

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



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

April 7, 2015

MR ROB ALEXANDER  
EHS COORDINATOR  
SPECTRUM BRANDS INC  
2600 N HIGHWAY 91  
DENISON TX 75020-

Re: Change in Ownership  
Customer Number: CN604786582

Dear Mr. Alexander:

Thank you for your request received on April 6, 2015, notifying us of the change in ownership. Your letter states that Spectrum Brands, Inc. is now the Owner and 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/registrant, 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, appearing to read "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 4 - Fort Worth  
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
RN101997310	GI-0154-G	19438	October 27, 2024	Kwikset Corporation	4 - Fort Worth	Grayson
RN101997310	GI-0154-G	34189	NA	Kwikset Corporation	4 - Fort Worth	Grayson
RN101997310	GI-0154-G	74273	NA	Kwikset Corporation	4 - Fort Worth	Grayson

**Brooke Grunnet**

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**From:** Brooke Grunnet  
**Sent:** Tuesday, April 07, 2015 9:30 AM  
**To:** ROB.ALEXANDER@SPECTRUMHHI.COM  
**Cc:** STEVE@MOUNCE.NET; RFCAIR4; Mark Chambers; Adam Bullock; Jeanette Emanuel  
**Subject:** Change in Ownership for Spectrum Brands, Inc.  
**Attachments:** 232273.Docx

Mr. Rob Alexander,

This is confirmation that your request for change in ownership received on April 6, 2015 has been completed. Please refer to the attached letter for more details.

Thank you,

Brooke Grunnet

**04/07/2015 -----NSR IMS - PROJECT RECORD -----**

PROJECT#: 232273 STATUS: PENDING DISP CODE: \_\_\_\_\_  
RECEIVED: 04/06/2015 PROJTYPE: OWNCHANGE ISSUED DT: \_\_\_\_\_

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP

PROJECT TECH NAME: HARDWARE AND HOME IMPROVEMENT DENISON HHI DENISON

**STAFF ASSIGNED TO PROJECT:**

GRUNNET , BROOKE - REVIEW ENG - AP INITIAL REVIEW

**CUSTOMER INFORMATION (OWNER/OPERATOR DATA)**

ISSUED TO: SPECTRUM BRANDS, INC.

COMPANY NAME: Spectrum Brands, Inc.

CUSTOMER REFERENCE NUMBER: CN604786582

**REGULATED ENTITY/SITE INFORMATION**

REGULATED ENTITY NUMBER: RN101997310

ACCOUNT: GI0154G

REGULATED ENTITY LOCATION: 2600 N STATE HIGHWAY 91

REGION 04 - DFW METROPLEX

NEAR CITY: DENISON

COUNTY: GRAYSON

**CONTACT/PERMIT INFORMATION**

CONTACT NAME: MR ROB ALEXANDER

CONTACT ROLE: RESPONSIBLE OFFICIAL

JOB TITLE: EHS COORDINATOR

ORGANIZATION: SPECTRUM BRANDS INC

MAILING ADDRESS: 2600 N HIGHWAY 91, DENISON, TX, 75020-

PHONE: (903) 463-1313 Ext: 0

FAX: (903) 464-7754 Ext: 0

EMAIL: ROB.ALEXANDER@SPECTRUMHHI.COM

PERMIT#: 19438 AUTHTYPE: SPECOPMT RENEWAL: 10/27/2024

PERMIT NAME: EMHART KWIKSET

PERMIT#: 34189 AUTHTYPE: EXEMPT RENEWAL:

PERMIT NAME: EMHART KWIKSET

PERMIT#: 74273 AUTHTYPE: PBR RENEWAL:

PERMIT NAME: EMHART KWIKSET

**PROJECT NOTES:**

04/07/2015 CHANGE OF OWNERSHIP EFFECTIVE 01/02/2015

**TRACKING ELEMENTS:**

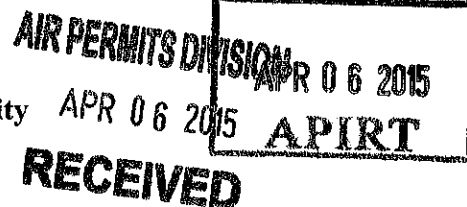
TE Name

Start Date

Complete Date




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 <input checked="" type="checkbox"/> Change in Company Name		
<b>II. Name of the New Owner or Operator of the Facilities or Equipment</b> <i>(Legal Entity Name of the new permittee)</i>		
A. Customer Name: Spectrum Brands, Inc.		
B. Customer Reference Number (CN) <i>(if issued)</i> : GN600455406 CN604786582 <i>WC</i>		
C. Submittal Date: 12/22/2015		
D. Effective Date of Change: 01/02/2015		
E. Is the new owner an affiliate of the previous owner?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>III. Responsible Official (RO) Contact Information</b>		
Name ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Rob Alexander		
Title: EHS Coordinator		
Company Name: Spectrum Brands, Inc.		
Mailing Address: 2600 N. State Highway 91		
City: Denson	State: Texas	Zip Code: 75020-9042
Territory:		Country: United States
Foreign Postal Code:		Internal Mail Code:
Telephone No.: 903-463-7976		Fax No.: 903-464-7754
E-mail Address: rob.alexander@spectrumhhi.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.): Chris Johansen		
Title: Plant Manager		
Company Name: HHI Denison		
Mailing Address: 2600 N. State Highway 91		
City: Denison	State: Texas	Zip Code: 75020-9042
Territory:		Country: United States
Foreign Postal Code:		Internal Mail Code:
Telephone No.: 903-463-7981		Fax No.: 903-464-7754
E-mail Address: chris.johansen@spectrumhhi.com		
<b>V. Site Information</b>		
A. Site Name: HHI Denson		
B. Regulated Entity Number (RN) <i>(if issued)</i> : RN101997310		
C. Account Number <i>(if issued)</i> : GI0154G		



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

<b>V. Site Information (continued)</b>								
<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	Other
Major at the Site (YES/NO):	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	
<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: NSRP Permit #19438, PBR Registration #34189 & 74273								
<b>B.</b> List all FOPs (including SOPs and ATOs under GOPs), as applicable: N/A								
<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>								
<b>VIII. FOP Conditions for Change of Ownership</b>								
<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul>								
<b>A.</b> 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>B.</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	
<b>IX. Authorization</b>								
I, <u>Chris Johansen</u> , 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: <u></u>					Signature Date: <u>3/24/15</u>			
Title: <u>Plant Manager</u>								



TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (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	
<b>2. Attachments</b> Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3. Customer Reference Number (if issued)</b>		<b>4. Regulated Entity Reference Number (if issued)</b>	
CN		RN 101997310	

## SECTION II: Customer Information

<b>5. Effective Date for Customer Information Updates (mm/dd/yyyy)</b>		1/2/2015	
<b>6. Customer Role</b> (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other: _____			
<b>7. General Customer Information</b>			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership			
<input checked="" type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) <input type="checkbox"/> No Change**			
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
<b>8. Type of Customer:</b>			
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship- D.B.A			
<input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government			
<input type="checkbox"/> Other Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other: _____			
<b>9. Customer Legal Name</b> (If an individual, print last name first: ex: Doe, John) <i>If new Customer, enter previous Customer below</i> <i>End Date:</i>			
Spectrum Brands, Inc.		Kwikset Corporation	
2600 N. Highway 91		1/1/2015	
<b>10. Mailing Address:</b>			
City Denison State TX ZIP 75020 ZIP + 4			
<b>11. Country Mailing Information</b> (if outside USA)		<b>12. E-Mail Address</b> (if applicable)	
<b>13. Telephone Number</b>		<b>14. Extension or Code</b>	
( 903 ) 463-7976			
<b>15. Fax Number</b> (if applicable)			
( 903 ) 464-7754			
<b>16. Federal Tax ID</b> (9 digits)		<b>17. TX State Franchise Tax ID</b> (11 digits)	
		32056022968	
<b>18. DUNS Number</b> (if applicable)		<b>19. TX SOS Filing Number</b> (if applicable)	
		802128467	
<b>20. Number of Employees</b>			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			
<b>21. Independently Owned and Operated?</b>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## SECTION III: Regulated Entity Information

<b>22. General Regulated Entity Information</b> (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
<b>23. Regulated Entity Name</b> (name of the site where the regulated action is taking place)	
Hardware and Home Improvement Denison (HHI Denison)	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	2600 N. Highway 91						
	City	Denison	State	TX	ZIP	75020	ZIP + 4
25. Mailing Address:	2600 N. Highway 91						
	City	Denison	State	TX	ZIP	75020	ZIP + 4
26. E-Mail Address:	rob.alexander@spectrumhhi.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
( 903 ) 463-7976			( 903 ) 464-7754				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)		32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)		
3499	3429		332510				
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Fabrication of Door Lock Components							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:					
36. Nearest City	County		State	Nearest ZIP Code	
Denison	Grayson		TX	75020	
37. Latitude (N) In Decimal:	33.73060		38. Longitude (W) In Decimal:	-96.55565	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
33	43	50	96	33	20

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 or the updates may not be made. If your Program is not listed, check other and write it in. 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"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
			SWR#20241	
<input checked="" type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
19438,34189,74273				
<input checked="" type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR05L501				
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

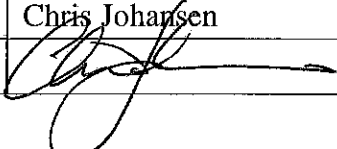
#### SECTION IV: Preparer Information

40. Name:	Steven K. Mounce		41. Title:	Environmental Chemist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
( 972 ) 862-3911	204	( 972 ) 862-3910	steve@mounce.net	

#### 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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Spectrum Brands, Inc.	Job Title:	Plant Manager
Name (In Print):	Chris Johansen	Phone:	( 903 ) 463-7981
Signature:		Date:	3/24/15