



# Luminant

**Kenneth J. Peters**  
Senior Vice President  
& Chief Nuclear Officer  
Kenneth.Peters@luminant.com

**Luminant Power**  
P O Box 1002  
6322 North FM 56  
Glen Rose, TX 76043

**T** 254 897 6565  
**C** 817 776 0037  
**F** 254 897 6652

Delivered Via FedEx  
TXX- 16131

November 2, 2016

Texas Commission on Environmental Quality  
Applications Review and Processing Team, MC 148  
Building F Room 2101  
12100 Park 35 Circle  
Austin, TX 78753

RE: Application to Transfer a Wastewater Permit  
Comanche Peak Nuclear Power Plant (WQ0001854000)

Dear Sir/Madam:

Luminant Generation Company LLC hereby notifies the Texas Commission on Environmental Quality of a change in owner for the Comanche Peak Nuclear Power Plant located in Glen Rose, Texas. The following changes are requested in the attached transfer application:

| Role     | Before Transfer                 | After Transfer                  |
|----------|---------------------------------|---------------------------------|
| Owner    | Luminant Generation Company LLC | Comanche Peak Power Company LLC |
| Operator | Luminant Generation Company LLC | TEX Operations Company LLC      |

If you have any additional questions regarding this transfer application, please contact Ryan Bayle at 214-875-8294 or by e-mail at ryan.bayle@luminant.com.

Sincerely,

Kenneth J. Peters  
Senior Vice President  
& Chief Nuclear Officer

By: Kim Mireles  
Senior Director, Environmental Services

Enclosure:

cc: U.S. Nuclear Regulatory Commission,  
Document Control Desk,  
11555 Rockville Pike,  
Rockville, MD 20852

MOOK  
NRR



# TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

|   |   |   |
|---|---|---|
| 1. Reason for Submission (If other is checked please describe in space provided.)   |   |   |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) |   |   |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)   |   | <input checked="" type="checkbox"/> Other Change in Owner |
| 2. Customer Reference Number (if issued)  | Follow this link to search for CN or RN numbers in <a href="#">Central Registry**</a> | 3. Regulated Entity Reference Number (if issued)          |
| CN  |   | RN 103044053  |

## SECTION II: Customer Information

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 4. General Customer Information   |  | 5. Effective Date for Customer Information Updates (mm/dd/yyyy)     |  | 10/03/2016   |  |
| <input checked="" type="checkbox"/> New Customer  |  | <input type="checkbox"/> Update to Customer Information             |  | <input checked="" type="checkbox"/> Change in Regulated Entity Ownership |  |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)  |  |   |  |  |  |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> |  |   |  |  |  |
| 6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)   |  |   |  | If new Customer, enter previous Customer below:                          |  |
| Comanche Peak Power Company LLC   |  |   |  | Luminant Generation Company LLC  |  |
| 7. TX SOS/CPA Filing Number   |  | 8. TX State Tax ID (11 digits)                                      |  | 9. Federal Tax ID (9 digits)   |  |
| 0802412555  |  | 32059879547   |  | 10. DUNS Number (if applicable)  |  |
| 11. Type of Customer:   |  | <input checked="" type="checkbox"/> Corporation                     |  | <input type="checkbox"/> Individual                                      |  |
| Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited  |  | <input type="checkbox"/> Sole Proprietorship                        |  | <input type="checkbox"/> Other:  |  |
| Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other                        |  | <input type="checkbox"/> Sole Proprietorship                        |  | <input type="checkbox"/> Other:  |  |
| 12. Number of Employees   |  | 13. Independently Owned and Operated?                               |  |  |  |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher              |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| 14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following:  |  |   |  |  |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator   |  |   |  |  |  |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:                  |  |   |  |  |  |
| 15. Mailing Address:  |  |   |  |  |  |
| 1601 Bryan Street   |  |   |  |  |  |
| EP 27   |  |   |  |  |  |
| City  |  | Dallas  |  | State TX ZIP 75201 ZIP + 4   |  |
| 16. Country Mailing Information (if outside USA)  |  |   |  | 17. E-Mail Address (if applicable)                                       |  |
|   |  |   |  |  |  |
| 18. Telephone Number  |  | 19. Extension or Code   |  | 20. Fax Number (if applicable)   |  |
| ( 214 ) 875 - 8382  |  |   |  | ( 214 ) 875 - 8699   |  |

## SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

|  |         |                                   |                               |  |                                |  |                  |
|--|---------|-----------------------------------|-------------------------------|--|--------------------------------|--|------------------|
| 25. Description to Physical Location:  |         |                                   |                               |  |                                |  |                  |
| 26. Nearest City   |         |                                   |                               |  | State                          |  | Nearest ZIP Code |
|  |         |                                   |                               |  |                                |  |                  |
| 27. Latitude (N) In Decimal:   |         |                                   | 28. Longitude (W) In Decimal: |  |                                |  |                  |
| Degrees  | Minutes | Seconds                           | Degrees                       | Minutes                                | Seconds                        |  |                  |
|  |         |                                   |                               |  |                                |  |                  |
| 29. Primary SIC Code (4 digits)  |         | 30. Secondary SIC Code (4 digits) |                               | 31. Primary NAICS Code (5 or 6 digits) |                                | 32. Secondary NAICS Code (5 or 6 digits) |                  |
|  |         |                                   |                               |  |                                |  |                  |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) |         |                                   |                               |  |                                |  |                  |
|  |         |                                   |                               |  |                                |  |                  |
| 34. Mailing Address:   |         |                                   |                               |  |                                |  |                  |
|  |         | City                              |                               | State                                  |                                | ZIP                                      |                  |
| 35. E-Mail Address:  |         |                                   |                               |  |                                |  |                  |
| 36. Telephone Number   |         |                                   | 37. Extension or Code         |  | 38. Fax Number (if applicable) |  |                  |
| ( ) -  |         |                                   |                               |  | ( ) -                          |  |                  |

