

**From:** [Bedingfield, Deborah A.](#)  
**To:** [IDEM OAQ Annual Compliance Certifications](#)  
**Cc:** [Hanner, Kale A.](#); [Nesheiwat, Lana D.](#)  
**Subject:** Sullivan Annual Compliance Certification Report  
**Date:** Wednesday, June 26, 2024 2:21:53 PM  
**Attachments:** [image002.png](#)  
[2024-0626 Sullivan ACC Certification Report Submitted.pdf](#)

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To whom this may concern:

Please find attached the Annual Compliance Certification for Station 2113 (Sullivan) for the reporting year 2023. This report is due to IDEM by July 1, 2024, and has been signed electronically by our responsible official using DocuSign.

Please advise if you have any questions or concerns regarding this report.

Thank you very much.

Debbie



Debbie Bedingfield  
Environmental Professional II  
100 W. Fifth Street  
Tulsa, Okla. 74103  
[www.oneok.com](http://www.oneok.com)

Phone: 918-732-1485  
Email: [Deborah.Bedingfield@oneok.com](mailto:Deborah.Bedingfield@oneok.com)





SUBMITTED ELECTRONICALLY VIA EMAIL: Annual Compl Cert@idem.IN.gov

June 26, 2024

Indiana Department of Environmental Management  
Compliance and Enforcement Branch, Office of Air Quality  
100 North Senate Avenue, IGCN 1003  
Indianapolis, Indiana 46204-2251

**MIDWESTERN GAS TRANSMISSION COMPANY  
STATION 2113 (SULLIVAN)  
PERMIT NO. T153-43060-00006  
REPORTING YEAR (RY) 2023 ANNUAL COMPLIANCE CERTIFICATION**

To Whom It May Concern:

The Midwestern Gas Transmission Company (MGT) respectfully submits the attached (Attachment 1) Annual Compliance Certification (ACC) for the above referenced facility and reporting period. **There were no deviations identified during this reporting period.**

If you need additional information or have any questions, please call Lana Nesheiwat at (779) 279-2408 or me at (918) 732-1485.

Sincerely,

Deborah Bedingfield  
Environmental Professional II

cc: Submitted electronically to USEPA via CEDRI  
J. Akingbola/R. Nicholson/L. Nesheiwat/W. Angel/K. Hanner/R. Brown /Air Binder (Section 3)  
Tulsa Environmental Files – Sullivan (2113) – Compliance Reporting

**ATTACHMENT 1**

**Part 70 / FESOP Permit – Annual Compliance Certification**

**PART 70 / FESOP PERMIT- ANNUAL COMPLIANCE CERTIFICATION**

This form can be used to satisfy the annual compliance certification requirements for Part 70 sources under 326 IAC 2-7-5, 326 IAC 2-7-6(5)(C) and FESOP sources under 326 IAC 2-8-5(a)(1)(C).

SOURCE INFORMATION					
(1) Source name:	Midwestern Gas Transmission Company – Station 2113 (Sullivan)				
(2) Source address:	Beltway 41 South				
(3) City:	Sullivan	(4) State:	Indiana	(5) Zip code:	47882
(6) Mailing address: (if different from above)	100 West Fifth Street				
(7) Mailing City:	Tulsa	(8) Mailing State:	Oklahoma	(9) Mailing Zip code:	74103-4298
(10) Permit numbers:	T153-43060-00006	(11) Reporting Period:	1/1/23 – 12/31/23		
(12) Contact person:	Lana Nesheiwat	(13) Email Address:	Lana.Nesheiwat@oneok.com		
(14) Phone number:	(779) 279-2408	(15) Fax number:			
(16) Comments:					

SOURCE COMPLIANCE INFORMATION
(17) CHECK THE BOX NEXT TO EITHER (A) OR (B) BELOW. (The terms "continuous compliance" and "intermittent compliance" are defined on the Definitions page).

