

Sydney Knodl & Lorena Vaughn  
U.S. Environmental Protection Agency – Region 6  
Email: [Knodl.Sydney@epa.gov](mailto:Knodl.Sydney@epa.gov) & [Vaughn.Lorena@epa.gov](mailto:Vaughn.Lorena@epa.gov)

Subject: Submittal of Required Documentation – Consent Agreement and Final Order (CAFO) Docket No. CAA-06-2025-3431

Dear Sydney Knodl & Lorena Vaughn

Trecora Hydrocarbons LLC is submitting the following documentation in accordance with the requirements outlined in the Consent Agreement and Final Order (CAFO), Docket No. CAA-06-2025-3431.

The following items are included as attachments for EPA's review and record:

- Proof of \$92,000 Civil Penalty Payment
- Quarterly Optical Gas Imaging (OGI) Surveys
- External Floating Roof Tank (EFRT) Operation and Maintenance Procedure – Silsbee Facility
- Alarm and Tank Leg Documentation
- IRS Form W-9 (TIN Certification)
- OGI Video Proof
- Corrective Actions Letter

These submittals satisfy the initial deliverables required under the CAFO. Trecora remains committed to maintaining compliance with all ongoing requirements outlined in the agreement.

Please confirm receipt of these materials. Should additional information or clarification be needed, feel free to contact me directly at [Jessica.Burrell@trecora.com](mailto:Jessica.Burrell@trecora.com)

Sincerely,  
Jessica Johnson  
Environmental Engineer  
Trecora Hydrocarbons LLC

## **Table of Contents**

1. Proof of Payment
2. Quarterly Optical Gas Imaging (OGI) Surveys-1<sup>st</sup> Quarter
3. Operation and Maintenance Procedures (O&M)
4. Alarm & Tank Leg Documentation
5. IRS Form W-9 (TIN Certification)
6. OGI Video Proofs of Tank 57 & 61
7. Corrective Actions Letter

**Proof of Payment**

\$92,000 PAID

Payment by wire. Proof of payment and transmittal letter to EPA Enforcement Officer and Hearing Clerk attached

**Trecora Hydrocarbons LLC  
1330 Lake Robbins Drive, Suite 200  
The Woodlands, Texas 77380**

**RE: In the Matter of Trecora Hydrocarbons LLC, Silsbee, Texas  
Docket No. CAA-06-2025-3431**

**Dear Ms. Knodl and Ms. Vaughn:**

**Please find attached proof of the \$92,000 wire transfer payment made to the U.S. Environmental Protection Agency, Region 6, in accordance with the Consent Agreement and Final Order (CAFO).**

**If you have any questions or need additional information, please contact me.**

**Sincerely,**

**Douglas Wallace  
Corporate Director, Environmental, Health and Safety  
Trecora Hydrocarbons LLC  
[Douglas.Wallace@trecora.com](mailto:Douglas.Wallace@trecora.com)**

## **1<sup>st</sup> Quarter OGI Data**

**(\*\* 2nd Quarter OGI SURVEY WILL BE CONDUCT IN DEC 2025 AND WILL BE SUBMITTED\*\*)**



Emission Control Services (ECS) Procedure  
Supplement Corporate

Form

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**OGI CAMERA  
FIELD OGISPOT LOG FORM**

<b>Company</b>	Trecora		<b>Facility Name</b>	Silsbee Site			
<b>Latitude</b>	N 30.3925973	<b>Longitude</b>	W 94.2275454	<b>Facility Operating?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date</b>	9.16.2025	<b>Start Time</b>	8:20 am	<b>End Time</b>	9:30 am	<b>Site Pic Id#</b>	IR_0003; DC_0004
<b>Temp. (°F)</b>	75	<b>Max Wind (mph)</b>	2 Mph	<b>Barometric (inHg)</b>	30.12	<b>Cloud Cover</b>	Sunny/Clear
<b>Camera Model and Serial #</b>	GFX 320 74900851		<b>Picture/Video ID# Range</b>	0003 - 0015			

<b>Component Tag ID</b>	<b>Equipment Type</b> (OGISpot Type unless logging a Leak)	<b>Chemical State</b>	<b>Size</b> (Blank Unless Logging a Leak)	<b>Location</b> (Be Specific Including Plant Compass Directions and Major Equipment Nearby)	<b>Spot Picture ID #</b>
Tank 57	Tank 57	LL		Bottom of Tank 57	0003 - 0004
Tank 57	Tank 57	GV		Top of Tank 57 on Platform	0005 - 0006
Tank 61	Tank 61	LL		Bottom of Tank 61	0007 - 0008
Tank 61	Tank 61	GV		Top of Tank 61 on Platform	0009 - 0015
Leak A	Tank 61	GV		About 6 o'clock Straight out to Left of Ladder Handrail	0011 M 0012 P
Leak B	Tank 61	GV		About 6 o'clock Straight out to right of Ladder Handrail	0011 M 0012 P
Leak C	Tank 61	GV		About 7 o'clock From top of Platform	0009 M 0010 P
Leak D	Tank 61	GV		About 10 o'clock From top of Platform	0014 M 0015 P
	Tank 61	GV		Around the tank from Platform	0013 M





