

AIR QUALITY APPLICATION TRACKING SHEET

PERMIT# 32-00434

FACILITY NAME SUNOCO PIPELINE - CRANER
STATION

CLIENT# 290687

APPLICATION ASSIGNED TO: Sherila

SITE # 790725

AUTH# 1293393

APS# 865936

PF# 784152

DATE RECEIVED 10/21/19

DATE ASSIGNED 10/24/19

DATE DUE 4/27/2020

APPLICATION TYPE:

MSO

AUTA ID
& MSTR - 1064767

<input type="checkbox"/> Plan Approval	<input type="checkbox"/> EXT	<input type="checkbox"/> MOD	<input type="checkbox"/> NSR	<input type="checkbox"/> NSPS	<input type="checkbox"/> NESHAPS	<input type="checkbox"/> MACT	<input type="checkbox"/> PSD
<input type="checkbox"/> General Permit	GP Type <u> </u>		<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification		
<input type="checkbox"/> Title V	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Adm Amend	<input type="checkbox"/> Minor Mod			
<input checked="" type="checkbox"/> State Only	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Adm Amend	<input type="checkbox"/> Minor Mod			
<input type="checkbox"/> Change of Ownership							
<input type="checkbox"/> Request for Determination							

ADMINISTRATIVE COMPLETENESS:

<input checked="" type="checkbox"/> Application Fee	Check # <u>253000934</u>	Amount \$ <u>375⁰⁰</u>	Efacts Acct # <u>791602</u>
<input type="checkbox"/> Compliance Review Form			
<input type="checkbox"/> GIF			
<input type="checkbox"/> Municipal Notification Letters and Certified Mail Receipts	<u>Admin completed 10/24/19 mg</u>		

Notes: _____

Op. expires 4/27/2020

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			



October 24, 2019

Matthew Gordon
Sunoco Pipeline Cramer Station
525 Fritztown Road
Sinking Spring, PA 19608-1509

RE: State Only Permit Application 32-00434 for Sunoco Pipeline Cramer Station
APS ID No. 865936, AUTH ID No. 1293393

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 Cramer Station; AQ/Facilities/FacOp/NM-32-00434



SUNOCO PIPELINE
An ENERGY TRANSFER Partnership

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

October 2, 2019

CERTIFIED MAIL

Mr. D. Scott Dyll
Air Quality District Supervisor
PADEP – Bureau of Air Quality
New Castle District Office
121 N. Mill Street
New Castle, PA 16101

RE: Sunoco Pipeline, LP/Cramer Station
East Wheatfield Township, Indiana County
State Only Operating Permit 32-00434

RECEIVED
OCT 15 2019

Environmental Protection
New Castle District Office

Dear Mr. Dyll:

In accordance with Section B, Condition #003 of the referenced permit, this application package is being submitted for the Sunoco Pipeline, LP/Cramer 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,

RECEIVED

OCT 21 2019

Environmental Protection
Northwest Regional Office

Jed A. Werner
Air Permitting Manager

Enclosure

Cc: S. Marnell



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. 32-00434
 Application Revision

1.2 Plant Information

Federal Tax ID: 23-3102656

Firm Name:

SUNOCO PIPELINE/CRAMER
STATION

Plant Code: 22

Plant Name:

SUNOCO PIPELINE CRAMER
STATION

NAICS Code: 486990

SIC Code:

4619

Description of NAICS Code: All Other Pipeline Transportation

Description of SIC Code: Trans. & Utilities - Pipelines, Nec

County: Indiana

Municipality

East Wheatfield Township

Latitude: 40° 25' 51.5200

Longitude:

-79° 00' 06.6400

Horizontal Reference Datum: North American Datum of 1983

Horizontal Collection Method: Locational data submitted by applicant or other source outside of DEP

Reference Point: Center of Area

1.3 Contact Information

Name: MATTHEW GORDON

Title: PROJ MGR

Address: 525 FRITZTOWN RD

SINKING SPRING, PA 19608-1509

Telephone Number: (610) 670-3284

Email Address: mlgordon@suncologistics.com

RECEIVED

OCT 21 2019

Northwest Regional Office

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)

Date:

10-10-2019

Please read instructions carefully before completing this application.

Name (Typed): Sean Marnell

Title: Pipeline Operations Supervisor

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).

* 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:

Section 3 - Site Inventory

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.

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.

Please read instructions carefully before completing this application.

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: _____ 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

5.2 Exhaust System Components

Explain how the exhaust components are configured:

Please read instructions carefully before completing this application.

5.3 Source Classification Code (SCC) Listing for Standard Operation

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?

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 % CO₂: _____ 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

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 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:	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	99
101	Process	Z101	Point of Air Emission	1
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

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:

Page 10 of 10

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: _____ 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.