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

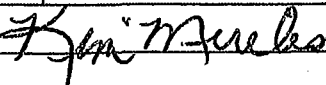
|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts              | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous Waste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

#### SECTION IV: Preparer Information

|                      |               |                    |                          |                            |
|----------------------|---------------|--------------------|--------------------------|----------------------------|
| 40. Name:            | Paul Barnes   |                    | 41. Title:               | Air Permitting Coordinator |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number     | 45. E-Mail Address       |                            |
| ( 214 ) 875 - 8374   |               | ( 214 ) 875 - 8699 | paul.barnes@luminant.com |                            |

#### SECTION V: Authorized Signature

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

|                  |   |            |                                      |
|------------------|---|------------|--------------------------------------|
| Company:         | Luminant Generation Company LLC   | Job Title: | Sr. Director, Environmental Services |
| Name (In Print): | Kim Mireles   | Phone:     | (214) 875-8382                       |
| Signature:       |  | Date:      | 10/27/2012                           |

## ATTACHMENT TO CORE DATA FORM

Customer Reference Number: (not issued)

Customer Legal Name: **Comanche Peak Power Company LLC**

Regulated Entity Reference Number: **RN103044053**

Regulated Entity Name: **Comanche Peak Nuclear Power Plant**

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

|  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts  | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous Waste<br>TXD020332078,<br>33306, 50356, P00736 |
| <input type="checkbox"/> Municipal Solid Waste | <input type="checkbox"/> New Source Review Air                                | <input type="checkbox"/> OSSF                   | <input type="checkbox"/> Petroleum Storage Tank  | <input checked="" type="checkbox"/> PWS<br>1110103, 2130037   |
| <input type="checkbox"/> Sludge                | <input type="checkbox"/> Storm Water  | <input type="checkbox"/> Title V Air            | <input type="checkbox"/> Tires                   | <input type="checkbox"/> Used Oil   |
| <input type="checkbox"/> Voluntary Cleanup     | <input checked="" type="checkbox"/> Waste Water<br>WQ0001854000,<br>TX0065854 | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights            | <input type="checkbox"/> Other:   |



# TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

|   |  |  |
|---|--|--|
| 1. Reason for Submission (If other is checked please describe in space provided.)   |  |  |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) |  |  |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)   |  | <input checked="" type="checkbox"/> Other Change in Operator |
| 2. Customer Reference Number (if issued)  | Follow this link to search for CN or RN numbers in <b>Central Registry**</b> | 3. Regulated Entity Reference Number (if issued)             |
| CN  |  | RN 103044053   |

## SECTION II: Customer Information

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 4. General Customer Information  |  | 5. Effective Date for Customer Information Updates (mm/dd/yyyy)     |  | 10/03/2016                                      |  |
| <input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input checked="" type="checkbox"/> Change in Regulated Entity Ownership                      |  |   |  |   |  |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)   |  |   |  |   |  |
| <b><i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i></b> |  |   |  |   |  |
| 6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)  |  |   |  | If new Customer, enter previous Customer below: |  |
| TEX Operations Company LLC   |  |   |  | Luminant Generation Company LLC                 |  |
| 7. TX SOS/CPA Filing Number  |  | 8. TX State Tax ID (11 digits)                                      |  | 9. Federal Tax ID (9 digits)                    |  |
| 0802412497   |  | 32059879869   |  | 364833461                                       |  |
| 10. DUNS Number (if applicable)  |  |   |  |   |  |
| 11. Type of Customer:  |  | <input checked="" type="checkbox"/> Corporation                     |  | <input type="checkbox"/> Individual             |  |
| Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited   |  |   |  |   |  |
| Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other                               |  | <input type="checkbox"/> Sole Proprietorship                        |  | <input type="checkbox"/> Other:                 |  |
| 12. Number of Employees  |  | 13. Independently Owned and Operated?                               |  |   |  |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher                     |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |  |
| 14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following:   |  |   |  |   |  |
| <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator  |  |   |  |   |  |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:                         |  |   |  |   |  |
| 15. Mailing Address:   |  |   |  |   |  |
| 1601 Bryan Street  |  |   |  |   |  |
| EP 27  |  |   |  |   |  |
| City   |  | Dallas  |  | State TX ZIP 75201 ZIP + 4                      |  |
| 16. Country Mailing Information (if outside USA)   |  |   |  | 17. E-Mail Address (if applicable)              |  |
|  |  |   |  |   |  |
| 18. Telephone Number   |  | 19. Extension or Code   |  | 20. Fax Number (if applicable)                  |  |
| ( 214 ) 875 - 8382   |  |   |  | ( 214 ) 875 - 8699                              |  |

## SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

|  |                                   |         |  |                               |  |                  |         |
|--|-----------------------------------|---------|--|-------------------------------|--|------------------|---------|
| 25. Description to Physical Location:  |                                   |         |  |                               |  |                  |         |
| 26. Nearest City   |                                   |         |  |                               | State                                    | Nearest ZIP Code |         |
|  |                                   |         |  |                               |  |                  |         |
| 27. Latitude (N) In Decimal:   |                                   |         |  | 28. Longitude (W) In Decimal: |  |                  |         |
| Degrees  | Minutes                           | Seconds | Degrees                                | Minutes                       | Seconds                                  |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 29. Primary SIC Code (4 digits)  | 30. Secondary SIC Code (4 digits) |         | 31. Primary NAICS Code (5 or 6 digits) |                               | 32. Secondary NAICS Code (5 or 6 digits) |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) |                                   |         |  |                               |  |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 34. Mailing Address:   |                                   |         |  |                               |  |                  |         |
|  | City                              |         | State                                  |                               | ZIP                                      |                  | ZIP + 4 |
| 35. E-Mail Address:  |                                   |         |  |                               |  |                  |         |
| 36. Telephone Number   |                                   |         | 37. Extension or Code                  |                               | 38. Fax Number (if applicable)           |                  |         |
| ( ) -  |                                   |         |  |                               | ( ) -                                    |                  |         |

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

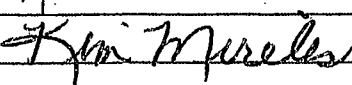
|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts                        | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous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

#### SECTION IV: Preparer Information

|                      |               |                    |                          |                            |
|----------------------|---------------|--------------------|--------------------------|----------------------------|
| 40. Name:            | Paul Barnes   |                    | 41. Title:               | Air Permitting Coordinator |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number     | 45. E-Mail Address       |                            |
| ( 214 ) 875 - 8374   |               | ( 214 ) 875 - 8699 | paul.barnes@luminant.com |                            |

#### SECTION V: Authorized Signature

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

|                  |   |            |                                      |
|------------------|---|------------|--------------------------------------|
| Company:         | Luminant Generation Company LLC   | Job Title: | Sr. Director, Environmental Services |
| Name (In Print): | Kim Mireles   | Phone:     | ( 214 ) 875 - 8382                   |
| Signature:       |  | Date:      | 10/27/2016                           |

# ATTACHMENT TO CORE DATA FORM

Customer Reference Number: **(not issued)**

Customer Legal Name: **TEX Operations Company LLC**

Regulated Entity Reference Number: **RN103044053**

Regulated Entity Name: **Comanche Peak Nuclear Power Plant**

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

|  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts  | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous Waste<br>TXD020332078,<br>33306, 50356, P00736 |
| <input type="checkbox"/> Municipal Solid Waste | <input checked="" type="checkbox"/> New Source Review Air<br>19225, 34242,<br>80034, 101442 | <input type="checkbox"/> OSSF                   | <input type="checkbox"/> Petroleum Storage Tank  | <input checked="" type="checkbox"/> PWS<br>1110103, 2130037   |
| <input type="checkbox"/> Sludge                | <input type="checkbox"/> Storm Water  | <input type="checkbox"/> Title V Air            | <input type="checkbox"/> Tires                   | <input type="checkbox"/> Used Oil   |
| <input type="checkbox"/> Voluntary Cleanup     | <input checked="" type="checkbox"/> Waste Water<br>WQ0001854000,<br>TX0065854               | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights            | <input type="checkbox"/> Other:   |

**Texas Commission on Environmental Quality  
Air Permits Division  
Change of Name/Ownership Form**

|  |              |   |
|--|--------------|---|
| <b>I. Application Type</b>   |              |   |
| <input checked="" type="checkbox"/> Change in Ownership (See Note Below)   |              | <input type="checkbox"/> Change in Company Name                     |
| <b>II. Name of the New Owner or Operator of the Facilities or Equipment<br/>(Legal Entity Name of the new permittee)</b>                             |              |   |
| A. Customer Name: TEX Operations Company LLC   |              |   |
| B. Customer Reference Number (CN) (if issued):   |              |   |
| C. Submittal Date: 10/27/2016  |              |   |
| D. Effective Date of Change: 10/03/2016  |              |   |
| E. Is the new owner an affiliate of the previous owner?  |              | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>III. Responsible Official (RO) Contact Information</b>  |              |   |
| Name ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Kim Mireles |              |   |
| Title: Sr. Director, Environmental Services  |              |   |
| Company Name: Luminant Generation Company LLC  |              |   |
| Mailing Address: 1601 Bryan Street, EP 27  |              |   |
| City: Dallas   | State: Texas | Zip Code: 75201   |
| Territory:   |              | Country:  |
| Foreign Postal Code:   |              | Internal Mail Code:   |
| Telephone No.: (214) 875-8382  |              | Fax No.: (214) 875-8699   |
| E-mail Address: kimberly.mireles@luminant.com  |              |   |
| <b>IV. Technical Contact Information</b>   |              |   |
| Name ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Paul Barnes |              |   |
| Title: Air Permitting Coordinator  |              |   |
| Company Name: Luminant Generation Company LLC  |              |   |
| Mailing Address: 1601 Bryan Street, EP 27  |              |   |
| City: Dallas   | State: Texas | Zip Code: 75201   |
| Territory:   |              | Country:  |
| Foreign Postal Code:   |              | Internal Mail Code:   |
| Telephone No.: (214) 875-8374  |              | Fax No.: (214) 875-8699   |
| E-mail Address: paul.barnes@luminant.com   |              |   |

Please note that this action is changing the operator of the Comanche Peak Nuclear Power Plant and all affected air permits to TEX Operations Company LLC.