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**OGI CAMERA  
FIELD OGISPOT LOG FORM**




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OGI CAMERA FIELD SURVEILLANCE FORM

Company		Trecora		Facility Name		Silsbee Site	
Latitude		N 30.3925973		Longitude		W 94.2275454	
Name of Person(s) Performing Inspection				Paul Langley			
Training / Experience of Inspector				<input checked="" type="checkbox"/> Completed Certified Level I Infrared Thermography OGI course <input type="checkbox"/> Received on-site training from certified employee			
Date of Surveillance		09.16.2025		Start Time		8:20 am	
Temperature (°F)		75		Max Wind Speed (mph)		2 Mph	
Camera Model and Serial #		Flir Gfx 320 74900851		End Time		9:30 am	
Deviations from monitoring plan?		<input checked="" type="checkbox"/> No Deviations <input type="checkbox"/> Deviations (Explain)		Site Pic Id#		IR_0003; DC_0004	
				Barometric Pressure (inHg)		30.12	
				Picture/Video ID# Range (Need at least one pic during survey)		0004 - 0015	
				Cloud Cover		Sunny/Clear	

Leak Tag ID	Equipment Type (description of component leaking)	Leak Description (include component description, location, and if DTM or UTM)	Picture/Video ID (if applicable)	Detection Method	First Repair Attempted?	Repair Attempt Successful?
Leak A	Tank 61 Seal	6 o'clock Straight out from Ladder Left side of Ladder Handrail	Leak Pic ID	0012	IR Camera	Yes <input type="checkbox"/>
			Leak Vid ID	0011	Method 21	No <input checked="" type="checkbox"/> <sup>(1)</sup>
			Repair Pic ID		AVO	Repair Method:
			Repair Vid ID			No <input type="checkbox"/> <sup>(2)</sup>
Leak B	Tank 61 Seal	6 o'clock Straight out from Ladder Right Side of Handrail	Leak Pic ID	0012	IR Camera	Yes <input type="checkbox"/>
			Leak Vid ID	0011	Method 21	No <input checked="" type="checkbox"/> <sup>(1)</sup>
			Repair Pic ID		AVO	Repair Method:
			Repair Vid ID			No <input type="checkbox"/> <sup>(2)</sup>
Leak C	Tank 61 Seal	7 o'clock looking from Top Platform	Leak Pic ID	0010	IR Camera	Yes <input type="checkbox"/>
			Leak Vid ID	0009	Method 21	No <input checked="" type="checkbox"/> <sup>(1)</sup>
			Repair Pic ID		AVO	Repair Method:
			Repair Vid ID			No <input type="checkbox"/> <sup>(2)</sup>
Leak D	Tank 61 Seal	10 o'clock looking from Top Platform	Leak Pic ID	0015	IR Camera	Yes <input type="checkbox"/>
			Leak Vid ID	0014	Method 21	No <input checked="" type="checkbox"/> <sup>(1)</sup>
			Repair Pic ID		AVO	Repair Method:
			Repair Vid ID			No <input type="checkbox"/> <sup>(2)</sup>

(1) If first repair is not attempted immediately, a physical numbered tag must be attached to the leaking component, and the LDAR Leak Repair Tag Tracking Form must be completed. First repair must be attempted within 30 days of leak identification.

(2) If repair is not successful a physical numbered tag must be attached to the leaking component and the LDAR Leak Repair Tracking form must be completed.







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**OGI CAMERA  
FIELD OGISPOT LOG FORM**




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OGI CAMERA FIELD SURVEILLANCE FORM