7.4 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 8 – Control Device Information (duplicate this section as needed)

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.

8.1 General Control Device Information

a. Unit ID: C101 b. Company Designation: ENCLOSED FLARE

c. Used by Sources: 101, 103

d. Type: Flaring

e. Pressure Drop in H₂O: _____ f. Capture Efficiency: _____

g. Scrubber Flow Rate (GPM): _____

h. Manufacturer: _____ i. Model Number: _____

j. Installation Date: _____

8.2 Control Device Efficiencies for this Control Device

Please read instructions carefully before completing this application.

Section 8 – Control Device Information (duplicate this section as needed)

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.

8.1 General Control Device Information

a. Unit ID: _____ b. Company Designation: _____

c. Used by Sources: _____

d. Type: _____

e. Pressure Drop in H₂O: _____ f. Capture Efficiency: _____

g. Scrubber Flow Rate (GPM): _____

h. Manufacturer: _____ i. Model Number: _____

j. Installation Date: _____

8.2 Control Device Efficiencies for this Control Device

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: _____

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

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° 25 51.52 Longitude: -79° 0 6.64

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° 25 51.52 Longitude: -79° 0 6.64

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: _____

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: _____

Please read instructions carefully before completing this application.

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.

11.7 Source Potential to Emit

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

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.

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 10-10-2019

Name (Typed) Sean Marnell

Title: Pipeline Operations Supervisor



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 Date of Last Compliance Review Form Filing:
 Amended Filing 02/27/2019

Type of Submittal

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

SECTION A. GENERAL APPLICATION INFORMATION

**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)

<input type="checkbox"/> Individual	<input type="checkbox"/> Syndicate	<input type="checkbox"/> Government Agency
<input type="checkbox"/> Municipality	<input type="checkbox"/> Municipal Authority	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Association
<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Type of Business, specify below:
<input type="checkbox"/> Private Corporation	<input checked="" type="checkbox"/> Limited Partnership	

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 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 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 Allicant
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.

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 APCD 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.

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
6/12/2019	Darby Creek	23-00011	Failure to provide minimum 30 day notice prior to seal gap inspection	NOV	Corrected	\$0
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

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

9.26.19

Date

Todd Stamm

Name (Print or Type)

Vice President - Sunoco Pipeline L.P.

Title

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

Facility Name	Owner/Operator	Federal Tax ID #	SIC Code	Facility Address	City	Zip Code	State	C
Beckerville Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	536 Alleghenyville Rd	Mohnton	19540	PA	I
Blainesport Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	1920 Texter Mountain Road	Reinholds	17569	PA	La
Blairsville Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	1912 Route 22 Highway West	Blairsville	15717	PA	Ir
Boot Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	1261 Boot Road	West Chester	19380	PA	C
Cornwall pump Station	Sunoco Pipeline L.P.	23-3102656	4613	370 Horseshow Pike	Cornwall	17042	PA	Le
Cramer Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	2207 Grange Hall Road	Seward	15954	PA	Wes
Darby Creek Tank Farm	Sunoco Pipeline L.P. (Operator)	23-3102655	4612	Calcon Hook Road	Sharon Hill	19079	PA	De
Doylesburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	6115 Big Spring Road	Blain	17006	PA	I
Eagle Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	490 Milford Road	Downington	19335	PA	C
Ebensburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	826 Wilmore Road	Ebensburg	15931	PA	C
Ft. Mifflin	Sunoco Pipeline L.P. (Operator)	23-3102655	4226	Hog Island Road	Essington	19029	PA	De
Hog Island Warf	Sunoco Pipeline L.P. (Operator)	23-3102655	4226	4 Atlantic Avenue	Essington	19029	PA	De
Holidaysburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	259 Convention Center Road	Altoona	16602	PA	
Houston Tank Farm	Sunoco Pipeline L.P.	23-3102656	4619	1040 Western Avenue	Hickory	15340	PA	Wa
Houston Injection	Sunoco Pipeline L.P.	23-3102656	4619	980 Western Avenue	Hickory	15340	PA	Wa
Icedale	Sunoco Pipeline L.P.	23-3102656	4613	Route 322; RD#3	Honey Brook	19344-8500	PA	C
Marklesburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	7053 Weller Road	James Creek	16657	PA	Hu
Mechanicsburg Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	5145 Simpson Ferry Road	Mechanicsburg	17055	PA	Cur
Middletown Pump Station	Sunoco Pipeline L.P.	23-3102656	4613		Londonderry	17033	PA	D
Mt. Union Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	Croghan Pike Road and Nebra Road	Mount Union	17066	PA	Fl
Montello Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	501 Fritztown Road	Sinking Spring	19608	PA	I
Plainfield Pump Station	Sunoco Pipeline L.P.	23-3102656	4613	74 Pinedale Road	Carlisle	17015	PA	Cur
#2 Tank Farm	Sunoco Pipeline L.P. (Operator)	23-3102655	4613	7 Commerce Drive	Aston	19014	PA	De
Yoder L. T. L.	Sunoco Pipeline			160 Center				

