

Bryan W. Shaw, Ph.D., *Chairman*  
Carlos Rubinstein, *Commissioner*  
Toby Baker, *Commissioner*  
Zak Covar, *Executive Director*



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

May 22, 2013

MR ALFRED BAUSCH  
GENERAL MANAGER  
SAM KANE BEEF PROCESSORS LLC  
PO BOX 9254  
CORPUS CHRISTI TX 78469-9254

Re: Transfer of Ownership  
Customer Number: CN604321414  
Regulated Entity Number: RN100664986  
County: Nueces  
Account Number: NE-0083-L

Dear Mr. Bausch:

Thank you for the letter received May 13, 2013, notifying us of the ownership change. Your letter states that Sam Kane Beef Processors, LLC is now the Owner and Operator of the facility listed above. The following air authorizations have been updated to reflect the transfers.

<b>Permit / Reg. Number</b>	<b>Permit / Reg. Expiration Date</b>	<b>Previous Permittee / Registrant</b>
3806	November 12, 2018	Sam Kane Beef Processors Inc.
89823	NA	Sam Kane Beef Processors Inc.

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 of the facility, you have committed to maintain compliance with all air quality regulations of the Texas Commission on Environmental Quality and the requirements of this permit at all times.

Thank you for informing us of this ownership change. If you have any questions regarding this letter, please feel free to contact me at (512) 239-1326.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Young".

Sandra Young  
Air Permits Initial Review Team (MC-161)  
Air Permits Division

cc: Air Section Manager, Region 14 - Corpus Christi  
Mr. Mark Chambers, Emissions Assessment Section (MC-164), Austin  
Mr. Adam Bullock, Emissions Assessment Section (MC-164), Austin  
Mr. Jeanette Emanuel, Emissions Assessment Section (MC-164), Austin  
TCEQ Central Records (MC-198)

**05/22/2013 -----NSR IMS - PROJECT RECORD -----**

PROJECT#: 193531 STATUS: PENDING DISP CODE: \_\_\_\_\_  
 RECEIVED: 05/13/2013 PROJTYPE: OWNCHANGE ISSUED DT: \_\_\_\_\_

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP  
 PROJECT TECH NAME: SAM KANE BEEF PROCESSORS

**STAFF ASSIGNED TO PROJECT:**

YOUNG , SANDRA - REVIEWR1\_2 - AP INITIAL REVIEW

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

ISSUED TO: SAM KANE BEEF PROCESSORS LLC  
 COMPANY NAME: Sam Kane Beef Processors, LLC  
 CUSTOMER REFERENCE NUMBER: CN604321414

**REGULATED ENTITY/SITE INFORMATION**

REGULATED ENTITY NUMBER: RN100664986 ACCOUNT: NE0083L

REGULATED ENTITY LOCATION: 9001 LEOPARD ST

REGION 14 - CORPUS CHRISTI NEAR CITY: CORPUS CHRISTI COUNTY: NUECES

**CONTACT/PERMIT INFORMATION**

CONTACT NAME: MR ALFRED BAUSCH CONTACT ROLE: RESPONSIBLE OFFICIAL  
 JOB TITLE: GENERAL MANAGER ORGANIZATION: SAM KANE BEEF PROCESSORS LLC  
 MAILING ADDRESS: PO BOX 9254 , CORPUS CHRISTI, TX, 78469-9254  
 PHONE: (361) 241-5000 Ext: 0  
 FAX: (361) 242-9046 Ext: 0  
 EMAIL: ALFRED@SAMKANE BEEF.COM

-----  
 PERMIT#: 3806 AUTHTYPE: CONSTRUCT RENEWAL: 11/12/2018  
 PERMIT NAME: SAM KANE BEEF PROCESSORS  
 PERMIT#: 89823 AUTHTYPE: PBR RENEWAL:  
 PERMIT NAME: SAM KANE BEEF PROCESSORS

**PROJECT NOTES:**

05/22/2013 CHANGE OF OWNERSHIP EFFECTIVE 04/29/2013

**TRACKING ELEMENTS:**

TE Name	Start Date	Complete Date
APIRT RECEIVED PROJECT (DATE)	05/13/2013	
CENTRAL REGISTRY UPDATED	05/22/2013	05/22/2013



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

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 <b>Change of Ownership and Name</b>	
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 600373294		RN 100664986	