Company		Trecora		Facility Name		Silsbee Site		
Latitude		N 30.3925973		Longitude		W 94.2275454		
Name of Person(s) Performing Inspection				Jesus Martinez				
Training / Experience of Inspector				<input checked="" type="checkbox"/> Completed Certified Level I Infrared Thermography OGI course <input type="checkbox"/> Received on-site training from certified employee				
Date of Surveillance		09-26-2025		Start Time		09:30		
Temperature (°F)		73		Max Wind Speed (mph)		3 Mph		
Camera Model and Serial #		Flir Gfx 320 74900851		End Time		10:00 am		
Deviations from monitoring plan?		<input checked="" type="checkbox"/> No Deviations <input type="checkbox"/> Deviations (Explain)		Site Pic Id#		IR_0003; DC_0004		
Picture/Video ID# Range (Need at least one pic during survey)		0330 - 0334						
Leak Tag ID	Equipment Type (description of component leaking)	Leak Description (include component description, location, and if DTM or UTM)		Picture/Video ID (if applicable)		Detection Method	First Repair Attempted?	Repair Attempt Successful?
Leak ONE	Tank 61 Seal	BOTTOM OF TANK 61 BELOW RIGHT SIDE HANDRAIL		Leak Pic ID		<input checked="" type="checkbox"/> IR Camera Method 21 <input type="checkbox"/> AVO	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <sup>(1)</sup> Repair Method:	Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>(2)</sup>
				Leak Vid ID	MOV-0330			
				Repair Pic ID				
				Repair Vid ID				
Leak TWO	Tank 61 Seal	RIGHT HAND SIDE OF STAIRS TO BOTTOM OF TANK 61		Leak Pic ID	MOV-0332, 0333, 0334	<input checked="" type="checkbox"/> IR Camera Method 21 <input type="checkbox"/> AVO	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <sup>(1)</sup> Repair Method:	Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>(2)</sup>
				Leak Vid ID				
				Repair Pic ID				
				Repair Vid ID				
				Leak Pic ID		<input checked="" type="checkbox"/> IR Camera Method 21 <input type="checkbox"/> AVO	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <sup>(1)</sup> Repair Method:	Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>(2)</sup>
				Leak Vid ID				
				Repair Pic ID				
				Repair Vid ID				
				Leak Pic ID		<input checked="" type="checkbox"/> IR Camera Method 21 <input type="checkbox"/> AVO	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <sup>(1)</sup> Repair Method:	Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>(2)</sup>
				Leak Vid ID				
				Repair Pic ID				
				Repair Vid ID				

(1) If first repair is not attempted immediately, a physical numbered tag must be attached to the leaking component, and the LDAR Leak Repair Tag Tracking Form must be completed. First repair must be attempted within 30 days of leak identification.



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**OGI CAMERA FIELD SURVEILLANCE FORM**

(2) If repair is not successful a physical numbered tag must be attached to the leaking component and the LDAR Leak Repair Tracking form must be completed.

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		Page 1 of 1
<b>OGI CAMERA DAILY INSTRUMENT CHECK FORM</b>		

<i>Date &amp; Time</i>	9.26.2025 8:20am	<i>Camera Make</i>	Flir GFX 320	<i>Camera Serial #</i>	74900851
<i>Camera Model</i>	<input checked="" type="checkbox"/> GFx320 (IS) <input type="checkbox"/> GF320	<i>Camera Lens:</i>		(X series) <input checked="" type="checkbox"/> 23mm (24°) <input type="checkbox"/> 38mm	
<i>Temperature (Deg. F)</i>	73	<i>Barometric Pressure (in Hg)</i>	29.94	<i>Wind Speed (mph)</i>	3 Mph
<i>Cloud Cover</i>	<input checked="" type="checkbox"/> Sunny/Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast	<i>DIC Pic #</i>		<i>DIC Video #</i>	2

Calculate Required Flow Rate for Actual Conditions:

$$V_a = \frac{P_s * V_s * (459.67 + T_a)}{P_a * (459.67 + T_s)}$$

**Example**  
 Actual Temperature: 80 F  
 Actual Pressure: 14.49 psia  
  
 Required Flow Rate: **0.51 L/min**

Where

- $P_a$  = actual pressure (psia)
- $T_a$  = actual temperature (deg. F)
- $V_a$  = required flow rate for actual conditions (liters per minute)
- $P_s$  = standard pressure (14.7 psia)
- $T_s$  = standard temperature (deg. F)
- $V_s$  = required flow rate at standard conditions (0.508 liters per minute)<sup>1</sup>

**Camera Thermal Settings Check:**

- Auto       Black Hot
- HSM       White Hot

<i>Natural Gas Emission Source Observed</i>	<input checked="" type="checkbox"/> YES	<i>Distance from Emission Source (ft.)</i>	25'
<i>Calculated Flow Rate (L/min)</i>	0.51	<i>Gas Cylinder Type</i>	LIGHTER
		<i>Contents</i>	BUTANE

\_\_\_\_\_  
 JESUS MARTENEZ  
 Name of OGI Technician - 1 (Print)

\_\_\_\_\_  
*Jesus Martinez*  
 Signature

\_\_\_\_\_  
 Name of OGI Technician - 2 (Print)