**(18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT**

(A) This source was in <b>CONTINUOUS COMPLIANCE</b> with <b>all of the permit terms and conditions</b> that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit.	X
(B) This source was in <b>CONTINUOUS COMPLIANCE</b> with <b>all of the permit terms and conditions</b> that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit, <b>except</b> for the terms and conditions listed in the following table for which the source reported intermittent compliance.	

**IMPORTANT:** If you select option (B), you must complete the following table in which you list any permit terms for which compliance was intermittent during the permit for the reporting period covered by this Compliance Certification.

**(18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT**

Source Name: <b>Midwestern Gas Transmission Company – Station 2113 (Sullivan)</b>			Source Permit Number: <b>T153-43060-00006</b>
Permit Term/Condition	Description of Permit Condition	*Method Codes	Report Date/Comments
None			


\*Method Codes:

Monitoring methods: CEMS = continuous emissions monitoring system; COMS = continuous opacity monitoring system; ST = stack test;

VE = visible emissions; RK = record keeping; RR = review of records; MB = mass balance; EF = emissions factor; Insp = inspections; FA = fuel analysis; WP = work practice; PM = parametric monitoring; Calc = calculations; O = other (specify in Comments)

**For Part 70 sources:** The submittal by the Permittee requires \_\_\_\_\_ as defined by 326 IAC 2-7-1(34).

**For FESOP sources:** The notification which shall be submitted by the Permittee requires the certification by the \_\_\_\_\_ s defined by 326 IAC 2-1.1-1(1).

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.			
Signature:		Title/Position:	Vice President - Natural Gas Pipeline Operations
Printed Name:	James T. Akingbola	Date:	
Phone number:	(918) 246-2935	Email Address:	James.Akingbola@oneok.com

**PLEASE NOTE: YOU MUST EITHER SIGN THIS FORM OR ATTACH THE CERTIFICATION FORM INCLUDED IN YOUR PERMIT.**



SUBMITTED ELECTRONICALLY VIA EMAIL: Annual Compl Cert@idem.IN.gov

June 26, 2024

Indiana Department of Environmental Management  
Compliance and Enforcement Branch, Office of Air Quality  
100 North Senate Avenue, IGCN 1003  
Indianapolis, Indiana 46204-2251

**MIDWESTERN GAS TRANSMISSION COMPANY  
STATION 2113 (SULLIVAN)  
PERMIT NO. T153-43060-00006  
REPORTING YEAR (RY) 2023 ANNUAL COMPLIANCE CERTIFICATION**

To Whom It May Concern:

The Midwestern Gas Transmission Company (MGT) respectfully submits the attached (Attachment 1) Annual Compliance Certification (ACC) for the above referenced facility and reporting period. **There were no deviations identified during this reporting period.**

If you need additional information or have any questions, please call Lana Nesheiwat at (779) 279-2408 or me at (918) 732-1485.

Sincerely,

Deborah Bedingfield  
Environmental Professional II

cc: Submitted electronically to **USEPA** via **CEDRI**  
J. Akingbola/R. Nicholson/L. Nesheiwat/W. Angel/K. Hanner/R. Brown /Air Binder (Section 3)  
Tulsa Environmental Files – Sullivan (2113) – Compliance Reporting

**ATTACHMENT 1**

**Part 70 / FESOP Permit – Annual Compliance Certification**



**PART 70 / FESOP PERMIT- ANNUAL COMPLIANCE CERTIFICATION**

This form can be used to satisfy the annual compliance certification requirements for Part 70 sources under 326 IAC 2-7-5, 326 IAC 2-7-6(5)(C) and FESOP sources under 326 IAC 2-8-5(a)(1)(C).