**Texas Commission on Environmental Quality  
Air Permits Division  
Change of Name/Ownership Form**

|  |     |                 |                 |                  |       |    |  |
|--|-----|-----------------|-----------------|------------------|-------|----|--|
| <b>V. Site Information (continued)</b>   |     |                 |                 |                  |       |    |  |
| <b>A.</b> Site Name: Comanche Peak Nuclear Power Plant   |     |                 |                 |                  |       |    |  |
| <b>B.</b> Regulated Entity Number (RN) (if issued): RN103044053  |     |                 |                 |                  |       |    |  |
| <b>C.</b> Account Number (if issued): SL-0009-E  |     |                 |                 |                  |       |    |  |
| <b>D.</b> If action is transfer of ownership, is the change for the entire site?   |     |                 |                 |                  |       |    | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| <b>E.</b> If action is transfer of ownership for a portion of the existing site, will the new site be a major source?  |     |                 |                 |                  |       |    | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A |
| <b>F.</b> Indicate all pollutants for which the site is a major source based on the site's potential to emit.  |     |                 |                 |                  |       |    |  |
| Pollutant:   | VOC | NO <sub>x</sub> | SO <sub>2</sub> | PM <sub>10</sub> | CO    | PB | HAPs   |
| Major at the Site (YES/NO):  |     |                 |                 |                  |       |    |  |
| Other:   |     |                 |                 |                  |       |    |  |
| <b>VI. Air Authorizations That Are Affected By This Action</b>   |     |                 |                 |                  |       |    |  |
| <b>A.</b> List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable:  |     |                 |                 |                  |       |    |  |
| 19225  |     | 34242           |                 |                  | 80034 |    |  |
| 101442   |     |                 |                 |                  |       |    |  |
|  |     |                 |                 |                  |       |    |  |
| <b>B.</b> List all FOPs (including SOPs and ATOs under GOPs), as applicable:   |     |                 |                 |                  |       |    |  |
|  |     |                 |                 |                  |       |    |  |
|  |     |                 |                 |                  |       |    |  |
| <b>VII. NSR Conditions for Change of Ownership under 30 TAC § 116.110(e)</b>   |     |                 |                 |                  |       |    |  |
| <ul style="list-style-type: none"> <li>• The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations.</li> <li>• The new owner asserts there will be no change in the type of pollutants emitted.</li> <li>• The new owner asserts there will be no increase in the quantity emitted.</li> </ul> |     |                 |                 |                  |       |    |  |

**Texas Commission on Environmental Quality**  
**Air Permits Division**  
**Change of Name/Ownership Form**

**VIII. FOP Conditions for Change of Ownership**

- For SOP holders:  
Pursuant to 30 TAC § 122.210 and § 122.211, the permit holder (new owner) is required to submit a permit revision application for a change to the permit identification of ownership or operational control of a site. The change must be facilitated by a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the old and new permit holder. This written agreement is maintained with the permit.
- For GOP holders:  
Pursuant to 30 TAC § 122.503, the permit holder (new owner) is required to submit (before the change is operated) an application for a new authorization to operate for a change to the permit identification of ownership or operational control of a site. The change must be facilitated by a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the old and new permit holder. This written agreement is maintained with the permit.

- |   |  |
|---|--|
| <b>A.</b> Are any other changes needed for the FOP?<br><i>(If YES, submit the information as explained in the instructions.)</i>  | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>See Note Below |
| <b>B.</b> Is there an Acid Rain permit or Clean Air Interstate Rule (CAIR) permit included in the SOP?<br><i>(If YES, submit the information as explained in the instructions.)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>See Note Below |

**IX. Authorization**

I, Kim Mireles, certify that I am the responsible official for this application and that, based on information and belief formed after reasonable inquiry, the statements and information on this form are true, accurate, and complete.

Signature: Kim Mireles Signature Date: 10/27/2016

Title: Sr. Director, Environmental Services

**Note:**

The Comanche Peak Nuclear Power Plant does not have a FOP since the site is currently not a major source of emissions.



## SECTION 1. CURRENT PERMIT INFORMATION

Page 1

D. If the facility owner is an individual, complete Attachment 1.

E. For Corporations:

What is the Tax Identification Number issued by the State Comptroller: 32059879547

What is the Charter Filing Number issued by the Texas Secretary of State: 0802512555

### SECTION 3. CO-APPLICANT INFORMATION

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

TEX Operations Company LLC

B. What is the Customer Number (CN) issued to this entity? CN [REDACTED]

C. What is the Contact Information for the facility owner?

Mailing Address: 1601 Bryan Street

City, State, and Zip Code: Dallas, TX 75201

Phone Number: 214-875-8299 Fax Number: 214-875-8699

E-mail Address: spicer@luminant.com

D. If the facility owner is an individual, complete Attachment 1.

E. For Corporations:

What is the Tax Identification Number issued by the State Comptroller 32059879869

What is the Charter Filing Number issued by the Texas Secretary of State 0802412497

### SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Ryan Bayle

Title: Water Resources Coordinator Credentials: P.G.