\_\_\_\_\_  
 Signature

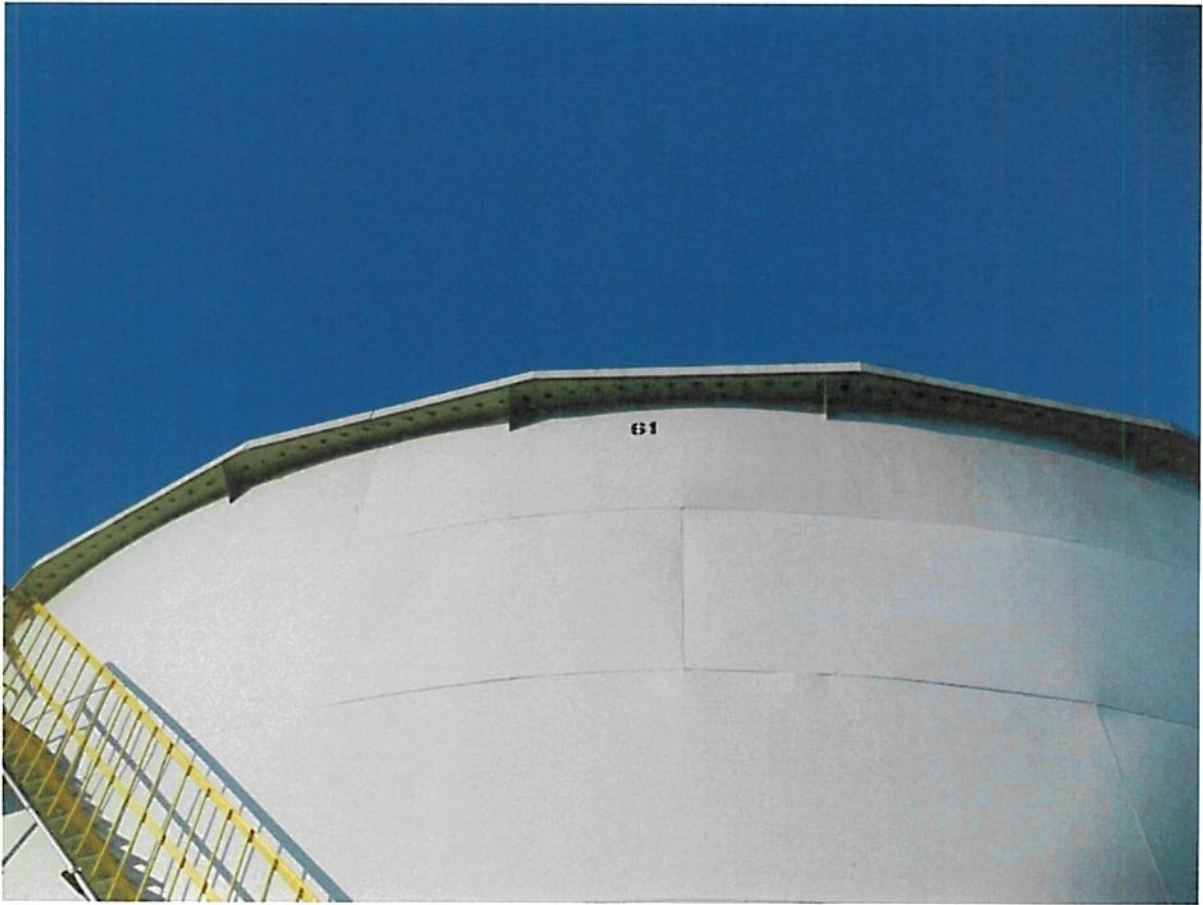
TRECORA PHOTOS TANK 57 & 61 1<sup>st</sup> QUARTER 2025



