

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

March 5, 2013

MR WENDELL HOLLINGSWORTH
VICE PRESIDENT OF OPERATIONS
FIBERGRATE COMPOSITE STRUCTURES INC
900 FM 205
STEPHENVILLE TX 76401-4688

Re: Transfer of Ownership
Customer Number: CN600125876
Regulated Entity Number: RN104929328
County: Erath

Dear Mr. Hollingsworth:

Thank you for the letter dated March 26, 2013, notifying us of the ownership change. Your letter states that Fibergrate Composite Structures Incorporated is now the Owner and Operator of the facility listed above. The following air authorization has been updated to reflect the transfer.

Permit / Reg. Number	Permit / Reg. Expiration Date	Previous Permittee / Registrant
101032	NA	Superior 377 Wet Coat LLC

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 4 - Fort Worth
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)



FEB 26 2013
 AIR PERMITS

TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-8888

RECEIVED

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)		FEB 26 2013	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)		AIR PERMITS DIVISION	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other		
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 600125876		RN 100212026	
		Follow this link to search for CN or RN numbers in Central Registry**	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		2/11/2013	
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 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: _____
7. General Customer Information			
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	<input checked="" type="checkbox"/> Change in Regulated Entity Ownership
<input 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.			
8. Type of Customer:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Sole Proprietorship- D.B.A
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: _____
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Fibergrate Composite Structures Inc.		!! FORMTEXT	
End Date:			
10. Mailing Address:		900 FM 205	
City	Stephenville	State	TX
ZIP	76401	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(254) 965-3148			
15. Fax Number (if applicable)			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
133634205		17512324744	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
831991729		11821006	
20. Number of Employees		21. Independently Owned and Operated?	
<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		<input type="checkbox"/> Yes <input checked="" 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)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
Superior 377 Wet Coat LLC			

189823

24. Street Address of the Regulated Entity: (No P.O. Boxes)	12123 N US Hwy. 377							
	City	Stephenville	State	TX	ZIP	76401	ZIP + 4	2225
25. Mailing Address:								
	City		State		ZIP		ZIP + 4	
26. E-Mail Address:								
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)				
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)								

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		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:							
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 type="checkbox"/> Industrial Hazardous Waste	<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	<input type="checkbox"/> Sludge
101032				
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

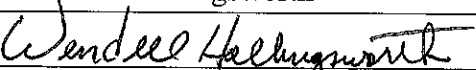
SECTION IV: Preparer Information

40. Name:	Stephen Thetford		41. Title:	EH&S Manager	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(254) 977-1379		() -	sthetford@fibergrate.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:	Fibergrate Composite Structures INC.	Job Title:	VP Of Operations		
Name (In Print):	Wendell Hollingsworth		Phone:	(254) 965-3148	
Signature:			Date:	2/25/2013	



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

RECEIVED
FEB 12 2013
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 (Legal Entity Name of the new permittee)		
A. Customer Name: Fibergrate Composite Structures, Inc.		
B. Customer Reference Number (CN) (if issued): RN100212026 600125876		
C. Submittal Date: 02/11/13		
D. Effective Date of Change: 02/15/13		
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.): Wendell Hollingsworth		
Title: Vice President of Operations		
Company Name: Fibergrate Composite Structures, Inc. ✓		
Mailing Address: 900 FM 205		
City: Stephenville	State: Tx	Zip Code: 76401
Territory: N/A	Country: USE	
Foreign Postal Code: N/A	Internal Mail Code: N/A	
Telephone No.: 254-977-1312	Fax No.: N/A	
E-mail Address: whollingsworth@fibergrate.com		
IV. Technical Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Stephen Thetford		
Title: EH&S Manager		
Company Name: Fibergrate Composite Structures, Inc.		
Mailing Address: 900 FM 205		
City: Stephenville	State: Tx	Zip Code: 76401
Territory: N/A	Country: USA	
Foreign Postal Code: N/A	Internal Mail Code:	
Telephone No.: 254-977-1379	Fax No.:	
E-mail Address: sthetford@fibergrate.com		
V. Site Information		
A. Site Name: Superior 377 Wetcoat		
B. Regulated Entity Number (RN) (if issued): RN104929328 ✓		
C. Account Number (if issued):		



**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 checked="" 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	Other
Major at the Site (YES/NO):	NO	NO	NO	NO	NO	NO	NO	N/A
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: PBR 106.433 101032								
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? <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	
IX. Authorization								
I, <u>Wendell Hollingsworth</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>Wendell Hollingsworth</u>					Signature Date: <u>02/11/2013</u>			
Title: <u>Vice President of Operations</u>								

Sandra Young

Fibergrate

From: Stephen Thetford <SThetford@fibergrate.com>
Sent: Monday, February 25, 2013 11:30 AM
To: Sandra Young
Subject: Re: Change of Ownership for RN104929328

Sorry my vp of operations has signing authority and was out of town all last week. I will have him sign it today and send it out on ups this evening.

