

General Permit Application Form -01

Santa Barbara County Air Pollution Control District 260 N. San Antonio Road, Suite A Santa Barbara, CA 93110-1315

1. A	PPLICAT	TION TY	PE (c	check all that ap	ply):		
	Perm	ority to C it to Oper Modifica	rate (P	uct (ATC) PTO)	En	ansfer of Owner/Opera nission Reduction Crea crease in Production R	dits
	☐ PTO Modification ☐ Decrease in Production R						
	_	r (Specify					
		Сроспу	,				
	Previous	ATC/PT	O Nun	mber (if known)	PTO 9102		
	Mail the c	ompleted	l appli	cation to the AF	PCD's Engineerin	ng Division at the addr	ess listed above.
3. IS	A \$420 application filing fee must be included with each application. The application filing fee is COLA-adjusted every July 1st. Please ensure you are remitting the correct current fee (the current fee schedule is available on the APCD's webpage at: http://www.ourair.org/district-fees). This filing fee will not be refunded or applied to any subsequent application. Payment may also be made by credit card by using the Credit Card Authorization Form at the end of this application. 5. IS YOUR PROJECT'S PROPERTY BOUNDARY LOCATED OR PROPOSED TO BE LOCATED WITHIN 1,000 FEET FROM THE OUTER BOUNDARY OF A SCHOOL? If yes, and the project results in an emissions increase, submit a completed Form -03 (School Summary Form) http://www.ourair.org/wp-content/uploads/apcd-03.pdf Yes No						
	If yes, provide the name of school(s)						
	Address	of school	(s)				
	City					Zip Code	
I d F r c	4. DOES YOUR APPLICATION CONTAIN CONFIDENTIAL INFORMATION? Yes No If yes, please submit with a redacted duplicate application which shall be a public document. In order to be protected from disclosure to the public, all information claimed as confidential shall be submitted in accordance with APCD Policy & Procedure 6100-020 (Handling of Confidential Information): http://www.ourair.org/wp-content/uploads/6100-020.pdf , and meet the criteria of CA Govt Code Sec 6254.7. Failure to follow required procedures for submitting confidential information, or to declare it as confidential at the time of application, shall be deemed a waiver by the applicant of the right to protect such information from public disclosure. Note: Part 70 permit applications may contain confidential information in accordance with the above procedures, however, the content of the permit documents must be public (no redactions).						
				FOR APCD	USE ONLY		DATE STAMP
	FID		8019		Permit No.	PT-70/Reeval 91	102-R8
	Project N	lame	Platf	orm Heritag	e		Rec'vd 3/18/2024
	Filing Fe	e	\$491			202.E? YES / NO	

CC #5983 Stephanie B Katers

5. COMPANY/CONTACT INFORMATION:

Owner Info	• Yes • No Use as E	Billing Contact?				
Company Name	Sable Offshore Corp.					
Doing Business As						
Contact Name	Trent Fontenot	Position/Title Director - Operations				
Mailing Address	12000 Calle Real					
City Goleta		State CA Zip Code 93117				
Telephone 805-567-9501 Cell 832-444-4114 Email tfontenot@sableoffshore.com						
Operator Info (▶ Yes ○ No Use as Billing Contact?						
Company Name	Same as Owner Information	er Information				
Doing Business As						
Contact Name	Position/Title					
Mailing Address						
City		State Zip Code				
Telephone	Cell	Email				
Authorized Agent In	Yes No Use as E	Billing Contact?				
Company Name						
Doing Business As						
Contact Name	Position/Title					
Mailing Address						
City		State Zip Code				
Telephone	Cell	Email				
	*Use this section if the application is not submitted by the owner/operator. Complete APCD Form -01A (http://www.ourair.org/wp-content/uploads/apcd-01a.pdf). Owner/Operator information above is still required.					
SEND PERMITTIN	G CORRESPONDENCE TO (check all	that apply):				
⊠ Owner	○ Operator					
☐ Authorized A	gent Other (attach mail	Other (attach mailing information)				