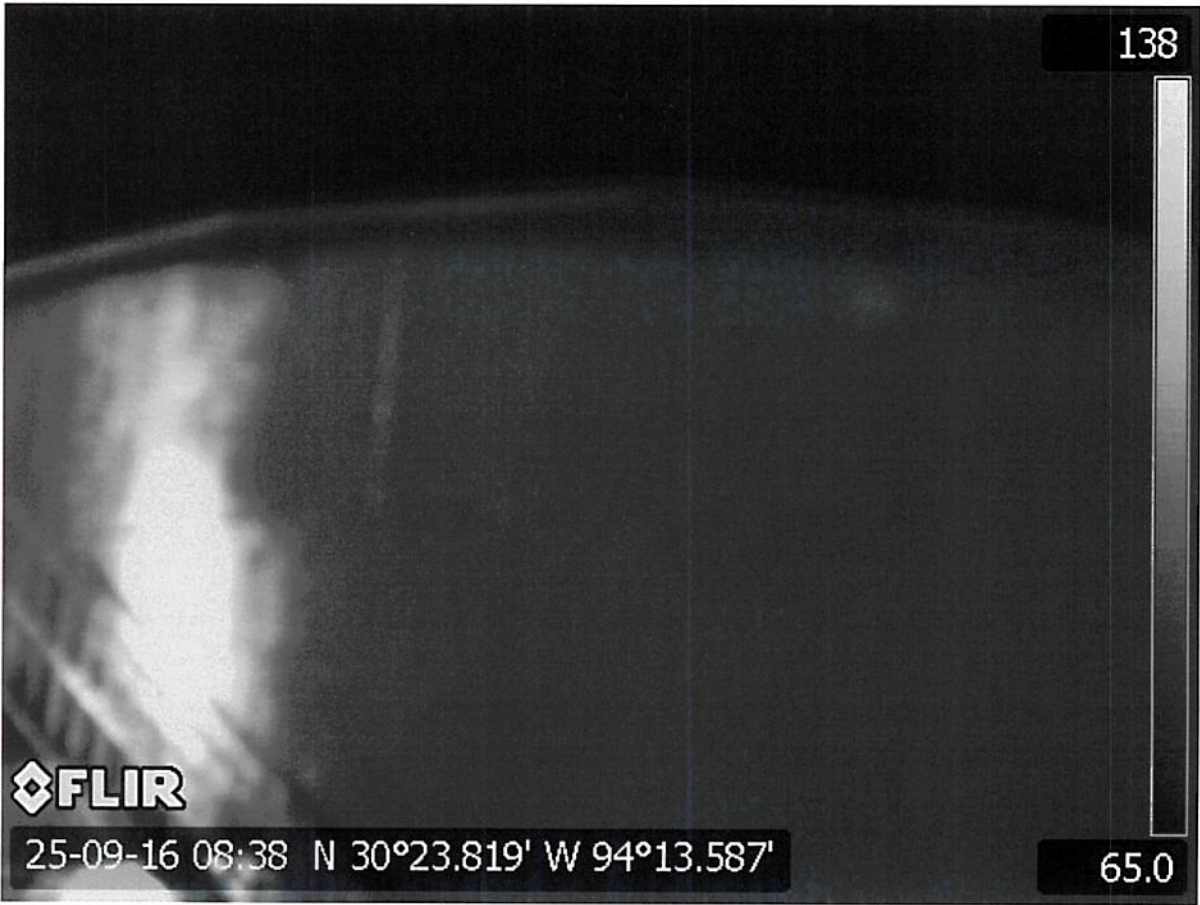
DC\_0004



DC\_0006



DC\_0008



IR\_0003



IR\_0007



IR\_0010



IR\_0012



IR\_0015

**Operation and Maintenance  
Procedures (O&M)**

	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
		Type: Policy
Facility: SIL	<b>SIL-EHS-I-0101</b>	Creation Date: 10/6/2025
Area: EHS	Approval By: Doug Wallace	Revisions: 0

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## 1 Purpose

- 1.1 To establish standardized procedure for the inspection, maintenance, and operation of External Floating Roof Tanks (EFRTs) at the Silsbee facility to ensure compliance with CAFO Appendix B requirements, minimize emissions, and maintain safe and reliable operation.

## 2 Scope

- 2.1 This SOP applies to all EFRTs at the facility. It covers daily inspections, quarterly OGI surveys, preventive maintenance, corrective actions, recordkeeping, and training.

	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
		Type: Policy
Facility: SIL	<b>SIL-EHS-I-0101</b>	Creation Date: 10/6/2025
Area: EHS	Approval By: Doug Wallace	Revisions: 0

### 3 Category

Emergency  
 Highly Critical  
 Critical  
 Routine  
 Obsolete

### 4 Roles and Responsibilities

**Table 4.1**

Role	Responsibility
Operations	Conduct daily EFRT level readings, complete inspection logs.
Maintenance	Perform preventive maintenance, repairs, and corrective actions.
EHS/Compliance	Verify compliance with Appendix B, maintain records, ensure QA/QC review, and coordinate quarterly OGI surveys.
Supervisor/Manager	Provide oversight, sign-off on logs, and ensure staff training.

### 5 Procedure References

- 5.1 Records and Information Management (RIM) Policy
- 5.2 Appendix A, CAFO – OGI Procedures
- 5.3 Appendix B, CAFO - EFRT O&M Requirements
- 5.4 PSM-005 Policy – Operating Procedure Requirements
- 5.5 Manufacturer maintenance manuals  
(i.e., tank seals, vents, drains, guide poles, etc.)
- 5.6 EFRT O&M Field Checklist (Attachment)

### 6 Definitions

**Table 6.1**

Term	Definition
------	------------

	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
		Type: Policy
Facility: SIL	<b>SIL-EHS-I-0101</b>	Creation Date: 10/6/2025
Area: EHS	Approval By: Doug Wallace	Revisions: 0

Consent Agreement and Final Order (CAFO)	Settlement agreement with EPA Region 6 requiring implementation of specific compliance measures.
External Floating Roof Tank (EFRT)	Storage tank with a floating roof exposed to the atmosphere, designed to reduce VOC emissions.
Optical Gas Imaging (OGI)	Infrared camera-based leak detection method required quarterly.
Standard Operating Procedures (SOP)	A formal written document that provides step-by-step instructions on how to carry out a specific process safely, consistently, and in compliance with regulations.