On Feb 25, 2013, at 11:18 AM, "Sandra Young" <Sandra.Young@tceq.texas.gov> wrote:

> Just checking on you. I haven't received the Core Data form.
> Sandra
>
> -----Original Message-----
> From: Stephen Thetford [<mailto:SThetford@fibergrate.com>]
> Sent: Thursday, February 14, 2013 2:47 PM
> To: Sandra Young
> Subject: Re: Change of Ownership for RN104929328
>
> Sandra,
>
> Per our conversation:
>
> Fibergrate's CN # is CN600125876.
>
> The registration # is 101032.
>
> The correct RN # for the site is RN104929328.
>
> I will mail the core data sheet to your office by the end of the week.
>
>
> Thanks,
>
> Stephen Thetford
> Environmental Health & Safety Manager
>
> Fibergrate Composite Structures Inc.
> Phone:
> Office: (254)977-1379
> Cell: (254)592-7598
>
>
>
> From: Sandra Young <Sandra.Young@tceq.texas.gov>

Sandra Young

Fibergrate

From: Sandra Young
Sent: Monday, February 25, 2013 11:19 AM
To: Stephen Thetford
Subject: RE: Change of Ownership for RN104929328

Just checking on you. I haven't received the Core Data form.
Sandra

-----Original Message-----

From: Stephen Thetford [<mailto:SThetford@fibergrate.com>]
Sent: Thursday, February 14, 2013 2:47 PM
To: Sandra Young
Subject: Re: Change of Ownership for RN104929328

Sandra,

Per our conversation:

Fibergrate's CN # is CN600125876.

The registration # is 101032.

The correct RN # for the site is RN104929328.

I will mail the core data sheet to your office by the end of the week.

Thanks,

Stephen Thetford
Environmental Health & Safety Manager

Fibergrate Composite Structures Inc.

Phone:

Office: (254)977-1379

Cell: (254)592-7598

From: Sandra Young <Sandra.Young@tceq.texas.gov>
To: "sthetford@fibergrate.com" <sthetford@fibergrate.com>,
"whollingsworth@fibergrate.com" <whollingsworth@fibergrate.com>
Date: 02/13/2013 08:12 AM
Subject: Change of Ownership for RN104929328

Stephen,

I have your Change of Name/ownership form, but I also need a Core Data Form. It is attached for your convenience. Don't worry about the specific RN information (address, latitude, etc.) as it is already in the system, but I do need the air authorization number that you want to transfer (on the Change of Name form you wrote in the Texas Administrative Code Rule number that applied to that authorization – not the authorization number).

It's number 39 – New Source Review.

Also, you wrote two RN numbers on the CoN form. You wrote RN100212026 in the space for your Customer Number (CN) number. That number should be the specific customer number that was assigned to Fibergrate. Here's what I find:

CN Number	Customer Name	Legal Name	Fed Tax ID	State Franchise	SOS Filing
		Tax ID	Number		
CN600125876	FIBERGRATE COMPOSITE STRUCTURES	Fibergrate Composite	133634205	17512324744	
11821006	INCORPORATED	Structures Incorporated			

Please verify this is right. But then you wrote RN104929328 in the specific space for the RN number. Please clarify which RN number you wish to transfer on the Core Data Form, as well as the permit/registration number (s).

If you have any questions, feel free to contact me. Thanks.

Sandra Young
Air Permits Initial Review Team
Air Permits/Business Program
Mail Code 161
12100 Park 35 Circle
Austin, TX 78753
Phone: 512-239-1326
Fax: 239-7130
Sandra.Young@tceq.texas.gov

How are we doing? www.tceq.texas.gov/customersurvey

[attachment "Core Data Form.doc" deleted by Stephen Thetford/Fibergrate] Important Notice The information contained in this communication (including any attachments) is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. *Any Unauthorized use, disclosure or copying of this information or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by return e-mail and destroy this communication and all copies thereof, including all attachments.