SOURCE INFORMATION					
(1) Source name:	Midwestern Gas Transmission Company Station 2113 (Sullivan)				
(2) Source address:	Beltway 41 South				
(3) City:	Sullivan	(4) State:	Indiana	(5) Zip code:	47882
(6) Mailing address: (if different from above)	100 West Fifth Street				
(7) Mailing City:	Tulsa	(8) Mailing State:	Oklahoma	(9) Mailing Zip code:	74103-4298
(10) Permit numbers:	T153-43060-00006	(11) Reporting Period:	1/1/23 12/31/23		
(12) Contact person:	Lana Nesheiwat	(13) Email Address:	Lana.Nesheiwat@oneok.com		
(14) Phone number:	(779) 279-2408	(15) Fax number:			
(16) Comments:					

SOURCE COMPLIANCE INFORMATION	
(17) CHECK THE B page).	ditions

**(18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT**

(A) This source was in <b>CONTINUOUS COMPLIANCE</b> with <b>all of the permit terms and conditions</b> that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit.	X
(B) This source was in <b>CONTINUOUS COMPLIANCE</b> with <b>all of the permit terms and conditions</b> that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit, <b>except</b> for the terms and conditions listed in the following table for which the source reported intermittent compliance.	

**IMPORTANT:** If you select option (B), you must complete the following table in which you list any permit terms for which compliance was intermittent during the permit for the reporting period covered by this Compliance Certification.



**(18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT**

Source Name: <b>Midwestern Gas Transmission Company – Station 2113 (Sullivan)</b>			Source Permit Number: <b>T153-43060-00006</b>
Permit Term/Condition	Description of Permit Condition	*Method Codes	Report Date/Comments
N			


\*Method Codes:

Monitoring methods: CEMS = continuous emissions monitoring system; COMS = continuous opacity monitoring system; ST = stack test;

VE = visible emissions; RK = record keeping; RR = review of records; MB = mass balance; EF = emissions factor; Insp = inspections; FA = fuel analysis; WP = work practice; PM = parametric monitoring; Calc = calculations; O = other (specify in Comments)

**For Part 70 sources:** The submittal by the Permittee requires \_\_\_\_\_ as defined by 326 IAC 2-7-1(34).

**For FE SOP sources:** The notification which shall be submitted by the Permittee requires the certification by the \_\_\_\_\_ s defined by 326 IAC 2-1.1-1(1).

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.			
Signature:		Title/Position:	Vice President - Natural Gas Pipeline Operations
Printed Name:	James T. Akingbola	Date:	
Phone number:	(918) 246-2935	Email Address:	James.Akingbola@oneok.com

**PLEASE NOTE: YOU MUST EITHER SIGN THIS FORM OR ATTACH THE CERTIFICATION FORM INCLUDED IN YOUR PERMIT.**

**From:** [Depaz, Adriana](#)  
**To:** [Alderman, Sara](#)  
**Subject:** FW: CDX CEDRI for MIDWESTERN GAS TRANSMISSION - PETERSBURG COMPRESSOR STATION, MIDWESTERN GAS TRANSMISSION - SULLIVAN COMPRESSOR STATION  
**Date:** Friday, June 28, 2024 10:51:22 AM  
**Attachments:** [2024-0626 Petersburg ACC Certification Report Submitted.pdf](#)  
[2024-0626 Sullivan ACC Certification Report Submitted.pdf](#)

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Attached are the ACCs for Petersburg and Sullivan.

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**From:** CEDRI <NoReply@epacdx.net>  
**Sent:** Thursday, June 27, 2024 11:51 AM  
**To:** Depaz, Adriana <ADepaz@idem.IN.gov>  
**Subject:** CDX CEDRI State Reviewer Notification for MIDWESTERN GAS TRANSMISSION - PETERSBURG COMPRESSOR STATION, MIDWESTERN GAS TRANSMISSION - SULLIVAN COMPRESSOR STATION

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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### State Reviewer Notification

This e-mail is to inform you that the following submission was successfully signed and has reached CEDRI. To view each report in this submission, click the hyperlink next to "Report Name", and then log into CEDRI through CDX.