## 7 Safety & Environmental

**Table 7.1**

<b>Required PPE</b>	<ul style="list-style-type: none"> <li>• Hard Hat</li> <li>• FR Clothing</li> <li>• Safety Glasses</li> <li>• Gloves</li> <li>• Steel-toe Boots</li> <li>• Fall Protections (as required)</li> </ul>
<b>Follow PSM/RMP Safe Work Practices</b>	<ul style="list-style-type: none"> <li>• LOTO</li> <li>• CSE</li> <li>• Hot Work</li> <li>• Line Breaking</li> </ul>

## 8 Consequences of Deviation

**Table 8.1**

**Note:** This section provides evidence that a risk assessment has been conducted on all processes.

	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
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Area: EHS	Approval By: Doug Wallace	Revisions: 0

<b>Note:</b> This section provides evidence that a risk assessment has been conducted on all processes.					
<b>Parameter / Condition</b>	<b>Consequence</b>	<b>Severity (High/Med/Low)</b>	<b>Type (Safety / Environmental / Regulatory / Operational)</b>	<b>Likelihood (High/Med/Low)</b>	<b>Mitigation Factor (if applicable)</b>
Daily EFRT Level Reading	Leak, overflow, or gauge malfunction	High	Safety / Environmental / Operational	Medium	Level alarms, operator rounds, automatic cutoffs
Roof Seal Condition	VOC emissions, noncompliance	High	Environmental / Regulatory H	High	Routine OGI, quarterly PM, seal replacement plan
Quarterly OGI Survey	EPA CAFO noncompliance	High	Environmental / Regulatory H	Medium	Quarterly OGI, corrective repair within 15 days
Roof Legs/Drains/ Guide Poles	Flooding, stress, emissions	Medium	Operational / Environmental	Medium	Preventive maintenance, storm prep
Preventive Maintenance	Equipment wear, leaks	Medium	Operational / Environmental	Medium	Work orders, PM schedule
Record-keeping	Regulatory noncompliance	Medium	Operational / Environmental	Low	EHS oversight, automated reminders, QA review
Training	Invalid OGI survey, compliance risk	Medium	Safety / Regulatory	Low	Annual training tracker, LMS alerts, task restriction until trained


	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
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## 9 Procedure

9.1 Tank Inspections	
Step	Task
1	Record daily EFRT level readings in the Tank Inspection Log.
2	Conduct quarterly OGI surveys as per Appendix A (logs, videos, verification clips).
3	If 3rd or 4th quarterly survey shows noncompliance, continue quarterly OGI until two consecutive compliant quarters are achieved.
9.2 Preventative Maintenance (PM)	
Step	Task
1	<b>Note:</b> SOPs must include inspection/maintenance schedules for: <ul style="list-style-type: none"> <li>Primary &amp; Secondary seals</li> <li>Roof Vents &amp; Bleeder Valves</li> <li>Roof Legs &amp; Sleeves</li> <li>Guide Poles &amp; Pole Sleeves</li> <li>Drains &amp; Fittings</li> <li>Gaskets &amp; appurtenances</li> </ul>
9.3 Recordkeeping & Reporting	
1	Document date of inspection/maintenance, repairs, and corrective actions
2	Retain OGI survey logs, videos, corrective verification clips, and repair records.
3	Maintain training records for staff and contractors.
4	Store documentation in site-controlled electronic folder for minimum of 5 years per the Record and Information Management Policy.
9.4 Documentation Protocol	
1	Assign roles/responsibilities for inspections, repairs, and QA/QC.
2	Define work-order system for deficiencies (e.g., Datacor).
3	Include escalation protocol for atypical tank readings or observed emissions.
4	Ensure safe access procedures (tank platform, fall protection).
9.5 Quality Control & Training	
1	Train personnel on EFRT SOPs annually.
2	Conduct QA/QC review of OGI logs, repair verification clips, and tank inspection logs.
3	Supervisors/EHS to review and sign-off monthly.
4	Periodic comparative monitoring or dual-operator reviews as part of QA.

	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
		Type: Policy
Facility: SIL	<b>SIL-EHS-I-0101</b>	Creation Date: 10/6/2025
Area: EHS	Approval By: Doug Wallace	Revisions: 0

10 Attachments

		<b>EFRT O&amp;M Field Checklist</b>		<b>Routine</b>
Facility: SIL		<b>SIL-EHS-F-0101</b>		Type: Form
Area: EHS		Approved By: Doug Wallace		Creation Date: 09/23/2025
				Revisions: 0
<b>Purpose:</b> The purpose of this form is to record is to capture documentation for Daily Tank Inspections, Quarterly OGI Surveys, Repairs & Verification, Preventative Maintenance, QA/QC Training, and Documentation on EFRTs for O&M.				
Facility:			Tank ID:	
<b>Daily Tank Inspections</b>				
<b>Check upon Completion</b>	<b>Check for N/A</b>	<b>Task</b>	<b>Comments</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Record EFRT level reading in Tank Inspection Log		
<input type="checkbox"/>	<input type="checkbox"/>	Check roof seals and fittings for visible damage or wear		
<input type="checkbox"/>	<input type="checkbox"/>	Verify roof legs/guidepoles/drains are unobstructed		
<input type="checkbox"/>	<input type="checkbox"/>	Note weather conditions (Temp, Wind, Sky)		
<b>Quarterly OGI Surveys</b>				
<b>Check upon Completion</b>	<b>Check for N/A</b>	<b>Task</b>	<b>Comments</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Perform verification video within 24 hrs before survey		
<input type="checkbox"/>	<input type="checkbox"/>	Conduct OGI from tank platform during normal operatio		
<input type="checkbox"/>	<input type="checkbox"/>	Capture OGI video for all EFRTs (even if no emissions)		
<input type="checkbox"/>	<input type="checkbox"/>	Log operator name, tank ID, camera model/serial, start/end time		
<input type="checkbox"/>	<input type="checkbox"/>	Capture ≥10-sec clip for any observed emissions		
<input type="checkbox"/>	<input type="checkbox"/>	Tag leaking components and record in survey log		
<b>Repairs &amp; Verification</b>				
<b>Check upon Completion</b>	<b>Check for N/A</b>	<b>Task</b>	<b>Comments</b>	