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Oil & gas exploration and production				
QUIPMENT LOCATION (Addres	s):			
Specify the street address of the proplease specify the location by cross s				
Equipment Address 12000 Calle F				
City Goleta		State CA	Zip Code 93117	
Work Site Phone 8055679543				
C Incorporated (within city limits)	• Unincorpora	ated (outside city limits)	O Used at Various Locat	cions
Assessors Parcel No(s):				
OJECT DESCRIPTION:				
Describe the equipment to be constructed needed):	ed, modified and/or	operated or the desired cha	ange in the existing permit. At	tach a separate p
Re-evaluation and renewal of Part 70 P	ГО 9102			
O YOU REQUIRE A LAND USE ESCRIBED IN THIS APPLICATI		THER LEAD AGENCY Yes ⊙ No	Y PERMIT FOR THE PR	OJECT
A. If yes , please provide the following		103 (9) 110		
Agency Name		Permit #	Phone #	Permit Dat
g,				
* The lead agency is the public age responsible for determining whethe review and environmental document rather than the Air Pollution Control	r the project will ha at will be necessary.	ve a significant effect on th	e environment and determines	what environme
				1 10
B. If yes , has the lead agency permit ap	plication been deem	ied complete and is a copy	of their completeness letter	attached?
OYes O No	at daam vaur ann	ligation gomplate until th	a land aganay application is	daamad aamn
Please note that the APCD will n	ot deem your app		e lead agency application is	deemed compl
 If the lead agency permit application has not been deemed complete, please explain. 	n			
	_			

6. GENERAL NATURE OF BUSINESS OR AGENCY:

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PROJ	JECT STATUS:					
A. D	Date of Equipment Installation	N/A				
equ		Violation (NOV) for not obtaining a perm we you installed this equipment without th ole per Rule 210.			C Yes	(● No
C. Is	this application being submitted	due to the loss of a Rule 202 exemption?		(C Yes	€ No
		multiple phases? If yes, attach a separate ding the associated timing, equipment and		ne nature and (C Yes	⑥ No
	this application also for a change orm -01T.	e of owner/operator? If yes, please also in	clude a complet	ed APCD	C Yes	€ No
APPL	ICANT/PREPARER STAT	TEMENT:				
operat require	or or an authorized agent (contra ed).	on also must sign the permit application. The actor/consultant) working on behalf of the on 42303.5 that all information contained	owner/operator	(an Authorized	Agent F	orm -01A
< <u>r</u>						
	Latrue Eurone	in		3/15/2024		
	Signa	ture of application preparer		Dat	ie	
	Patri	ce Surmeier	Sable Offsho	re Corp.		
	Print name of	application preparer	Eı	mployer name		
APPL:	remitting the current fee.) As	heck all that apply) \$420. The application filing fee is COLA a convenience to applicants, the APCD w omplete the attached Credit Card Authorize	ill accept credit	card payments.	If you w	rish to use
\boxtimes	Existing permitted sources mathis box. Please deduct the fi	ay request that the filing fee be deducted f	rom their curren	t reimbursable o	deposits	by checkir
		er/Operator) attached if this application al rent permit. http://www.ourair.org/wp-co			and/or o	perator sta
		<i>form</i>) attached if the project's property bouresults in an emissions increase. http://w				
	APCD's General APCD Infor	PCD for processing the application as ide mation Requirements List (http://www.sbe ummary Forms (http://www.ourair.org/pc	capcd.org/eng/dl	l/other/gen-info.	.pdf), and	d any of th
		Form) attached if this application was pre.g., contractor or consultant). This form s/apcd-01a.pdf				
		nitted according to APCD Policy & Proce er of right to claim information as confide		(Failure to follo	ow Polic	y and

13. NOTICE OF CERTIFICATION:

All applicants must complete the following Notice of Certification. This certification must be signed by the Authorized Company Representative representing the owner/operator. Signatures by Authorized Agents will not be accepted.