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### Submission Details:

<b>Certification Date</b>	Jun 27, 2024 11:48:24 AM
<b>Certifier Name</b>	Mr Kale Hanner
<b>Certifier CDX User Id</b>	KALEHANNER
<b>CROMERR Activity ID</b>	_70db7aa4-030c-46cb-93ec-33b082033cfe

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<b>CROMERR Document ID</b>	cf34b272-381e-4b0b-8a01-37bda48ce973
<b>Report Name</b>	<a href="#">70.6(c)(5)(iii) Annual Compliance Certification Report</a>
<b>Date Created</b>	Jun 26, 2024 2:25:12 PM
<b>Facility Name</b>	MIDWESTERN GAS TRANSMISSION - PETERSBURG COMPRESSOR STATION
<b>Facility Address</b>	4748 E STATE ROAD 364, WINSLOW, IN 47598
<b>EPA Facility Id</b>	110055509187

<b>Report Type</b>	State/Local/Tribe Rule or Permit
<b>Regulation Part</b>	Part 70 - State Operating Permit Programs
<b>Regulation Subpart</b>	N/A - Not Applicable
<b>Other Facilities</b>	

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<b>CROMERR Document ID</b>	f1b07830-737d-4dd6-a944-fe77099dd342
<b>Report Name</b>	<a href="#">70.6(c)(5)(iii) Annual Compliance Certification Report</a>
<b>Date Created</b>	Jun 26, 2024 2:31:59 PM
<b>Facility Name</b>	MIDWESTERN GAS TRANSMISSION - SULLIVAN COMPRESSOR STATION
<b>Facility Address</b>	493 E COUNTY ROAD 475 S, CARLISLE, IN 47838
<b>EPA Facility Id</b>	110037945150
<b>Report Type</b>	State/Local/Tribe Rule or Permit
<b>Regulation Part</b>	Part 70 - State Operating Permit Programs
<b>Regulation Subpart</b>	N/A - Not Applicable
<b>Other Facilities</b>	

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You must use the State/Local/Tribe Rule or Permit to view any performance test (.acddb) files. If you have any questions, please contact the CDX Helpdesk at [helpdesk@epacdx.net](mailto:helpdesk@epacdx.net) or 1-888-890-1995.

## Title V / FESOP Annual Compliance Certification Review Sheet

To: IDEM Virtual File Cabinet	Through: Supervisor	NC	ACES ID:	299112
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### Source Information

Source Name:	Midwestern Gas Transmission - Sullivan	Plant ID:	153-00006
Permit Number(s):	43060	County:	Sullivan
Certification Year:	2023	Date ACC postmarked:	6/26/2024
Reviewer:	Fellows, Nicole M	Date compliance review started:	7/1/2024

### Compliance Review

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was the ACC submitted late?	
		If submitted late, what action will be taken?	
		<input type="checkbox"/> Violation Letter	
		<input type="checkbox"/> Enforcement Action Letter	
		<input type="checkbox"/> Other:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any deviations in the ACC?	
		If yes, has OAQ already addressed the identified deviations? If so, what actions were taken, including the date the action was taken (e.g., VL; EAL, other)?	
		If no action was previously taken by OAQ, what action will be taken to follow-up (e.g., VL; EAL, other)?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did you identify any violations not reported in the ACC?	
		If yes, describe the violation(s):	
		What action has been/will be taken to address the violation(s) (e.g., VL; EAL, other)?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was a revised ACC required to be submitted?	
		Date(s) the source submitted the revised ACC:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any emergencies in the ACC?	
		If yes, does the reported emergency qualify as an emergency under 326 IAC 2-7-1(12)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If the reported emergency does not qualify as an emergency under 326 IAC 2-7-1(12), or relevant federal regulation, what action has been/will be taken?	
7/1/2024		Date compliance review completed	
		Additional comments:	