Company Name: Luminant Generation Company LLC

Mailing Address: 1601 Bryan Street, EP 27-090E

City, State, and Zip Code: Dallas, TX 75201

Phone Number: 214-875-8294 Fax Number: 214-875-8699

E-mail Address: ryan.bayle@luminant.com

## SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Ryan Bayle

Title: Water Resources Coordinator      Credentials: P.G.

Company Name: Luminant Generation Company LLC

Mailing Address: 1601 Bryan Street, EP 27-090E

City, State, and Zip Code: Dallas, TX 75201

Phone Number: 214-875-8294 Fax Number: 214-875-8699

E-mail Address: ryan.bayle@luminant.com

## SECTION 6. SITE INFORMATION

Site Name: Comanche Peak Nuclear Power Plant

County, or counties if more than 1: Somervell

## SECTION 7. LEASE AND EASEMENT REQUIREMENTS

### A. Landowner where the facility is or will be located:

Landowner Name: Comanche Peak Power Company LLC

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

### B. Landowner of the effluent disposal site:

Landowner Name: Comanche Peak Power Company LLC

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

### C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: [REDACTED]

## SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? 10/03/2016

## SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Ryan Bayle

Title: Water Resources Coordinator Credentials: P.G.

Company Name: Luminant Generation Company LLC

Mailing Address: 1601 Bryan Street, EP 27-090E

City, State, and Zip Code: Dallas, TX 75201

Phone Number: 214-875-8294 Fax Number: 214-875-8699

E-mail Address: ryan.bayle@luminant.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Gary Spicer

Title: Manager, Water & Waste Compliance

Credentials: [REDACTED]

Company Name: Luminant Generation Company LLC

Mailing Address: 1601 Bryan Street, EP 27-095C

City, State, and Zip Code: Dallas, TX 75201

Phone Number: 214-875-8299 Fax Number: 214-875-8699

E-mail Address: spicer@luminant.com

## SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes ☐ No ☒

Do you owe any penalties to the TCEQ? Yes ☐ No ☒

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

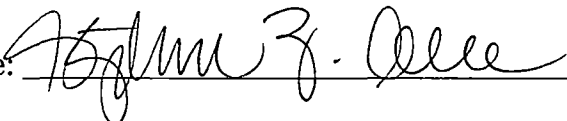
[REDACTED]

## TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: Stephanie Zapata Moore

Title: Executive Vice President and General Counsel

Signature:  Date: 11/2/16

SUBSCRIBED AND SWORN to before me by the said Stephanie Zapata Moore

on this 3<sup>rd</sup> day of November, 20 16

My commission expires on the 23<sup>rd</sup> day of August, 20 16

(Seal)



Notary Public

Dallas

## TRANSFEROR SIGNATURE (Current Facility Operator)

Complete only if the operator is a co-permittee on the current permit.

I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Operator Name: Stephanie Zapata Moore

Title: Executive Vice President and General Counsel

Signature: [Signature] Date: 11/2/2016

SUBSCRIBED AND SWORN to before me by the said Stephanie Moore on

this 3<sup>rd</sup> day of November, 20 16

My commission expires on the 23<sup>rd</sup> day of August, 20 16

(Seal)

[Signature]

Notary Public

Dallas

County, Texas



## TRANSFeree SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

New Facility Owner: Stephanie Zapata Moore

Title: Executive Vice President and General Counsel

Signature: [Handwritten Signature] Date: 11/2/2016

SUBSCRIBED AND SWORN to before me by the said Stephanie Zapata Moore on

this 3rd day of November, 20 16

My commission expires on the 23rd day of August, 20 16

(Seal)

[Handwritten Signature]

Notary Public

Dallas

County, Texas

## TRANSFeree SIGNATURE (New Facility Operator)

Complete only if the operator is required to be a co-permittee on the permit.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

New Facility Operator: Stephanie Zapata Moore

Title: Executive Vice President and General Counsel

Signature: [Handwritten Signature]

Date: 11/2/2016

SUBSCRIBED AND SWORN to before me by the said Stephanie Zapata Moore on

this 3<sup>rd</sup> day of November, 20 16

My commission expires on the 23<sup>rd</sup> day of August, 20 16

(Seal)

[Handwritten Signature]

Notary Public

Dallas

County, Texas



# TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

|   |   |   |
|---|---|---|
| 1. Reason for Submission (If other is checked please describe in space provided.)   |   |   |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) |   |   |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)   |   | <input checked="" type="checkbox"/> Other Change in Owner |
| 2. Customer Reference Number (if issued)  | Follow this link to search for CN or RN numbers in <a href="#">Central Registry**</a> | 3. Regulated Entity Reference Number (if issued)          |
| CN  |   | RN 103044053  |

