

Bryan W. Shaw, Ph.D., *Chairman*
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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Protecting Texas by Reducing and Preventing Pollution

February 13, 2013

MR RON VEIGL
PLANT MANAGER
AMERON INTERNATIONAL INC
1004 AMERON RD
BURKBURNETT TX 76354-2912

Re: Transfer of Ownership
Customer Number: CN600127732
Regulated Entity Number: RN100678440
County: Wichita Account Number: WH-0015-Q

Dear Mr. Veigl:

Thank you for the letter received December 28, 2012, notifying us of the ownership change. Your letter states that Ameron International Corporation is now the Owner and Operator of the facility listed above. The following air authorizations have been updated to reflect the transfers.

Permit / Reg. Number	Permit / Reg. Expiration Date	Previous Permittee / Registrant
1967B 45250	January 28, 2015 NA	National Oilwell Varco LP Ameron Fiberglass Pipe Division

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, appearing to read "Sandra Young".

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

cc: General Environmental Administrator, Environmental Health, Wichita Falls-Wichita
County Public Health District, Wichita Falls
Air Section Manager, Region 3 - Abilene
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)

02/13/2013 -----NSR IMS - PROJECT RECORD -----

PROJECT#: 188771

STATUS: PENDING

DISP CODE: _____

RECEIVED: 12/28/2012 PROJTYPE:
OWNCHANGE

ISSUED DT: _____

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP

PROJECT TECH NAME: NOV FIBER GLASS SYSTEMS BURKBURNETT

STAFF ASSIGNED TO PROJECT:

YOUNG , SANDRA

- REVIEWR1_2 -

AP INITIAL REVIEW

CUSTOMER INFORMATION (OWNER/OPERATOR DATA)

ISSUED TO: AMERON INTERNATIONAL CORPORATION

COMPANY NAME: Ameron International Corporation

CUSTOMER REFERENCE NUMBER: **CN600127732**

REGULATED ENTITY/SITE INFORMATIONREGULATED ENTITY NUMBER: **RN100678440**

ACCOUNT: WH0015Q

REGULATED ENTITY LOCATION: 1004 AMERON RD

REGION 03 - ABILENE

NEAR CITY: BURKBURNETT

COUNTY: WICHITA

CONTACT/PERMIT INFORMATION

CONTACT NAME: MR RON VEIGL

CONTACT ROLE: RESPONSIBLE OFFICIAL

JOB TITLE: PLANT MANAGER

ORGANIZATION: AMERON INTERNATIONAL INC

MAILING ADDRESS: 1004 AMERON RD , BURKBURNETT, TX, 76354-2912

PHONE: (940) 569-1471 Ext: 0

FAX: (940) 569-8641 Ext: 0

EMAIL:ron.veigl@nov.com

PERMIT#: 1967B

AUTHTYPE: CONSTRUCT

RENEWAL: 01/28/2015

PERMIT NAME: AMERON FIBERGLASS COMPOSITE PIPE DIVISION USA

PERMIT#: 45250

AUTHTYPE: PBR

RENEWAL:

PERMIT NAME: AMERON FIBERGLASS COMPOSITE PIPE DIVISION USA

PROJECT NOTES:

02/13/2013 CHANGE OF OWNERSHIP EFFECTIVE 10/06/2011

TRACKING ELEMENTS:**TE Name****Start Date****Complete Date**

APIRT RECEIVED PROJECT (DATE)

12/28/2012

CENTRAL REGISTRY UPDATED

02/13/2013

02/13/2013

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)



To Yoni
2/13/13

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 Facility Ownership Change
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Change of Name/Ownership Form	
3. Customer Reference Number (if issued)	4. Regulated Entity Reference Number (if issued)
CN-602385601 60012 7732	RN 100678440

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		10/6/2011	
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 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: _____
7. General Customer Information			
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input 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**	
**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"/> 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: _____	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Ameron International, Inc. Corporation		National Oilwell Varco, L.P.	
		End Date:	
		10/06/2011	
10. Mailing Address:			
1004 Ameron Road			
City	Burkburnett	State	TX
ZIP	76354	ZIP + 4	2912
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(940) 569-1471			
15. Fax Number (if applicable)			
(940) 569-8641			
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	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 type="checkbox"/> 251-500 <input checked="" 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 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)	
NOV Fiber Glass Systems - Burkburnett	

188771

24. Street Address of the Regulated Entity: <i>(No P.O. Boxes)</i>	1004 Ameron Road							
	City	Burkburnett	State	TX	ZIP	76354	ZIP + 4	2912
25. Mailing Address:	1004 Ameron Road							
	City	Burkburnett	State	TX	ZIP	76354	ZIP + 4	2912
26. E-Mail Address:	mark.wolf2@nov.com							
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)					
(940) 569-1471	646		(940) 569-8641					
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)		
3084			326122					
34. What is the Primary Business of this entity? <i>(Please do not repeat the SIC or NAICS description.)</i>								
Plastic Pipe Manufacturing								

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

35. Description to Physical Location:	1004 Ameron Road				
36. Nearest City	County		State		Nearest ZIP Code
Burkburnett	Wichita		TX		76354
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
34	05	22	98	43	10

