur between the date of submission and Department action on the application.

**VERIFICATION STATEMENT**

Subject to the penalties of Title 18 Pa.C.S. Section 4904 and 35 P.S. Section 4009(b)(2), I verify under penalty of law that I am authorized to make this verification on behalf of the Applicant/Permittee. I further verify that the information contained in this Compliance Review Form is true and complete to the best of my belief formed after reasonable inquiry. I further verify that reasonable procedures are in place to ensure that "documented conduct" and "deviations" as defined in 25 Pa Code Section 121.1 are identified and included in the information set forth in this Compliance Review Form.



Signature

7/20/16

Date

David R. Chalson

Name (Print or Type)

President and CEO, By Sunoco Logistics Partners Operations GP LLC, General Partner for Sunoco Pipeline, L.P.

Title



Attachment #1: PA Sunoco Pipeline L.P. Related Permits with Air Emission Point Sources

Facility Name	Owner/Operator	Federal Tax ID #	SIC Code	Facility Address	City	Zip Code	State	County	Facility Manager / Contact	Office Number
Isabelle	Sunoco Pipeline L.P.	23-3102656	4813	Route 322; Honey Brook, PA	Honey Brook	19344-5500	PA	Chester	Mark Martin	610-670-3305
Montello Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	501 Pinckney St, Pottsville, PA	Pottsville	17868	PA	Berks	Mark Martin	610-670-3305
Vannort Tank Farm	Sunoco Pipeline L.P.	23-3102656	4813	10000 Beaver Dr, Beaver, PA	Beaver	15009	PA	Beaver	Jim Tidd	724-830-2482
Beckersville Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	515 Allegheny Rd, Bechtelsville, PA	Mehnton	19540	PA	Berks	Mark Martin	610-670-3305
Blainhart Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	1820 West Mountain Rd, Blain, PA	Reinholds	17569	PA	Lancaster	Mark Martin	610-670-3305
Blainville Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	1912 Route 22 Highway, West Blain, PA	Blainville	15717	PA	Indiana	Jim Tidd	724-830-2482
Boor Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	1281 Rock Road, Chester, PA	West Chester	19380	PA	Chester	John D'Ambrosia	610-670-3305
Cornwell Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	370 Horsebow Pike, Cornwell, PA	Cornwell	17042	PA	Lebanon	Mark Martin	610-670-3305
Craneburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	2207 George Hall Road, Seward, PA	Seward	19554	PA	Windsor	Jim Tidd	724-830-2482
Craneburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	6115 Big Spring Road, Blain, PA	Blain	17006	PA	Perry	Mark Martin	610-670-3305
East Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	490 Milford Road, Downingtown, PA	Downingtown	19335	PA	Chester	John D'Ambrosia	610-670-3305
Easton Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	828 Wilshire Road, Easton, PA	Ebensburg	19931	PA	Cambria	Jim Tidd	724-830-2482
Franklinburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	Convent Road, Albion, PA	Albion	16002	PA	Blair	Mark Martin	610-670-3305
Franklinburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	7053 Waller Road, Creston, PA	Juniata	16657	PA	Huntingdon	Mark Martin	610-670-3305
Franklinburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	Londoner, PA	Londoner	17033	PA		Mark Martin	610-670-3305
Franklinburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	Croghan Pike, Mount Pleasant, PA	Mount Pleasant	17066	PA	Dauphin	Mark Martin	610-670-3305
Franklinburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4813	74 Pinetale Road, Carlisle, PA	Carlisle	17015	PA	Cumberland	Mark Martin	610-670-3305

Attachment #2: PA Approvals & Operating Permits

Facility	Owner/Operator	State Permit	Federal Permit	Effective Date	Expiration
Isabelle	Sunoco Pipeline L.P.	PA Syntactic/Minor	15-00060	9/20/2012	9/20/2017
Montello SPL	Sunoco Pipeline L.P.	PA Title V Permit	05-05050	1/27/2018	1/31/2021
Vannort Tank Farm	Sunoco Pipeline L.P.	PA GSA/GP	GP2-04-00488	3/27/2014	3/27/2019
Beckersville Pump Station	Sunoco Pipeline L.P.	PA Application 08	03164		
Blainhart Pump Station	Sunoco Pipeline L.P.	PA Application 08	03197		
Blainville Pump Station	Sunoco Pipeline L.P.	PA SOOP	32-00493	5/14/2015	
Boor Pump Station	Sunoco Pipeline L.P.	PA Application 15	00153		
Cornwell Pump Station	Sunoco Pipeline L.P.	PA SOOP	38-03052	Drift	
Craneburg Pump Station	Sunoco Pipeline L.P.	PA SOOP	35-03052	4/27/2015	
Easton Pump Station	Sunoco Pipeline L.P.	PA SOOP	60-03008	Drift	
Franklinburg Pump Station	Sunoco Pipeline L.P.	PA Application 15	00152		
Franklinburg Pump Station	Sunoco Pipeline L.P.	PA SOOP	11-00331	6/10/2016	
Franklinburg Pump Station	Sunoco Pipeline L.P.	PA SOOP	07-03002	3/1/2015	
Franklinburg Pump Station	Sunoco Pipeline L.P.	PA SOOP	31-03035	3/1/2015	
Franklinburg Pump Station	Sunoco Pipeline L.P.	PA SOOP	22-03054	Application	
Franklinburg Pump Station	Sunoco Pipeline L.P.	PA SOOP	31-03035	Drift	
Franklinburg Pump Station	Sunoco Pipeline L.P.	PA SOOP	21-03108	3/1/2015	

**Attachment 3**  
**APCA Compliance Review Form**  
**Subsidiaries with Operations in Pennsylvania of**  
**Ultimate Parent Energy Transfer Partners, L.P. of Applicant Sunoco Partners Marketing & Terminals L.P.**  
**July 20, 2016**