## SECTION II: Customer Information

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 4. General Customer Information   |  | 5. Effective Date for Customer Information Updates (mm/dd/yyyy)     |  | 10/03/2016   |  |
| <input checked="" type="checkbox"/> New Customer  |  | <input type="checkbox"/> Update to Customer Information             |  | <input checked="" type="checkbox"/> Change in Regulated Entity Ownership |  |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)  |  |   |  |  |  |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> |  |   |  |  |  |
| 6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)   |  |   |  | If new Customer, enter previous Customer below:                          |  |
| Comanche Peak Power Company LLC   |  |   |  | Luminant Generation Company LLC  |  |
| 7. TX SOS/CPA Filing Number   |  | 8. TX State Tax ID (11 digits)                                      |  | 9. Federal Tax ID (9 digits)   |  |
| 0802412555  |  | 32059879547   |  |  |  |
| 10. DUNS Number (if applicable)   |  |   |  |  |  |
| 11. Type of Customer:   |  | <input checked="" type="checkbox"/> Corporation                     |  | <input type="checkbox"/> Individual                                      |  |
| Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited  |  |   |  |  |  |
| Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other                        |  | <input type="checkbox"/> Sole Proprietorship                        |  | <input type="checkbox"/> Other:  |  |
| 12. Number of Employees   |  | 13. Independently Owned and Operated?                               |  |  |  |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher              |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| 14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following:  |  |   |  |  |  |
| <input checked="" type="checkbox"/> Owner   |  | <input type="checkbox"/> Operator                                   |  | <input type="checkbox"/> Owner & Operator                                |  |
| <input type="checkbox"/> Occupational Licensee  |  | <input type="checkbox"/> Responsible Party                          |  | <input type="checkbox"/> Voluntary Cleanup Applicant                     |  |
| <input type="checkbox"/> Other:   |  |   |  |  |  |
| 15. Mailing Address:  |  | 1601 Bryan Street   |  |  |  |
| EP 27   |  |   |  |  |  |
| City  |  | Dallas  |  | State TX ZIP 75201 ZIP + 4   |  |
| 16. Country Mailing Information (if outside USA)  |  |   |  | 17. E-Mail Address (if applicable)                                       |  |
|   |  |   |  |  |  |
| 18. Telephone Number  |  | 19. Extension or Code   |  | 20. Fax Number (if applicable)   |  |
| ( 214 ) 875 - 8382  |  |   |  | ( 214 ) 875 - 8699   |  |

## SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

|  |                                   |         |  |                               |  |                  |         |
|--|-----------------------------------|---------|--|-------------------------------|--|------------------|---------|
| 25. Description to Physical Location:  |                                   |         |  |                               |  |                  |         |
| 26. Nearest City   |                                   |         |  |                               | State                                    | Nearest ZIP Code |         |
|  |                                   |         |  |                               |  |                  |         |
| 27. Latitude (N) In Decimal:   |                                   |         |  | 28. Longitude (W) In Decimal: |  |                  |         |
| Degrees  | Minutes                           | Seconds | Degrees                                | Minutes                       | Seconds                                  |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 29. Primary SIC Code (4 digits)  | 30. Secondary SIC Code (4 digits) |         | 31. Primary NAICS Code (5 or 6 digits) |                               | 32. Secondary NAICS Code (5 or 6 digits) |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) |                                   |         |  |                               |  |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 34. Mailing Address:   |                                   |         |  |                               |  |                  |         |
|  | City                              |         | State                                  |                               | ZIP                                      |                  | ZIP + 4 |
| 35. E-Mail Address:  |                                   |         |  |                               |  |                  |         |
| 36. Telephone Number   |                                   |         | 37. Extension or Code                  |                               | 38. Fax Number (if applicable)           |                  |         |
| ( ) -  |                                   |         |  |                               | ( ) -                                    |                  |         |

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

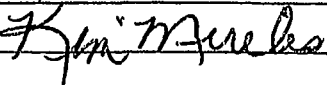
|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts              | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous Waste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

#### SECTION IV: Preparer Information

|                      |               |                    |                          |            |                            |
|----------------------|---------------|--------------------|--------------------------|------------|----------------------------|
| 40. Name:            | Paul Barnes   |                    |                          | 41. Title: | Air Permitting Coordinator |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number     | 45. E-Mail Address       |            |                            |
| ( 214 ) 875 - 8374   |               | ( 214 ) 875 - 8699 | paul.barnes@luminant.com |            |                            |

#### SECTION V: Authorized Signature

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

|                  |   |            |                                      |
|------------------|---|------------|--------------------------------------|
| Company:         | Luminant Generation Company LLC   | Job Title: | Sr. Director, Environmental Services |
| Name (In Print): | Kim Mireles   | Phone:     | (214) 875-8382                       |
| Signature:       |  | Date:      | 10/27/2016                           |

# ATTACHMENT TO CORE DATA FORM

Customer Reference Number: (not issued)

Customer Legal Name: **Comanche Peak Power Company LLC**

Regulated Entity Reference Number: **RN103044053**

Regulated Entity Name: **Comanche Peak Nuclear Power Plant**

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

|  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts  | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous Waste<br>TXD020332078,<br>33306, 50356, P00736 |
| <input type="checkbox"/> Municipal Solid Waste | <input type="checkbox"/> New Source Review Air                                | <input type="checkbox"/> OSSF                   | <input type="checkbox"/> Petroleum Storage Tank  | <input checked="" type="checkbox"/> PWS<br>1110103, 2130037   |
| <input type="checkbox"/> Sludge                | <input type="checkbox"/> Storm Water  | <input type="checkbox"/> Title V Air            | <input type="checkbox"/> Tires                   | <input type="checkbox"/> Used Oil   |
| <input type="checkbox"/> Voluntary Cleanup     | <input checked="" type="checkbox"/> Waste Water<br>WQ0001854000,<br>TX0065854 | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights            | <input type="checkbox"/> Other:   |



# TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

|   |   |  |
|---|---|--|
| 1. Reason for Submission (If other is checked please describe in space provided.)   |   |  |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) |   |  |
| <input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)   |   | <input checked="" type="checkbox"/> Other Change in Operator |
| 2. Customer Reference Number (if issued)  | Follow this link to search for CN or RN numbers in <a href="#">Central Registry**</a> | 3. Regulated Entity Reference Number (if issued)             |
| CN  |   | RN 103044053   |

## SECTION II: Customer Information

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 4. General Customer Information   |  | 5. Effective Date for Customer Information Updates (mm/dd/yyyy)     |  | 10/03/2016                                      |  |
| <input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input checked="" type="checkbox"/> Change in Regulated Entity Ownership               |  |   |  |   |  |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)  |  |   |  |   |  |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> |  |   |  |   |  |
| 6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)   |  |   |  | If new Customer, enter previous Customer below: |  |
| TEX Operations Company LLC  |  |   |  | Luminant Generation Company LLC                 |  |
| 7. TX SOS/CPA Filing Number   |  | 8. TX State Tax ID (11 digits)                                      |  | 9. Federal Tax ID (9 digits)                    |  |
| 0802412497  |  | 32059879869   |  | 364833461                                       |  |
| 10. DUNS Number (if applicable)   |  |   |  |   |  |
| 11. Type of Customer:   |  | <input checked="" type="checkbox"/> Corporation                     |  | <input type="checkbox"/> Individual             |  |
| Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited  |  |   |  |   |  |
| Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other                        |  | <input type="checkbox"/> Sole Proprietorship                        |  | <input type="checkbox"/> Other:                 |  |
| 12. Number of Employees   |  | 13. Independently Owned and Operated?                               |  |   |  |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher              |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |  |
| 14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following:  |  |   |  |   |  |
| <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator   |  |   |  |   |  |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:                  |  |   |  |   |  |
| 15. Mailing Address:  |  |   |  |   |  |
| 1601 Bryan Street   |  |   |  |   |  |
| EP 27   |  |   |  |   |  |
| City  |  | Dallas  |  | State TX  |  |
| ZIP   |  | 75201   |  | ZIP + 4   |  |
| 16. Country Mailing Information (if outside USA)  |  |   |  |   |  |
| 17. E-Mail Address (if applicable)  |  |   |  |   |  |
|   |  |   |  |   |  |
| 18. Telephone Number  |  | 19. Extension or Code   |  | 20. Fax Number (if applicable)                  |  |
| ( 214 ) 875 - 8382  |  |   |  | ( 214 ) 875 - 8699                              |  |

## SECTION III: Regulated Entity Information

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

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

Enter Physical Location Description if no street address is provided.

|  |                                   |         |  |                               |  |                  |         |
|--|-----------------------------------|---------|--|-------------------------------|--|------------------|---------|
| 25. Description to Physical Location:  |                                   |         |  |                               |  |                  |         |
| 26. Nearest City   |                                   |         |  |                               | State                                    | Nearest ZIP Code |         |
|  |                                   |         |  |                               |  |                  |         |
| 27. Latitude (N) In Decimal:   |                                   |         |  | 28. Longitude (W) In Decimal: |  |                  |         |
| Degrees  | Minutes                           | Seconds | Degrees                                | Minutes                       | Seconds                                  |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 29. Primary SIC Code (4 digits)  | 30. Secondary SIC Code (4 digits) |         | 31. Primary NAICS Code (5 or 6 digits) |                               | 32. Secondary NAICS Code (5 or 6 digits) |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) |                                   |         |  |                               |  |                  |         |
|  |                                   |         |  |                               |  |                  |         |
| 34. Mailing Address:   |                                   |         |  |                               |  |                  |         |
|  | City                              |         | State                                  |                               | ZIP                                      |                  | ZIP + 4 |
| 35. E-Mail Address:  |                                   |         |  |                               |  |                  |         |
| 36. Telephone Number   |                                   |         | 37. Extension or Code                  |                               | 38. Fax Number (if applicable)           |                  |         |
| ( ) -  |                                   |         |  |                               | ( ) -                                    |                  |         |

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

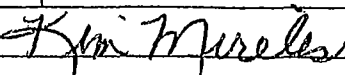
|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts                        | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous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

#### SECTION IV: Preparer Information

|                      |               |                    |                          |            |                            |
|----------------------|---------------|--------------------|--------------------------|------------|----------------------------|
| 40. Name:            | Paul Barnes   |                    |                          | 41. Title: | Air Permitting Coordinator |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number     | 45. E-Mail Address       |            |                            |
| ( 214 ) 875 - 8374   |               | ( 214 ) 875 - 8699 | paul.barnes@luminant.com |            |                            |

#### SECTION V: Authorized Signature

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

|                  |   |            |                                      |
|------------------|---|------------|--------------------------------------|
| Company:         | Luminant Generation Company LLC   | Job Title: | Sr. Director, Environmental Services |
| Name (In Print): | Kim Mireles   | Phone:     | (214) 875 - 8382                     |
| Signature:       |  | Date:      | 10/27/2016                           |

# ATTACHMENT TO CORE DATA FORM

Customer Reference Number: (not issued)