NOTICE of CERTIFICATION

I, Trent Fontenot	, am employed by or represent	
Type or Print Name of Authorized Company Representative		

Type or Print Name of Business, Corporation, Company, Individual, or Agency

(hereinafter referred to as the applicant), and certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct and the equipment listed herein complies or can be expected to comply with said rules and regulations when operated in the manner and under the circumstances proposed. If the project fees are required to be funded by the cost reimbursement basis, as the responsible person, I agree that I will pay the Santa Barbara County Air Pollution Control District the actual recorded cost, plus administrative cost, incurred by the APCD in the processing of the application within 30 days of the billing date. If I withdraw my application, I further understand that I shall inform the APCD in writing and I will be charged for all costs incurred through closure of the APCD files on the project.

For applications submitted for Authority to Construct, modifications to existing Authority to Construct, and Authority to Construct/Permit to Operate permits, I hereby certify that all major stationary sources in the state and all stationary sources in the air basin which are owned or operated by the applicant, or by an entity controlling, controlled by, or under common control with the applicant, are in compliance, or are on approved schedule for compliance with all applicable emission limitations and standards under the Clean Air Act (42 USC 7401 et seq.) and all applicable emission limitations and standards which are part of the State Implementation Plan approved by the Environmental Protection Agency.

Completed By:	Patrice Surmeier		Title:	Sr. Regula	atory & Compliance Supervisor
Date:	3/15/2024	1	Phone:		805-567-9503
Signature of Aut	horized Company Representative	5	J.		

PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

STATIONARY SOURCE SUMMARY (Form 1302-A1)

APCD: Santa Barbara County Air Pollution Control District					
COMPANY NAME: Sable Offshore Corp.					
➤ APCD USE ONLY <	APCD IDS Processing ID:				
Application #:	Date Application Received:				
Application Filing Fee*:	Date Application Deemed Complete:				
I. SOURCE IDENTIFICATION					
Source Name: Sable – Platform Heritage					
2. Four digit SIC Code: 1311 USE	PA AIRS Plant ID (for APCD use only):				
3. Parent Company (if different than Source Name): Sab	le Offshore Corp.				
4. Mailing Address of Responsible Official: 12000 Calle	Real, Goleta, CA 93117				
5. Street Address of Source Location (include Zip Code)	: 12000 Calle Real, Goleta, CA 93117				
6. UTM Coordinates (if required) (see instructions):					
7. Source located within: 50 miles of the state line	e [] Yes [X] No				
50 miles of a Native American Nation	[] Yes [] No [X] Not Applicable				
8. Type of Organization: [X] Corporation [] Sole	Ownership [] Government				
	y Company				
9. Legal Owner's Name: Sable Offshore Corp.	, 1 3				
10. Owner's Agent Name (if any): NA	Title: Telephone #:				
11. Responsible Official: Trent Fontenot Title: Direct	•				
-					
•	Director - Operations Telephone #: (805)-567-9501				
13. Type of facility: Oil and Gas Processing Facility					
14. General description of processes/products: See Section					
	than threshold quantities of any substance on the Section 112(r) List of				
` ` ·	X] Yes [] No <u>The facility is not subject to the RMP during the</u>				
preservation period and notified the EPA of de-registration					
16. Is a Federal Risk Management Plan [pursuant to Sect					
Management Plan submittal.) * Applications submitted without a filing fee will be returned	egistered with appropriate agency or description of status of Risk to the applicant immediately as "improper" submittals				

SBC APCD (4.03.06) Page ______ of ____

STATIONARY SOURCE SUMMARY (Form 1302-A2)

APCD:	> APCD USE O	NLY 4		
Santa Barbara County Air Pollution Control District	APCD IDS Processing ID:			
COMPANY NAME: Source NAME: Source NAME: Sable Offshore Corp.		Sable – Platform Heritage		
II. TYPE OF PERMIT ACTION				
	CURRENT PERMIT (permit number)	EXPIRATION (date)		
☐ Initial SBCAPCD's Regulation XIII Application				
X Permit Renewal	9102			
☐ Significant Permit Revision*				
☐ Minor Permit Revision*				
☐ Administrative Amendment				
III. DESCRIPTION OF PERMIT ACTION				
1. Does the permit action requested involve: a: [] Po	ortable Source [] Voluntary .cid Rain Source [] Alternative ource Subject to MACT Requiremen	Emissions Caps Coperating Scenarios Office (Section 112)		
b: [X] None	of the options in 1.a. are applicable			
2. Is source operating under a Title V Program Compliance So	chedule? [] Yes [X] No			
3. For permit modifications, provide a general description of t	the proposed permit modification:			
This application is being submitted for permit re-evaluation and	I renewal for Part 70 PTO 9102.			

