

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

February 25, 2015

MS CAMILLE LECOUTRE
CORPORATE SECRETARY
ANDERTON CASTINGS LLC
PO BOX 1170
TEMPLE TX 76503-1170

Re: Change in Ownership
Customer Number: CN604737635

Dear Ms. Lecoutre:

Thank you for your request received on January 30, 2015, notifying us of the change in ownership. Your letter states that Anderton Castings, LLC 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. Stephanie Ross at (512) 239-1215.

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/sr

cc: Air Section Manager, Region 9 - Waco
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
RN100830793	BF-0109-O	21826	July 17, 2023	C&H DIE CASTING INC	9 - Waco	Bell
RN100830793	BF-0109-O	25885	NA	C&H DIE CASTING INC	9 - Waco	Bell

Stephanie Ross

From: Stephanie Ross
Sent: Wednesday, February 25, 2015 2:00 PM
To: CLECOUTRE@ANDERTONLAB.COM
Cc: RFCAIR9; Mark Chambers; Adam Bullock; Jeanette Emanuel
Subject: Change in Ownership for Anderton Castings, LLC
Attachments: 229667.Docx

Camille Lecoutre,

This is confirmation that your request for change in ownership received on January 30, 2015 has been completed. Please refer to the attached letter for more details.

Thank you,

Stephanie Ross

02/25/2015 -----NSR IMS - PROJECT RECORD -----

PROJECT#: 229667 STATUS: PENDING DISP CODE: _____
RECEIVED: 01/30/2015 PROJTYPE: OWNCHANGE ISSUED DT: _____

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP
PROJECT TECH NAME: ANDERTON CASTINGS

STAFF ASSIGNED TO PROJECT:

ROSS, STEPHANIE - REVIEWR1_2 - AP INITIAL REVIEW

CUSTOMER INFORMATION (OWNER/OPERATOR DATA)

ISSUED TO: ANDERTON CASTINGS, LLC
COMPANY NAME: Anderton Castings, LLC
CUSTOMER REFERENCE NUMBER: CN604737635

REGULATED ENTITY/SITE INFORMATION

REGULATED ENTITY NUMBER: RN100830793 ACCOUNT: BF01090

REGULATED ENTITY LOCATION: 222 LELY DR
REGION 09 - WACO NEAR CITY: TROY COUNTY: BELL

CONTACT/PERMIT INFORMATION

CONTACT NAME: MS CAMILLE LECOUTRE CONTACT ROLE: RESPONSIBLE OFFICIAL
JOB TITLE: CORPORATE SECRETARY ORGANIZATION: ANDERTON CASTINGS LLC
MAILING ADDRESS: PO BOX 1170, TEMPLE, TX, 76503-1170
PHONE: (248) 430-6650 Ext: 0
FAX: (248) 430-6660 Ext: 0
EMAIL: CLECOUTRE@ANDERTONLAB.COM

PERMIT#: 21826 AUTHTYPE: CONSTRUCT RENEWAL: 07/17/2023

PERMIT NAME: C AND H DIE CASTING

PERMIT#: 25885 AUTHTYPE: EXEMPT RENEWAL:

PERMIT NAME: C AND H DIE CASTING

PROJECT NOTES:

02/25/2015 CHANGE OF OWNERSHIP EFFECTIVE 02/01/2015

TRACKING ELEMENTS:

TE Name	Start Date	Complete Date
APIRT RECEIVED PROJECT (DATE)	01/30/2015	
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