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
			30604	
<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
1967B	45250			
<input checked="" type="checkbox"/> Stormwater	<input checked="" type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR05L779	2908			
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

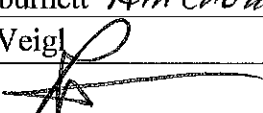
SECTION IV: Preparer Information

40. Name:	Jeff Christoffel	41. Title:	Senior Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(469) 365-1117		(469) 365-1199	jchristoffel@titanengineering.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:	NOV Fiber Glass Systems - Burkburnett Ameron Int'l	Job Title:	Plant Manager
Name (In Print):	Ron Veigl	Phone:	(940) 569-1471
Signature:		Date:	12/19/2012



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

AIR PERMITS DIVISION

DEC 28 2012

RECEIVED

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: Ameron International, Inc.		
B. Customer Reference Number (CN) (if issued): CN602385601		
C. Submittal Date: 12/19/12		
D. Effective Date of Change: 10/06/11		
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.): Ron Veigl		
Title: Plant Manager		
Company Name: Ameron International, Inc.		
Mailing Address: 1004 Ameron Road		
City: Burkburnett	State: Texas	Zip Code: 76354
Territory:	Country:	
Foreign Postal Code:	Internal Mail Code:	
Telephone No.: 940-569-1471	Fax No.: 940-569-8641	
E-mail Address: ron.veigl@nov.com		
IV. Technical Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): Jeff Christoffel		
Title: Senior Project Manager		
Company Name: TITAN Engineering, Inc.		
Mailing Address: 2801 Network Blvd., Suite 200		
City: Frisco	State: TX	Zip Code: 75034
Territory:	Country:	
Foreign Postal Code:	Internal Mail Code:	
Telephone No.: 469-365-1117	Fax No.: 469-365-1199	
E-mail Address: jchristoffel@titanengineering.com		
V. Site Information		
A. Site Name: NOV Fiber Glass Systems - Burkburnett		
B. Regulated Entity Number (RN) (if issued): RN100678440 <i>Y RN101635548</i>		
C. Account Number (if issued): WH-0015-Q		



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):	NO	NO	NO	NO	NO	NO	YES	
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: 1967B								
B. List all FOPs (including SOPs and ATOs under GOPs), as applicable: 2908								
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, Ron Velg, _____, 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: 12/19/2012			
Title: Plant Manager								




Sandra Young

From: Jeff Christoffel <JChristoffel@TitanEngineering.com>
Sent: Wednesday, February 13, 2013 10:11 AM
To: Sandra Young
Subject: RE: Change of Ownership for Ameron International Inc.

Please use the CN for Ameron International Corporation – sorry about the mixup!



Jeff Christoffel
Senior Project Manager
TITAN Engineering, Inc.
A Division of Apex Companies, LLC
2801 Network Blvd, Suite 200
Frisco, TX 75034
O) 469-365-1117 M) 972-742-0705

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From: Sandra Young [mailto:Sandra.Young@tceq.texas.gov]
Sent: 2013-02-13 9:54 AM
To: Jeff Christoffel
Subject: Change of Ownership for Ameron International Inc.

Jeff,
I have a problem with this transfer. The CN on your form is CN602385601.

<u>CN Number</u>	<u>Customer Name</u>	<u>Legal Name</u>	<u>Fed Tax ID</u>	<u>State Franchise Tax ID</u>	<u>SOS</u>
CN602385601	AMERON INTERNATIONAL INC	Ameron International, Inc.			

I am not allowed to transfer a permit if I do not have a legal AND In Use/Active Secretary of State (SOS) filing number.

There is a second CN that looks like it could be yours. Would you look at this and let me know.

<u>CN Number</u>	<u>Customer Name</u>	<u>Legal Name</u>	<u>Fed Tax ID</u>	<u>State Franchise Tax ID</u>
CN600127732	AMERON INTERNATIONAL CORPORATION	Ameron International Corporation	954560981	17701005963

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Top of Form

Filing Number: 9870706 **Entity Type:** Foreign For-Profit Corporation
Original Date of Filing: February 1, 1994 **Entity Status:** In existence
Formation Date: N/A
Tax ID: 17701005963 **FEIN:**
Name: AMERON INTERNATIONAL CORPORATION
Address: PO BOX 7007
PASADENA, CA 91109-7007 USA
Fictitious Name: N/A
Jurisdiction: DE, USA
Foreign Formation Date: N/A

Bottom of Form

If this is the right company, I can change the CN, but if not, I cannot make the transfer without a valid SOS number. Let me know.

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
TELEPHONE MEMO TO THE FILE

Please complete with typewriter or black pen.

Call to: Jeff Cristoffel
Date of call: 2/6/11
Phone no.: (469) 365 1199

Call from: Sandra Hunt
File no.: _____
Subject: _____

Information for file: Sandra PBR 45250
Jeff said go ahead & transfer

Signed _____

Sandra Young




From: Sandra Young
Sent: Wednesday, February 06, 2013 9:36 AM
To: Jeff Christoffel
Subject: RE: Ameron/Centron

Jeff,
You listed 1967B on RN100678440, but I find a second PBR -- 45250. May I also transfer this PBR?
Sandra

From: Jeff Christoffel [mailto:JChristoffel@TitanEngineering.com]
Sent: Wednesday, February 06, 2013 9:24 AM
To: Sandra Young
Subject: RE: Ameron/Centron

That looks like them.