Attachment #2: Plan Approvals & Operating Permits

Facility	Owner / Operator	State	Permit Type	Permit #	Effective	Expiration
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	SMOP	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
Darby Creek	Sunoco Pipeline L.P. (Operator)	PA	Title V Permit	23-00011	4/21/2017	4/20/2022
Ebensburg Pump Station	Sunoco Pipeline L.P.	PA	SOOP	11-00531	6/10/2015	6/10/2020
Fort Mifflin	Sunoco Pipeline L.P. (Operator)	PA	Title V Permit	23-00037	11/1/2015	10/15/2020
Hog Island Wharf	Sunoco Pipeline L.P. (Operator)	PA	Title V Permit	23-00043	6/14/2017	6/14/2022
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	
Holidaysburg Pump Station	Sunoco Pipeline L.P.	PA	SOOP	07-03062	3/1/2015	2/29/2020
Icedale	Sunoco Pipeline L.P.	PA	Synthetic Minor	15-00046	10/4/2018	10/3/2023
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
Montello SPL	Sunoco Pipeline L.P.	PA	Title V Permit	06-05050	1/27/2016	1/31/2021
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
#2 Tank Farm	Sunoco Pipeline L.P. (Operator)	PA	Title V Permit	23-00044	10/1/2015	10/8/2020
Vanport Tank Farm	Sunoco Pipeline L.P.	PA	GPA/GP	GP2-04-00489	3/27/2014	3/27/2019 (renewal application submitted 2/26/2019)

Attachment 3
APCA Compliance Review Form
Subsidiaries with Operations in Pennsylvania of
Ultimate Parent Energy Transfer L.P. of Applicant Sunoco Pipeline L.P.
September 3, 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

October 2, 2019

CERTIFIED MAIL

Indiana County Commissioners
825 Philadelphia Street
Indiana, PA 15701

RE: Municipal Notification
Sunoco Pipeline, LP/Cramer Station
East Wheatfield Township, Indiana County
State Only Operating Permit 32-00434

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 Cramer 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. D. Scott Dyll
Air Quality District Supervisor
PADEP – Bureau of Air Quality
New Castle District Office
121 N. Mill Street
New Castle, PA 16101

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

Sincerely,

A handwritten signature in black ink that reads 'Jed A. Werner'.

Jed A. Werner
Air Permitting Manager

Enclosure

Cc: D Scott Dyll, PADEP
S. Marnell



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

October 2, 2019

CERTIFIED MAIL

East Wheatfield Township Supervisors
11444 Route 56 Highway E
Armagh, PA

RE: Municipal Notification
Sunoco Pipeline, LP/Cramer Station
East Wheatfield Township, Indiana County
State Only Operating Permit 32-00434

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 Cramer Station.

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Mr. D. Scott Dyll
Air Quality District Supervisor
PADEP – Bureau of Air Quality
New Castle District Office
121 N. Mill Street
New Castle, PA 16101

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

Sincerely,

A handwritten signature in black ink that appears to read 'Jed A. Werner'.

Jed A. Werner
Air Permitting Manager

Enclosure

Cc: D Scott Dyll, PADEP
S. Marnell

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EAST WHEATFIELD TWP SUPERVISORS
11444 ROUTE 56 HIGHWAY E
ARMAGH, PA



9590 9402 3799 8032 7940 92

2. Article Number (Transfer from service label)

7018 1130 0000 0412 9658

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Angie D. Ruchik*

Agent
 Addressee

B. Received by (Printed Name)

Angie D. Ruchik

C. Date of Delivery

10/08/2019
OCT - 8 2019

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery
 (per \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7018 1130 0000 0412 9658

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 0.00
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.55

Total Postage and Fees

\$ 4.85

Send 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™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

ARMAGH, PA 15921

OFFICIAL USE

Certified Mail Fee

\$ 3.50

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 0.00
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage

\$ 0.55

Total Postage and Fees

\$ 4.85

Sent To **E. Wheatfield Twp. Supervisors**
 Street and Apt. No., or PO Box No. **11444 Rte 56 Highway E**
 City, State, ZIP+4 **Armagh, PA**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Angie D. Ruchik*

Agent
 Addressee

B. Received by (Printed Name)

Angie D. Ruchik

C. Date of Delivery

10/08/2019
OCT - 8 2019

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Indiana County (Commissioners)
825 Philadelphia Street
Indiana, PA 15701



9590 9402 3799 8032 7941 08

2. Article Number (Transfer from service label)

7018 1130 0000 0412 9641

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery
 (per \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