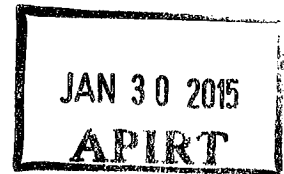



AIR PERMITS DIVISION

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 <i>(Legal Entity Name of the new permittee)</i>		
A. Customer Name: Anderton Castings, LLC		
B. Customer Reference Number (CN) <i>(if issued)</i> : CN604737635		
C. Submittal Date: 01/27/15		
D. Effective Date of Change: 02/01/15		
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 type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Camille Lecoutre		
Title: Corporate Secretary		
Company Name: Anderton Castings, LLC		
Mailing Address: P.O. Box 1170		
City: Temple	State: TX	Zip Code: 76503
Territory:		Country: United States
Foreign Postal Code:		Internal Mail Code:
Telephone No.: (248) 430-6650		Fax No.: (248) 430-6660
E-mail Address: clecoutre@andertonlab.com		
IV. Technical Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Allan Johnson		
Title: Safety and Environmental Manager		
Company Name: Anderton Castings, LLC		
Mailing Address: P.O. Box 1170		
City: Temple	State: TX	Zip Code: 76503
Territory:		Country: United States
Foreign Postal Code:		Internal Mail Code:
Telephone No.: (254) 938-2541 x225		Fax No.: (254) 938-7117
E-mail Address: ajohnson@chdiecasting.com		
V. Site Information		
A. Site Name: Anderton Castings, LLC		
B. Regulated Entity Number (RN) <i>(if issued)</i> : 100830793		
C. Account Number <i>(if issued)</i> :		



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



V. Site Information (continued)								
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 type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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	Other
Major at the Site (YES/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: 21826; 25885								
B. List all FOPs (including SOPs and ATOs under GOPs), as applicable: N/A								
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.								
VIII. FOP Conditions for Change of Ownership								
<ul style="list-style-type: none">• 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, <u>Camille Lecoutre</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>1/27/2015</u>								
Title: <u>Corporate Secretary</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 542-289-5175.

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 Ownership
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN		RN 100830793	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		2/1/2015	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input checked="" type="checkbox"/> Owner & Operator		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Other: _____	
7. General Customer Information			
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Regulated Entity Ownership		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:			
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
<input type="checkbox"/> City Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> General Partnership		<input checked="" type="checkbox"/> Limited Liability Company	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Anderton Castings, LLC		C&H Die Casting, Inc	
		End Date: 1/31/2015	
10. Mailing Address:			
Anderton Castings, LLC			
P.O. Box 1170			
City: Temple		State: TX	
ZIP: 76503		ZIP + 4: 15-0231	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		ajohnson@chdiecasting.com	
13. Telephone Number		14. Extension or Code	
(254) 938-2541		225	
15. Fax Number (if applicable)		16. Federal Tax ID (9 digits)	
(254) 938-7117		472831378	
17. TX State Franchise Tax ID (11 digits)		18. DUNS Number (if applicable)	
802139161		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. 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 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, Regulated Entity Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
Anderton Castings, LLC			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	Anderton Castings, LLC							
	222 Lely Drive							
	City	Troy	State	TX	ZIP	76579	ZIP + 4	
25. Mailing Address:	Anderton Castings, LLC							
	P.O. Box 1170							
	City	Temple	State	TX	ZIP	76503	ZIP + 4	
26. E-Mail Address:	ajohnson@chdiecasting.com							
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)				
(254) 938-2541	225			(254) 938-7117				
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)		
3363			331521					
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)								
Aluminum Die Cast Facility								

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

35. Description to Physical Location:	222 Lely Drive							
36. Nearest City	County			State		Nearest ZIP Code		
Troy	Bell			TX		76579		
37. Latitude (N) In Decimal:	31.191620			38. Longitude (W) In Decimal:		-97.304317		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			

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
			TCEQ - 30894	
			EPA - TXR000041350	
<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
All				
<input checked="" type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR050969				
<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: Pollution Prevention Planning
				P06768

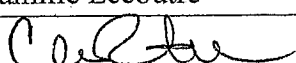
SECTION IV: Preparer Information

40. Name:	Allan Johnson			41. Title:	Safety and Environmental Manager		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address				
(254) 938-2541	225	(254) 938-7117	ajohnson@chdiecasting.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 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:	Anderton Castings, LLC	Job Title:	Corporate Secretary
Name (In Print):	Camille Lecoutre	Phone:	(248) 430-6650
Signature:		Date:	1/27/2015