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*Requires APCD-approved NSR permit prior to a permit revision submittal

CERTIFICATION STATEMENT (Form 1302-M)

CD: ta Barbara County Air Pollution Control District	➤ APCD USE ONLY < APCD IDS PROCESSING ID: SOURCE NAME: Sable – Platform Heritage		
MPANY NAME: le Offshore Corp.			
or attachments that are not identified below, please id	ments that are part of your application. If the application contains lentify these attachments in the blank space provided below. Reviments that need to be included in a complete application.		
Forms included with application	Attachments included with application		
X Stationary Source Summary Form X_ Total Stationary Source Emission Form X_ Compliance Plan Form X_ Compliance Plan Certification Form X_ Exempt Equipment Form X_ Certification Statement Form List other forms or attachments [] check here if additional forms listed on back	Description of Operating Scenarios Sample emission calculations Fugitive emission estimates List of Applicable requirements Discussion of units out of compliance with applicable federal requirements and, if required, submit a schedule of Compliance Facility schematic showing emission points NSR Permit PSD Permit Compliance Assurance monitoring protocols Risk management verification per 112(r)		
contained in this application, composed of the form complete.	on and belief formed after reasonable inquiry, that the informants and attachments identified above, are true, accurate, and accurate identified in SBCAPCD's Regulation XIII, Rule 1301 or USEPA's 40 cm.		
Signature of Responsible Official	Date 3/15/2024		
Print Name of Responsible Official:Trent For	ntenot		

CERTIFICATION STATEMENT (Form 1302-M continued)

APCD:	➤ APCD USE ONLY <
Santa Barbara County Air Pollution Control District	APCD IDS PROCESSING ID:
COMPANY NAME: Sable Offshore Corp.	SOURCE NAME: Sable – Platform Heritage

List Other Forms or Attachments (cont.)	
	

SBC APCD (4.03.06) Page ______ of ____

TOTAL STATIONARY SOURCE EMISSIONS (Form 1302-B)

APCD:	➤ APCD USE ONLY <
Santa Barbara County Air Pollution Control District	APCD IDS Processing ID:
COMPANY NAME: Sable Offshore Corp.	SOURCE NAME: Sable- Platform Heritage

I. TOTAL STATIONARY SOURCE EMISSIONS

Provide a brief description of operating scenario:

POLLUTANT * (name)	EMISSIONS (tons per year)	PRE-MODIFICATION EMISSIONS (tons per year)	EMISSIONS CHANGE (tons per year)
No change is	emissions requested for this renewa	l application	

^{*} Emissions for all pollutants for which the source is major and for all NSPS/MACT-regulated air pollutants must be reported. HAP emissions must be determined, and those exceeding one ton per year from any emission unit category must also be quantified; if less than one ton per year, just list the HAPs emitted by name.

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EXEMPT EMISSIONS UNITS (Form 1302-H)

APCD:	➤ APCD USE ONLY <
Santa Barbara County Air Pollution Control District	APCD IDS Processing ID:
COMPANY NAME: Sable Offshore Corp.	SOURCE NAME: Sable- Heritage

Are you claiming any emitting activities to be insignificant? (See definition at bottom of page)

YES _ x _ NO ____

Activity	Description of Activity/Emission	Potential to Emit for each Pollutant
	Units	
See existing insignificant a	ctivity list/discussion in current permit. Table 5	.9 - Estimate Exempt Emissions

Insignificant activities are defined in APCD Rule 1301 (definitions). For an activity to be considered insignificant emissions cannot exceed 2 tons per year potential to emit (PTE) any criteria pollutants, and 0.5 tons per year for any regulated HAP.

Note: Insignificant activities are not exempt from Part 70 requirements/permits.