ENVIRONMENTAL PROTECTION DIVISION

MAY 13 2013

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## SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		4/29/2013	
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"/> Other: _____			
7. General Customer Information			
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input checked="" type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input checked="" type="checkbox"/> Change in Regulated Entity Ownership	
		<input type="checkbox"/> No Change**	
<b>**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.</b>			
8. Type of Customer:			
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	
		<input type="checkbox"/> Federal Government	
		<input type="checkbox"/> Limited Partnership	
		<input checked="" type="checkbox"/> Other: LLC	
9. Customer Legal Name (If an individual, print last name first. ex: Doe, John)			End Date:
Sam Kane Beef Processors, LLC.			
10. Mailing Address:			
P.O. Box 9254			
City	Corpus Christi	State	TX
ZIP	78469	ZIP + 4	9254
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
( 361 ) 241-5000			
		15. Fax Number (if applicable)	
		( 361 ) 242-9046	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
800910433		32050333833	
		18. DUNS Number (if applicable)	
		0801742212	
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 type="checkbox"/> 251-500 <input checked="" 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 checked="" type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)			
<b>**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.</b>			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
Sam Kane Beef Processors, LLC			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	9001 Leopard Street						
	City	Corpus Christi	State	TX	ZIP	78409	ZIP + 4
25. Mailing Address:	P.O. Box 9254						
	City	Corpus Christi	State	TX	ZIP	78469	ZIP + 4 9254
26. E-Mail Address:	alfred@samkanebeef.com						
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)			
( ) -				( ) -			
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)			
2011		311611					
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Beef Slaughtering and Processing Facility							

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

35. Description to Physical Location:	Traveling North on IH-37, exit at Rand Morgan, turn left @ overpass and go to stop lite (Leopard St.), turn left and continue approx. four tenths miles and turn right prior to plant entrance sign.						
36. Nearest City	County		State		Nearest ZIP Code		
Corpus Christi	Nueces		TX		78409		
37. Latitude (N) In Decimal:	27.821667		38. Longitude (W) In Decimal:	-97.53889			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
27	49	18.88	-97	32	20.33		

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 type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input checked="" type="checkbox"/> New Source Review - Air	<input type="checkbox"/> OSSF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
3806		008901/ID # 18593		
<input checked="" type="checkbox"/> Stormwater	<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR05AF14				
<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
				89823

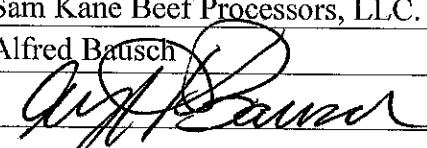
#### SECTION IV: Preparer Information

40. Name:	Brenton Bausch			41. Title:	Director of Safety		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address				
(361) 241-5000	219	(361) 885-3133	brenton@samkanebeef.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:	Sam Kane Beef Processors, LLC.	Job Title:	General Manager			
Name (In Print):	Alfred Bausch	Phone:	(361) 241-5000			
Signature:				Date:	5/16/2013	



MAY 13 2013  
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Texas Commission on Environmental Quality  
Air Permits Division  
Change of Name/Ownership Form

AIR PERMITS DIVISION

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<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 (Legal Entity Name of the new permittee)</b>		
A. Customer Name: Sam Kane Beef Processors, LLC.		
B. Customer Reference Number (CN) (if issued): 600373294		
C. Submittal Date: May 3, 2013		
D. Effective Date of Change: April 29, 2013		
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.): Alfred Bausch		
Title: General Manager		
Company Name: Sam Kane Beef Processors, LLC.		
Mailing Address: P.O. Box 9254		
City: Corpus Christi	State: Texas	Zip Code: 78469-9254
Territory:	Country: USA	
Foreign Postal Code:	Internal Mail Code:	
Telephone No.: (361) 241-5000	Fax No.: (361) 242-9046	
E-mail Address: alfred@samkanebeef.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.): Brenton Bausch		
Title: Director of Safety and Regulatory Affairs		
Company Name: Sam Kane Beef Processors, LLC.		
Mailing Address: : P.O. Box 9254		
City: Corpus Christi	State: Texas	Zip Code: 78469-9254
Territory:	Country: USA	
Foreign Postal Code:	Internal Mail Code:	
Telephone No.: (361) 241-5000	Fax No.: (361) 885-3133	
E-mail Address: brenton@samkanebeef.com		
<b>V. Site Information</b>		
A. Site Name: Sam Kane Beef Processors, LLC.		
B. Regulated Entity Number (RN) (if issued): 100664986		
C. Account Number (if issued): NE0083L		



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

<b>V. Site Information (continued)</b>								
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 <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	CO	PB	HAPs	Other
Major at the Site (YES/NO):	NO	NO	NO	NO	NO	NO	NO	
<b>VI. Air Authorizations That Are Affected By This Action</b>								
A. List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable: 3806 and 89823(PBR's 106.373 & 106.241)								
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>								
A. Are any other changes needed for the FOP? <i>(If YES, submit the information as explained in the instructions.)</i>							<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? <i>(If YES, submit the information as explained in the instructions.)</i>							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>IX. Authorization</b>								
I, <u>Alfred Bausch</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><i>Alfred Bausch</i></u>					Signature Date: <u>5/6/2013</u>			
Title: <u>General Manager</u>								