	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
		Type: Policy
Facility: SIL	<b>SIL-EHS-I-0101</b>	Creation Date: 10/6/2025
Area: EHS	Approval By: Doug Wallace	Revisions: 0

<input type="checkbox"/>	<input type="checkbox"/>	Schedule repairs as soon as practicable	
<input type="checkbox"/>	<input type="checkbox"/>	Complete first repair attempt within 30 days	
<input type="checkbox"/>	<input type="checkbox"/>	Within 15 days after repair, capture ≥10-sec OGI clip to verify no emissions	
<input type="checkbox"/>	<input type="checkbox"/>	Update log with WO#, repair date, method, and verification ID	

**Preventative Maintenance**

Check upon Completion	Check for N/A	Task	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Inspect primary & secondary seals	
<input type="checkbox"/>	<input type="checkbox"/>	Check vents/bleeder valves	
<input type="checkbox"/>	<input type="checkbox"/>	Inspect roof legs and sleeves	
<input type="checkbox"/>	<input type="checkbox"/>	Inspect guidepoles and pole sleeves	
<input type="checkbox"/>	<input type="checkbox"/>	Inspect drains, fittings, gaskets	

**QA/QC & Training**

Check upon Completion	Check for N/A	Task	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Supervisor review/sign-off of survey data and logs	
<input type="checkbox"/>	<input type="checkbox"/>	Comparative monitoring or dual-operator checks (if applicable)	
<input type="checkbox"/>	<input type="checkbox"/>	Confirm staff have current EFRT O&M and OGI training	

**Documentation**

Check upon Completion	Check for N/A	Task	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Store all logs, OGI videos, verification clips in site-controlled folder	
<input type="checkbox"/>	<input type="checkbox"/>	Submit records to EPA Region 6 within 30 days of survey	
<input type="checkbox"/>	<input type="checkbox"/>	Retain documentation for minimum 5 years per Record and Information Management Policy	

Inspector Name (Print):	Date:
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Inspector Signature:
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	<b>External Floating Roof Tanks (EFRTs) Operation &amp; Maintenance</b>	<b>Routine</b>
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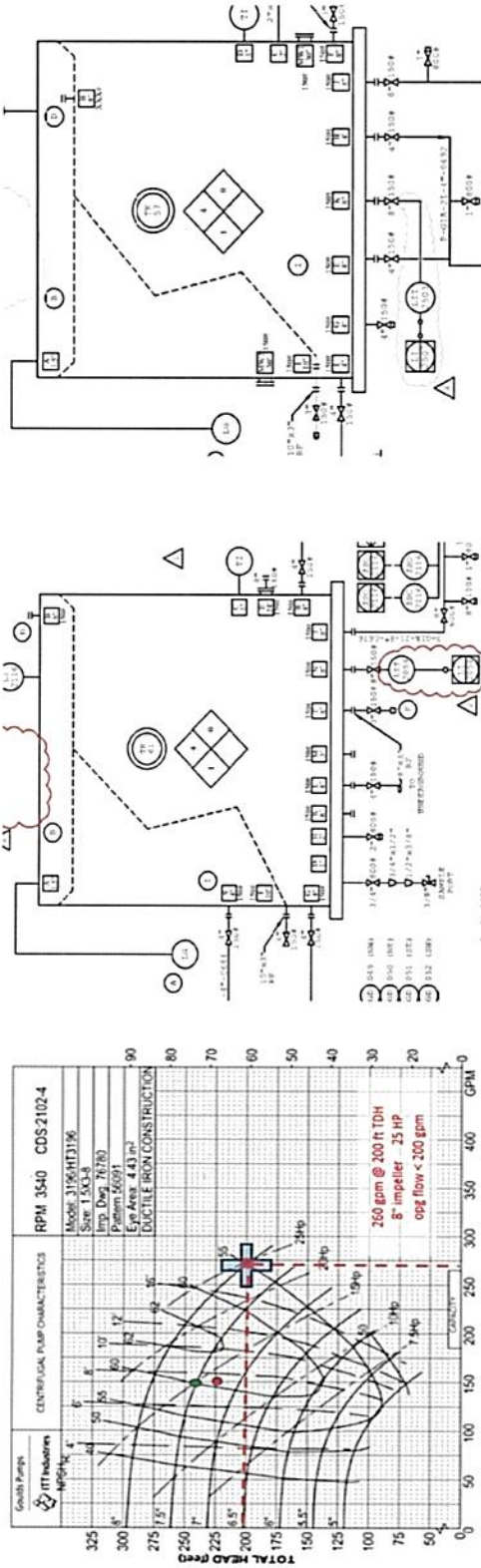
### 11 Revision History