Entity Name	Entity Main Address	Domestic Jurisdiction	Taxpayer ID	Relationship to Applicant
Sunoco Partners LLC	3807 West Chester Pike, Newtown Square, PA 19073	Pennsylvania	23-3096838	Indirect subsidiary of ultimate parent
Sunoco Logistics Partners L.P.	3807 West Chester Pike, Newtown Square, PA 19073	Delaware	23-3096839	Indirect subsidiary of ultimate parent
Sunoco Logistics Partners Operations L.P.	3807 West Chester Pike, Newtown Square, PA 19073	Delaware	23-3102657	Indirect subsidiary of ultimate parent
Sunoco Logistics Partners GP LLC	3807 West Chester Pike, Newtown Square, PA 19073	Delaware	23-3102658	Indirect subsidiary of ultimate parent
Sunoco Logistics Partners Operations GP LLC	3807 West Chester Pike, Newtown Square, PA 19073	Delaware	23-3102660	Indirect subsidiary of ultimate parent
Sunoco Partners Marketing & Terminals L.P.	3807 West Chester Pike, Newtown Square, PA 19073	Texas	23-3102655	Indirect subsidiary of ultimate parent
Sunoco Pipeline L.P.	3807 West Chester Pike, Newtown Square, PA 19073	Texas	23-3102656	Indirect subsidiary of ultimate parent

Attachment 3 (cont'd)  
 APCA Compliance Review Form  
 Subsidiaries with Operations in Pennsylvania of  
 Ultimate Parent Energy Transfer Partners, L.P. of Applicant Sunoco Partners Marketing & Terminals L.P.  
 July 20, 2016

Entity Name	Entity Main Address	Domestic Jurisdiction	Taxpayer ID	Relationship to Applicant
Regency Marcellus Gas Gathering LLC	8111 Westchester Drive Suite 600 Dallas, TX 75225	Delaware	27-2142725	Indirect subsidiary of ultimate parent
Regency NEPA Gas Gathering LLC	8111 Westchester Drive Suite 600 Dallas, TX 75225	Texas	38-3877838	Indirect subsidiary of ultimate parent
ET Rover Pipeline LLC	8111 Westchester Drive Suite 600 Dallas, TX 75225	Delaware	46-5655475	Indirect subsidiary of ultimate parent and Member, Rover Pipeline LLC joint venture
Rover Pipeline LLC	8111 Westchester Drive Suite 600 Dallas, TX 75225	Delaware	47-1958303	Joint Venture of ET Rover Pipeline LLC and a non-affiliated company, AE-MidCo Rover, LLC
PEI Power Corporation	1 P E I CTR Wilkes-Barre, PA 18711-0601	Pennsylvania	23-29333578	Indirect subsidiary of ultimate parent

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**ATTACHMENT B:**

**COUNTY AND MUNICIPAL PROOF OF NOTIFICATION LETTERS**

**Burrell Township Supervisors, Indiana County**

**Indiana County Commissioners**

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**NOTIFICATIONS ARE BEING CONCURRENTLY SENT TO THE FOLLOWING:**

Burrell Township Supervisors  
321 Park Drive  
Black Lick, PA 15716

**AND**

Indiana County Commissioners  
825 Philadelphia Street  
Indiana, PA 15701

**A COPY OF THESE LETTERS IS ENCLOSED FOR YOUR REFERENCE.**

**FedEx RECEIPTS WILL BE FORWARDED UPON THEIR RECEIPT.**

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**Sunoco Logistics**

FedEx #

December 20, 2016

Burrell Township Supervisors  
321 Park Drive  
Black Lick, PA 15716

Re: Municipal Notification  
State Only Operating Permit Minor Modification Application  
Sunoco Pipeline L.P. Blairsville Station  
Burrell Township, Indiana County

To Whom It May Concern:

Pursuant to 25 Pa Code (for operating permit) (127.413), Sunoco Pipeline L.P. is hereby providing notice that we have submitted an application to the Pennsylvania Department of Environmental Protection (PADEP) for a State Only Operating Permit (#32-00433) Minor Modification for a natural gas liquid pumping station known as Blairsville Station located in Burrell Township, Indiana County.

A 30-day comment period begins with the receipt of this letter. If you have any questions concerning this notice or the application you can contact me at 610-670-3284 or you can contact the PADEP, Southwest Regional Office, Bureau of Air Quality Control at 400 Waterfront Drive, Pittsburgh, PA 15222 (412-442-4000).

Sincerely,

Matthew L. Gordon  
Sunoco Pipeline L.P.

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**Sunoco Logistics**

FedEx #

December 20, 2016

Indiana County Commissioners  
825 Philadelphia Street  
Indiana, PA 15701

Re: County Notification  
State Only Operating Permit Minor Modification Application  
Sunoco Pipeline L.P. Blairsville Station  
Burrell Township, Indiana County

To Whom It May Concern:

Pursuant to 25 Pa Code (for operating permit) (127.413), Sunoco Pipeline L.P. is hereby providing notice that we have submitted an application to the Pennsylvania Department of Environmental Protection (PADEP) for a State Only Operating Permit (#32-00433) Minor Modification for a natural gas liquid pumping station known as Blairsville Station located in Burrell Township, Indiana County.

A 30-day comment period begins with the receipt of this letter. If you have any questions concerning this notice or the application you can contact me at 610-670-3284 or you can contact the PADEP, Southwest Regional Office, Bureau of Air Quality Control at 400 Waterfront Drive, Pittsburgh, PA 15222 (412-442-4000).

Sincerely,

Matthew L. Gordon  
Sunoco Pipeline L.P.

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**ATTACHMENT C:**

**APPLICATION FEE**

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