Sandra Young

Fibergrate

From: Sandra Young
Sent: Monday, February 25, 2013 10:58 AM
To: stephanc@autonation.com
Subject: Change of Ownership for RN100566793
Attachments: 20405.pdf

Ms. Stephan,

I received your Core Data Form, but I also need a Change of Name/Ownership form. I have attached it for your convenience. Please fax it back to me at 512-239-7130. Be sure to put my name on it. Thanks.

Sandra Young
Air Permits Initial Review Team
Air Permits/Business Program
Mail Code 161
12100 Park 35 Circle
Austin, TX 78753
Phone: 512-239-1326
Fax: 239-7130
Sandra.Young@tceq.texas.gov

How are we doing? www.tceq.texas.gov/customersurvey

Sandra Young

From: Stephen Thetford <SThetford@fibergrate.com>
Sent: Thursday, February 14, 2013 2:47 PM
To: Sandra Young
Subject: Re: Change of Ownership for RN104929328

Sandra,

Per our conversation:

Fibergrate's CN # is CN600125876.

The registration # is 101032.

The correct RN # for the site is RN104929328.

I will mail the core data sheet to your office by the end of the week.

Thanks,

Stephen Thetford
Environmental Health & Safety Manager

Fibergrate Composite Structures Inc.

Phone:

Office: (254)977-1379

Cell: (254)592-7598

From: Sandra Young <Sandra.Young@tceq.texas.gov>
To: "sthetford@fibergrate.com" <sthetford@fibergrate.com>,
"whollingsworth@fibergrate.com" <whollingsworth@fibergrate.com>
Date: 02/13/2013 08:12 AM
Subject: Change of Ownership for RN104929328

Stephen,

I have your Change of Name/ownership form, but I also need a Core Data Form. It is attached for your convenience. Don't worry about the specific RN information (address, latitude, etc.) as it is already in the system, but I do need the air authorization number that you want to transfer (on the Change of Name form you wrote in the Texas Administrative Code Rule number that applied to that authorization – not the authorization number).

It's number 39 – New Source Review.

Also, you wrote two RN numbers on the CoN form. You wrote RN100212026 in the space for your Customer Number (CN) number. That number should be the specific customer number that was assigned to Fibergrate. Here's what I

find:

CN Number	Customer Name	Legal Name	Fed Tax ID	State Franchise	SOS Filing
		Tax ID	Number		
CN600125876	FIBERGRATE COMPOSITE STRUCTURES	Fibergrate Composite	133634205	17512324744	
11821006	INCORPORATED	Structures Incorporated			

Please verify this is right. But then you wrote RN104929328 in the specific space for the RN number. Please clarify which RN number you wish to transfer on the Core Data Form, as well as the permit/registration number (s).

If you have any questions, feel free to contact me. Thanks.

Sandra Young
Air Permits Initial Review Team
Air Permits/Business Program
Mail Code 161
12100 Park 35 Circle
Austin, TX 78753
Phone: 512-239-1326
Fax: 239-7130
Sandra.Young@tceq.texas.gov

How are we doing? www.tceq.texas.gov/customersurvey

[attachment "Core Data Form.doc" deleted by Stephen Thetford/Fibergrate] Important Notice The information contained in this communication (including any attachments) is confidential, may be attorney-client privileged, may constitute inside information, and is intended only for the use of the addressee. *Any Unauthorized use, disclosure or copying of this information or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us immediately by return e-mail and destroy this communication and all copies thereof, including all attachments.

FEB 12 2013

APIRT

Fibergrate
Composite Structures

February 11, 2013

Air Permits Initial Review Team
MC-161 12100 Park 35 Circle
Austin Texas, 78753-1808

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FEB 12 2013

AIR PERMITS DIVISION

RE: Change of name/ownership form for PBR 106.433.

Please find the enclosed completed TCEQ Form 20405 for Fibergrate's request to take over ownership of Superior 377 Wetcoat's PBR 106.433.

If there are any questions please contact me.



Stephen Thetford
EH&S Manager
254-977-1379
sthetford@fibergrate.com

CC: *Air Section Manager*
TCEQ Region #4