Customer Legal Name: **TEX Operations Company LLC**

Regulated Entity Reference Number: **RN103044053**

Regulated Entity Name: **Comanche Peak Nuclear Power Plant**

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

|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Dam Safety            | <input type="checkbox"/> Districts                        | <input type="checkbox"/> Edwards Aquifer        | <input type="checkbox"/> Emissions Inventory Air | <input checked="" type="checkbox"/> Industrial Hazardous Waste |
|  |   |   |  | TXD020332078,<br>33306, 50356, P00736                          |
| <input type="checkbox"/> Municipal Solid Waste | <input checked="" type="checkbox"/> New Source Review Air | <input type="checkbox"/> OSSF                   | <input type="checkbox"/> Petroleum Storage Tank  | <input checked="" type="checkbox"/> PWS                        |
|  | 19225, 34242,<br>80034, 101442                            |   |  | 1110103, 2130037   |
| <input type="checkbox"/> Sludge                | <input type="checkbox"/> Storm Water                      | <input type="checkbox"/> Title V Air            | <input type="checkbox"/> Tires                   | <input type="checkbox"/> Used Oil                              |
|  |   |   |  |  |
| <input type="checkbox"/> Voluntary Cleanup     | <input checked="" type="checkbox"/> Waste Water           | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights            | <input type="checkbox"/> Other:                                |
|  | WQ0001854000,<br>TX0065854                                |   |  |  |



Print this voucher for your records. If you are sending the TCEQ hardcopy documents related to this payment, include a copy of this voucher.

**Transaction Information**

**Voucher Number:** 296557  
**Trace Number:** 582EA000236364  
**Date:** 11/01/2016 11:18 AM  
**Payment Method:** CC - Authorization 0000001305  
**Amount:** \$100.00  
**Fee Type:** WATER QUALITY PERMIT APPLICATION FEE  
**ePay Actor:** Ryan Bayle  
**Actor Email:** ryan.bayle@luminant.com  
**IP:** 206.227.128.12

**Payment Contact Information**

**Name:** Ryan M Bayle  
**Company:** Luminant Generation Company Llc  
**Address:** 1601 Bryan Street, Dallas, TX 75201  
**Phone:** 214-875-8294

**Site Information**

**Site Name:** COMANCHE PEAK NUCLEAR POWER PLANT  
**Site Address:** 6322 NORTH FM RD 56, GLEN ROSE, TX 76043  
**Site Location:** 6322 NORTH FM RD 56 GLEN ROSE TX 76043

**Customer Information**

**Customer Name:** LUMINANT GENERATION COMPANY LLC  
**Customer Address:** 1601 BRYAN STREET, DALLAS, TX 75201

**Other Information**

**Program Area ID:** 0001854000  
**Comments:** Application fee to transfer TPDES Permit WQ0001854000, changing the owner to Comanche Peak Power Company LLC and the operator to TEX Operations Company LLC.

[Close](#)



**Kenneth J. Peters**  
Senior Vice President  
& Chief Nuclear Officer  
Kenneth.Peters@luminant.com

**Luminant Power**  
P O Box 1002  
6322 North FM 56  
Glen Rose, TX 76043

**T** 254 897 6565  
**C** 817 776 0037  
**F** 254 897 6652

Via FedEx  
TXX-16117

October 27, 2016

Air Permits Initial Review Team, MC 161  
Texas Commission on Environmental Quality  
12100 Park 35 Circle, Building C, 3<sup>rd</sup> Floor  
Austin, Texas 78753

**Subject: Notification of Change of Owner/ Operator  
Comanche Peak Nuclear Power Plant (RN103044053)**

Dear Sir/Madam:

On behalf of Comanche Peak Power Company LLC, Luminant Generation Company LLC (Luminant) hereby notifies the Texas Commission on Environmental Quality (TCEQ) of owner and operator changes at Comanche Peak Nuclear Power Plant (RN103044053), located near Glen Rose in Somervell County, Texas. On October 3, 2016, ownership transferred from Luminant to Comanche Peak Power Company LLC and the operator transferred from Luminant to TEX Operations Company LLC. As a result, the following changes have occurred for Comanche Peak Nuclear Power Plant:

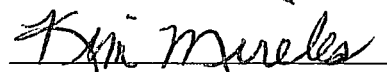
| Role     | Before Transfer                 | After Transfer                  |
|----------|---------------------------------|---------------------------------|
| Owner    | Luminant Generation Company LLC | Comanche Peak Power Company LLC |
| Operator | Luminant Generation Company LLC | TEX Operations Company LLC      |

The attachments to this October 27, 2016 notification letter include two Core Data Forms and an Air Permits Division Change of Name/Ownership form. If you have any questions regarding this matter, please call Mr. Paul Barnes at (214) 875-8374.

Sincerely,

  
Kenneth J. Peters

Senior Vice President  
& Chief Nuclear Officer



By: Kim Mireles  
Senior Director, Environmental Services

Enclosure:

cc: Ms. Elizabeth Smith, Air Section Manager, TCEQ Region 4, Dallas/Fort Worth

Texas Commission on Environmental Quality  
Air Permits Initial Review Team (APIRT)  
October 27, 2016  
Page 2

bcc: Kenneth Peters  
Mark Clark  
Steve Dixon  
Debra Gilliam

E-mail: Kenneth Peters  
Mark Clark  
Steve Dixon  
Debra Gilliam  
Kim Mireles  
Renee Collins  
Josh Whitaker  
Mitchell Stuckert  
Jeff Turlington  
Jennifer Kramer  
Anne Mason  
Alexis Ritzer  
Scott Mills  
Paul Barnes  
Jeremy Halland

FILE: Comanche Peak Nuclear Power Plant  
Owner/Operator Change Notification  
October 2016