<b>Note:</b> Recent changes should be listed first for easy accessibility.		
Date of Revision	Personnel	Revisions Made
<i>09/23/2025</i>	<i>Jessica Burrell</i>	<i>New Procedure Created</i>

**Alarm & Tank Leg  
Documentation**



# EFRT TK-57 and TK-61 Low Level Alarms



P-100 A/B Pump Curve

B1-2-200 TK-61

B1-4-200 TK-57

Tank #	Low Alarm Installed (Y/N)	Low-Low Alarm Installed (Y/N)	Installation Date(s)	Photo File Name/Reference (Leg Height Markings)	Notes
57	Y	Y	1/2/24	Not on file	Moving L and LL to 8 ft and 9 ft respectively; using single MOC to address change in setpoints
61	Y	Y	1/2/24	Not on file	

**IRS Form W-9**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Trecora Hydrocarbons LLC</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <b>P</b> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>PO Box 1636</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Silsbee, TX 77656</b>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or									
<b>Employer identification number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">7</td> <td style="width: 25%;">4</td> <td style="width: 25%;">-</td> <td style="width: 25%;">1</td> </tr> </table>	7	4	-	1	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">3</td> <td style="width: 25%;">8</td> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> </tr> </table>	3	8	1	2
7	4	-	1						
3	8	1	2						
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">7</td> <td style="width: 25%;">8</td> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> </tr> </table>	7	8	1	2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">7</td> <td style="width: 25%;">8</td> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> </tr> </table>	7	8	1	2
7	8	1	2						
7	8	1	2						

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/2/24</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**Corrective Actions Letter**

**Trecora Hydrocarbons LLC  
7752 FM 418  
Silsbee, Texas 77656**

**October 5, 2025**

**Subject: Notification of Leak Findings and Planned Corrective Actions  
Docket No.: CAA-06-2025-3431**

**Dear Ms. Knodl and Ms. Vaughn,**

**In accordance with the requirements of the Consent Agreement and Final Order (CAFO) for Trecora Hydrocarbons LLC (Docket No. CAA-06-2025-3431), this letter serves to notify the U.S. Environmental Protection Agency that several leaks were identified during our most recent Optical Gas Imaging (OGI) survey.**

**All identified leaks have been documented, and corrective actions are currently being scheduled. We anticipate that all repairs and verifications will be completed no later than October 31, 2025. Verification videos and supporting documentation will be included in our next quarterly OGI submittal to demonstrate full resolution of these findings.**

**Please let us know if you require additional details or an interim progress update.**

**Sincerely,  
Jessica Johnson Burrell  
Environmental Engineer  
Trecora Hydrocarbons LLC  
Email: [jessica.burrell@trecora.com](mailto:jessica.burrell@trecora.com)**

## Vaughn, Lorena

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**From:** Douglas Wallace <Douglas.Wallace@Trecora.com>  
**Sent:** Tuesday, October 7, 2025 2:41 PM  
**To:** Knodl, Sydney; Vaughn, Lorena  
**Cc:** Matt Myren; Bonnie Darville; Dan Roberts; Matt Phillips; Jessica Burrell; Patrick Sayles  
**Subject:** Trecora Hydrocarbons LLC - Submittal of Required Documentation – Consent Agreement and Final Order (CAFO) Docket No. CAA-06-2025-3431  
**Attachments:** CAFO ATTACHMENTS.pdf

**Caution:** This email originated from outside EPA, please exercise additional caution when deciding whether to open attachments or click on provided links.

Sydney,

Thank you for your assistance in uploading the documents to the EPA's electronic folder.

Attached is the Submittal of Required Documentation – Consent Agreement and Final Order (CAFO), Docket No. CAA-06-2025-3431. You will also find this document, along with the required video clips, in the EPA electronic folder.

Please let me know if you need any additional information or materials.

Best regards,

**Douglas Wallace** | EHS Director - Trecora | Trecora  
Specialty Wax Plant: 12500 Bay Area Blvd, Pasadena, TX 77507  
Office: 281-694-2059 | | [douglas.wallace@trecora.com](mailto:douglas.wallace@trecora.com) | [www.trecora.com](http://www.trecora.com)



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