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COMPLIANCE PLAN (Form 1302-I1)

APCD:	➤ APCD USE ONLY <	
Santa Barbara County Air Pollution Control District	APCD IDS Processing ID:	
COMPANY NAME: Sable Offshore Corp.	SOURCE NAME: Sable- Heritage	

I. PROCEDURE FOR USING FORM 1302-I

This form shall be submitted as part of the SBCAPCD's Regulation XIII Application. The Responsible Official shall identify the applicable federal requirement(s) to which the source is subject. In the Compliance Plan (Form 1302-I), a Responsible Official shall identify whether the source identified in the SBCAPCD's Regulation XIII Application currently operates in compliance with all applicable federal requirements.

II. APPLICABLE FEDERAL REQUIREMENTS

Applicable Federal Requirement ¹		Affected Emission Unit	In compliance?	Effective
Regulatory Reference ²	Regulation Title ²		(yes/no/exempt ³)	Date ⁴
See Section 3 of existing F	art 70 PTO 9102			
40 CFR Part 63 Subpart ZZZZ	NESHAP for Stationary Reciprocating Internal Combustion Engines	crane, emergency production generator, emergency drilling generator, emergency firewater pumps	Yes	3/9/2011
	NSPS for Stationary Compression Ignition Engines	Cement pump skid & cutting reinjection pump	Yes	7/11/2006

- 1 Review APCD SIP Rules, NSPS, NESHAPS, and MACTs.
- 2 Regulatory Reference is the abbreviated citation (e.g. 40 CFR 60 Subpart OOO, APCD Rule 325.H) and Title is the prosaic title (e.g. NSPS Standards of Performance for Nonmetallic Mineral Processing Plants, Crude Oil Production and Separation, Inspection)
- 3 If exempt from applicable federal requirement, include explanation for exemption.
- 4 Indicate the date during the permit term that the applicable federal requirement will become effective for the emission unit.

Other Applicable Federal Requirements ⁵	Affected Emission Unit	In compliance?	Effective Date
See existing Part 70 PTO 9102	See Permit	Yes	April 2018

⁵ All environmentally significant permit conditions -- such as emission, operation, and throughput limitations or compliance monitoring conditions associated with such limitations -- listed in all authority to construct (ATC) permits issued to the Part 70 source are also applicable requirements.

SBC APCD (4.03.06) Page _____ of ____

^{***} If more than one page is used, please ensure that "Santa Barbara APCD", stationary source name and "Form 1302-I1" appear on each page. ***

COMPLIANCE PLAN (Form 1302-I2)

APCD:	➤ APCD USE ONLY <
Santa Barbara County Air Pollution Control District	APCD IDS Processing ID:
COMPANY NAME: Sable Offshore Corp.	SOURCE NAME: Sable- Heritage
COMPANY NAME: Sable Offshore Corp.	SOURCE NAME: Sable- Heritage

III. COMPLIANCE CERTIFICATION

Under penalty of perjury, I certify the following:

Based on information and belief formed after reasonable inquiry, the source identified in this application will continue to comply with the applicable federal requirement(s) with which the source is in compliance identified in form 1302-I1;

Based on information and belief formed after reasonable inquiry, the source identified in this application will comply with the future-effective applicable federal requirement(s) identified in form 1302-I1, on a timely basis¹;

Based on information and belief formed after reasonable inquiry, the source identified in this application is not in compliance with the applicable federal requirement(s), identified in form 1302-I1, and I have attached a compliance plan schedule.²

Signature of Responsible Official

Date

- 1. Unless a more detailed schedule is expressly required by the applicable federal requirement.
- 2. At the time of expected permit issuance, if the source expects to be out of compliance with an applicable federal requirement, the applicant is required to provide a compliance schedule with this application, with the following exception. A source which is operating under a variance that is effective for less than 90 days need not submit a Compliance Schedule. For sources operating under a variance, which is in effect for more than 90 days, the Compliance Schedule is the schedule that was approved as part of the variance granted by the hearing board.

The compliance schedule shall contain a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with this applicable federal requirement. For sources operating under a variance, the compliance schedule is part of the variance granted by the hearing board. The compliance schedule shall resemble, and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. For sources not operating under a variance, consult the Air Pollution Control Officer regarding procedures for obtaining a compliance schedule.