TITAN Engineering is now a Division of Apex Companies, LLC.  Click [here](#) to learn more about Apex.
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From: Sandra Young [mailto:Sandra.Young@tceq.texas.gov]
Sent: 2013-02-06 9:18 AM
To: Jeff Christoffel
Subject: Ameron/Centron

Jeff,
Here's what I find in Secretary of State for Ameron:

This search was performed on with the following search parameter:
ENTITY NAME : AMERON INTERNATIONAL Inc.

<u>Mark</u>	<u>Filing Number</u>	<u>Name</u>	<u>Entity Type</u>	<u>Entity Status</u>	<u>Name Type</u>	<u>Name Status</u>
	<u>9870706</u>	AMERON INTERNATIONAL CORPORATION	Foreign For-Profit Corporation	In existence	Legal	In use
	<u>118122400</u>	AMERON INTERNATIONAL	Domestic For-Profit Corporation	Forfeited existence	Assumed	Expired

47525300

AMRON INTERNATIONAL
CORPORATION

Domestic For-Profit
Corporation

Forfeited
existence

Legal

Inactive

The only one that is Legal AND In Use is 9870706:

Top of Form

Filing Number:	9870706	Entity Type:	Foreign For-Profit Corporation
Original Date of Filing:	February 1, 1994	Entity Status:	In existence
Formation Date:	N/A		
Tax ID:	17701005963	FEIN:	
Name:	AMERON INTERNATIONAL CORPORATION		
Address:	PO BOX 7007 PASADENA, CA 91109-7007 USA		
Fictitious Name:	N/A		
Jurisdiction:	DE, USA		
Foreign Formation Date:	N/A		

Bottom of Form

Is this correct?

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



TITAN Engineering, Inc.
Environmental Consulting and Management

December 19, 2012

AIR PERMITS DIVISION

DEC 28 2012

RECEIVED

Ms. Sandra Young
Air Permits Initial Review Team, MC 161
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

via Certified US Mail

Subject: *Transfer of Ownership*

*NOV Fiber Glass Systems – Burkburnett
Burkburnett, Texas Facility
CN 602385601
RN100678440 ✓*

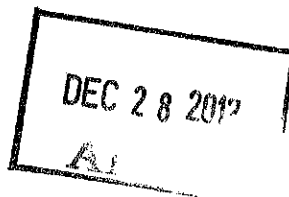
*NOV Fiber Glass Systems – Mineral Wells
Mineral Wells, Texas Facility
CN600878292
RN101635548*

Dear Ms. Young:

TITAN Engineering, Inc. (TITAN) is submitting the transfer of ownership request on behalf of NOV Fiber Glass Systems (NOV) – Burkburnett. A change in facility ownership from Ameron International, Inc. to National Oilwell Varco, L.P. was previously issued by the TCEQ on October 24, 2012. Due to a misunderstanding, a change in facility ownership never occurred, and the request for transfer of ownership should not have been submitted by NOV.

As a result, this letter is to request that facility ownership be transferred back to Ameron International, Inc. from National Oilwell Varco, L.P. A TCEQ Change of Name/Ownership Form and Core Data Form have been enclosed for your review. We apologize for this misunderstanding and confusion regarding this issue.

Since the NOV – Mineral Wells facility only has storm water and industrial hazardous waste permits, but no air permit, I have included a Core Data Form for the NOV Fiber Glass Systems – Mineral Wells facility. Its ownership was also inadvertently changed to National Oilwell Varco, L.P. from Centron International, Inc. on October 24, 2012. Please forward this request to the TCEQ Central Registry in order to correct the facility's ownership back to Centron International, Inc.

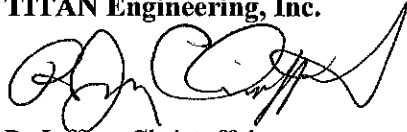


TITAN Engineering, Inc. is a Division of Apex Companies, LLC 

2801 Network Boulevard, Suite 200, Frisco, TX 75034 T 469.365.1100 F 469.365.1199 www.titanengineering.com

TITAN and NOV would like to thank you in advance for your review and concurrence with this transfer of ownership request. If you have any questions, please do not hesitate to contact me at (469) 365-1117 or jchristoffel@titanengineering.com.

Sincerely,
TITAN Engineering, Inc.



R. Jeffrey Christoffel
Senior Project Manager

Enclosures

cc: Mr. Michael Taylor, Air Section Manager, TCEQ Region 3, Abilene (Burkburnett)
Environmental Administrator, Wichita County Public Health District, Wichita Falls (Burkburnett)
Ms. Alyssa Taylor, Air Section Manager, TCEQ Region 4, Fort Worth (Mineral Wells)
Mr. Mark Wolf, Safety Manager, NOV Fiber Glass Systems, Burkburnett