

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niermann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Protecting Texas by Reducing and Preventing Pollution

March 31, 2016

MR MIKE HAUGHTON
CORPORATE RISK MANAGER
GULF COPPER & MANUFACTURING CORPORATION
2920 TODD RD
GALVESTON TX 77554-2806

Re: Change in Ownership
Customer Number: CN603958760

Dear Mr. Haughton:

Thank you for your request received on March 7, 2016, notifying us of the change in ownership. Your letter states that GULF COPPER & MANUFACTURING CORPORATION is now the Operator of the facility or facilities listed in the enclosed document. Our records have been updated to reflect this change.

We understand that there will be no change in the type of pollutants emitted and no increase in the quantity of emissions. As the new permittee/registrator, you have committed to maintain compliance with all air quality regulations and applicable rule requirements of the Texas Commission on Environmental Quality.

Thank you for informing us of this change in ownership. If you have any questions regarding this letter, please feel free to contact Ms. Brooke Grunnet at (512) 239-1339.

Sincerely,

A handwritten signature in black ink, reading "Johnny D. Bowers".

Johnny D. Bowers, Team Leader
Air Permits Initial Review Team
Air Permits Division
Texas Commission on Environmental Quality

JDB/bg

cc: Air Section Manager, Region 10 - Beaumont
Mr. Mark Chambers, Emissions Assessment Section (MC-164), Austin
Mr. Adam Bullock, Emissions Assessment Section (MC-164), Austin
Ms. Jeanette Emanuel, Emissions Assessment Section (MC-164), Austin
TCEQ Central Records (MC-198)

Enclosure

Change in Ownership Table

Regulated Entity Number	Account Number	Permit / Registration Number	Permit / Registration Expiration Date	Previous Permittee / Registrant	TCEQ Region	County
RN102509676	JE-0444-A	24263	April 8, 2025	GT LOGISTICS, LLC	10 - Beaumont	Jefferson
RN102509676	JE-0444-A	71856	NA	GT LOGISTICS, LLC	10 - Beaumont	Jefferson

Brooke Grunnet

From: Brooke Grunnet
Sent: Thursday, March 31, 2016 6:24 PM
To: MHAUGHTON@GULFCOPPER.COM
Cc: RFCAIR10; Mark Chambers; Adam Bullock; Jeanette Emanuel;
KRICHARDSON@DISORBOCONSULT.COM
Subject: Change in Ownership for GULF COPPER & MANUFACTURING CORPORATION
Attachments: 250311.pdf

Mike Haughton,

This is confirmation that your request for change in ownership received on March 7, 2016 has been completed. Please refer to the attached letter for more details.

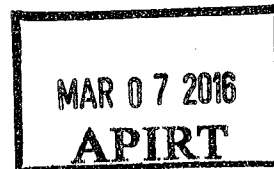
Thank you,

Brooke Grunnet

TRACKING ELEMENTS:

TE Name	Start Date	Complete Date
APIRT RECEIVED PROJECT (DATE)	03/07/2016	
APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)		
CENTRAL REGISTRY UPDATED		
ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)		

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



I. Application Type		
<input checked="" type="checkbox"/> Change in Ownership		<input type="checkbox"/> Change in Company Name
II. Name of the New Owner or Operator of the Facilities or Equipment (Legal Entity Name of the new permittee)		
A. Customer Name: Gulf Copper & Manufacturing Corporation		
B. Customer Reference Number (CN) (if issued): CN603958760		
C. Submittal Date: 2/5/2016		
D. Effective Date of Change: 2/5/2016		
E. Is the new owner an affiliate of the previous owner?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
III. Responsible Official (RO) Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Mike Haughton		
Title: Corporate Risk Manager		
Company Name: Gulf Copper & Manufacturing Corporation		
Mailing Address: 2920 Todd Road		
City: Galveston	State: Texas	Zip Code: 77554
Territory:		Country:
Foreign Postal Code:		Internal Mail Code:
Telephone No.: 409-941-6200		Fax No.:
E-mail Address: mhaughton@gulfcopper.com		
IV. Technical Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Mike Haughton		
Title: Corporate Risk Manager		
Company Name: Gulf Copper & Manufacturing Corporation		
Mailing Address: 2920 Todd Road		
City: Galveston	State: Texas	Zip Code: 77554
Territory:		Country:
Foreign Postal Code:		Internal Mail Code:
Telephone No.: 409-941-6200		Fax No.:
E-mail Address: mhaughton@gulfcopper.com		

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



V. Site Information (continued)							
A. Site Name: GT OmniPort							
B. Regulated Entity Number (RN) (if issued): RN102509676							
C. Account Number (if issued): JE0444A							
D. 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	
E. If action is transfer of ownership for a portion of the existing site, will the new site be a major source?						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
F. Indicate all pollutants for which the site is a major source based on the site's potential to emit.							
Pollutant:	VOC	NO _x	SO ₂	PM ₁₀	CO	PB	HAPs
Major at the Site (YES/NO):	NO	NO	NO	NO	NO	NO	NO
Other: NO							
VI. Air Authorizations That Are Affected By This Action							
A. List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable:							
24263							
71856							
B. List all FOPs (including SOPs and ATOs under GOPs), as applicable:							
VII. NSR Conditions for Change of Ownership under 30 TAC § 116.110(e)							
<ul style="list-style-type: none"> The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations. The new owner asserts there will be no change in the type of pollutants emitted. The new owner asserts there will be no increase in the quantity emitted. 							

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

MAR 07 2016
APIRT

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.

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

IX. Authorization

I, **Mike Haughton**, 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: _____

Signature Date: _____

2/26/2016

Title: **Corporate Risk Manager**



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 Operator Change
2. Customer Reference Number (if issued)	3. Regulated Entity Reference Number (if issued)
CN 603958760	RN 102509676
Follow this link to search for CN or RN numbers in Central Registry**	

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	2/5/2016	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input 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)			
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).			
6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)		If new Customer, enter previous Customer below:	
Gulf Copper & Manufacturing Corporation			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:	<input 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 type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input 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:	2920 Todd Road		
City	Galveston	State	TX
ZIP	77554	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		mhaughton@gulfcopper.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(409) 941-6200		() -	

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 type="checkbox"/> Update to Regulated Entity Information	
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).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	

23. Street Address of the Regulated Entity: (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.

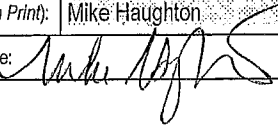
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Emissions Inventory Air	<input checked="" type="checkbox"/> Industrial Hazardous Waste
			JE0444A	TXD988085841; 81342
<input type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
	24263			
<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 type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input checked="" type="checkbox"/> Other: PBR
				71856

SECTION IV: Preparer Information

40. Name:	Kyle Richardson			41. Title:	Staff Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(713) 955 - 1226		(713) 955 - 1201	krichardson@disorboconsult.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:	Gulf Copper & Manufacturing Corporation	Job Title:	Corporate Risk Manager
Name (In Print):	Mike Haughton	Phone:	(409) 941 - 6205
Signature:		Date:	2/26/2016

DiSorbo

Environmental Consulting Firm

1010 Travis St. | Suite 916 | Houston, TX 77002

phone 713.955.1230 | fax 713.955.1201 | web www.disorboconsult.com

March 2, 2016

Via Certified Mail Return Receipt Requested

Texas Commission on Environmental Quality
Air Permits Initial Review Team-MC161
P.O. Box 13087
Austin, TX, 78711-3087

Re: Change of Operator
GT OmniPort
Regulated Entity Number: RN102509676
Account Number: JE0444A

AIR PERMITS DIVISION

MAR 07 2016

RECEIVED



Dear Sir or Madam:

On behalf of Gulf Copper & Manufacturing Corporation, DiSorbo Consulting, LLC (DiSorbo) is hereby submitting the enclosed Air Permits Division Change of Name/Ownership Form (TCEQ 20405) for the Operator transfer of GT OmniPort from GT Logistics, LLC to Gulf Copper & Manufacturing Corporation.

If you have any questions or require additional information, please feel free to contact me at 713-955-1225 or Mr. Mike Haughton at 409-941-6200.
Sincerely,

DiSorbo Consulting LLC (TBPE #15665)

Shanon G. DiSorbo, P.E.
Senior Principal

Enclosures

cc: Mr. Mike Haughton; Corporate Risk Manager; Gulf Copper & Manufacturing Corporation; Galveston, TX
Ms. Sarah Kirksey; Air Section Manager; TCEQ Region 10; Beaumont, TX