## **Texas Commission on Environmental Quality**

Standard Permit New Registration

# Site Information (Regulated Entity)

What is the name of the site to be authorized?	MP MAGNETICS
Does the site have a physical address?	Yes
Physical Address	
Number and Street	13840 INDEPENDENCE PARKWAY
City	FORT WORTH
State	TX
ZIP	75901
County	TARRANT
Latitude (N) (##.#####)	32.98333
Longitude (W) (-###.#####)	-97.24985
Primary SIC Code	3499
Secondary SIC Code	
Primary NAICS Code	332999
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN111465571
What is the name of the Regulated Entity (RE)?	MP MAGNETICS
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	13840 INDEPENDENCE PARKWAY
City	FORT WORTH
State	TX
ZIP	75901
County	TARRANT
Latitude (N) (##.#####)	32.98333
Longitude (W) (-###.#####)	-97.24985
Facility NAICS Code	332999
What is the primary business of this entity?	MAGNETICS MANUFACTURING

# Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN606000065
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Mp Magnetics LLC
Texas SOS Filing Number	804376917

Federal Tax ID	870840007
State Franchise Tax ID	32082525117
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	
Independently Owned and Operated?	No
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Mp Magnetics LLC
Prefix	MS
First	Kelly
Middle	
Last	Trent
Suffix	
Credentials	
Title	EHS Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	6720 VIA AUSTI PKWY STE 450
Routing (such as Mail Code, Dept., or Attn:)	
City	LAS VEGAS
State	NV
ZIP	89119
Phone (###-###-###)	7522218227
Extension	
Alternate Phone (###-###)	
Fax (###-###-###)	
E-mail	ktrent@mpmaterials.com
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	CN606000065, Mp Magnetics LLC RESPONSIBLE AUTHORITY
Organization Name	Mp Magnetics LLC
Prefix	MS

Middle	
Last	Trent
Suffix	TOTAL
Credentials	
Title	EHS Manager
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	6720 VIA AUSTI PKWY STE 450
Routing (such as Mail Code, Dept., or Attn:)	
City	LAS VEGAS
State	NV
ZIP	89119
Phone (###-###)	7522218227
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-###)	
E-mail	ktrent@mpmaterials.com
Technical Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	CN606000065, Mp Magnetics LLC RESPONSIBLE AUTHORITY
Organization Name	
	Mp Magnetics LLC
Prefix	Mp Magnetics LLC MS
Prefix First	
	MS
First	MS
First Middle	MS Kelly
First Middle Last	MS Kelly
First Middle Last Suffix	MS Kelly
First Middle Last Suffix Credentials	MS Kelly Trent
First Middle Last Suffix Credentials Title	MS Kelly Trent
First Middle Last Suffix Credentials Title Enter new address or copy one from list:	MS Kelly Trent
First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address	MS Kelly  Trent  EHS Manager
First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if	MS Kelly Trent  EHS Manager  Domestic
First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable)	MS Kelly Trent  EHS Manager  Domestic
First Middle Last Suffix Credentials Title Enter new address or copy one from list: Mailing Address Address Type Mailing Address (include Suite or Bldg. here, if applicable) Routing (such as Mail Code, Dept., or Attn:)	MS Kelly  Trent  EHS Manager  Domestic 6720 VIA AUSTI PKWY STE 450

Phone (###-###-####)	7522218227
Extension	
Alternate Phone (###-###-)	
Fax (###-###-####)	
E-mail	ktrent@mpmaterials.com

### Standard Permit General Information- New Reg Sites

1) Is this facility permanent or temporary?	Permanent
2) Will the proposed facility meet all of the requirements of the standard permit?	Yes
3) Select the type of unit that is being registered:	ELECTRIC GENERATING FACILITIES
3.1. Select the rule associated to the unit specified.	6005
3.2. Are there multiple units with a total generating capacity less than 1 Mega Watt at a site?	No

#### Standard Permit Attachments

1) Please attach one PDF with the PI-1S and all required documents to complete the project.

[File Properties]

File Name <a

href=/ePermitsExternal/faces/file?fileId=133341>MP

Materials SP EGU Application\_Final 2022-

0816\_Non Conf Sections.pdf</a>

Hash C472957168734F3C5ECC2CF0F2D97B6942C9777E20AB991008509969C9561222

MIME-Type application/pdf

Confidential

2) Please attach any other necessary information needed to complete the registration.

[File Properties]

File Name <a

href=/ePermitsExternal/faces/file?fileId=133342>MP

Materials SP EGU Application\_Final 2022-

0816\_Conf Sections.pdf</a>

Hash 0109B1D669C356E9B2F7ABB739E8FAA959FAF7B24850E63A22E8FE1B7196C8D0

MIME-Type application/pdf

Confidential Yes

### Expedite

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite

Yes

the processing of this application?

1.1. Can the applicant demonstrate that the purpose of this application will benefit the economy of this state or an area of this state?

Yes

#### Certification

The electronic signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Officials knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. If you questions on how to fill out this form or about air quality permits. Please call (512) 239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms.

- 1. I am Kelly Trent, the owner of the STEERS account ER087431.
- 2. I have the authority to sign this data on behalf of the applicant named above.
- 3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
- 4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
- 5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
- 6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
- 7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
- 8. I am knowingly and intentionally signing Standard Permit New Registration.
- 9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER OPERATOR Signature: Kelly Trent OWNER OPERATOR

Account Number: ER087431

Signature IP Address: 165.225.32.107

Signature Date: 2022-08-16

Signature Hash: 3FD8521C1BD4D5CA1C9968B0028B2DF353C10805C09868F23501907B488CA6E5

Form Hash Code at F793F9858773CD29279C83DAD3450490A81EF19CD37CD5D0E2645046518F8AA8

time of Signature:

#### Fee Payment

Transaction by:

The application fee payment transaction was made by ER045919/Kalpalatha Kambham

Paid by:	The application fee was paid by LATHA KAMBHAM
Fee Amount:	\$900.00
Paid Date:	The application fee was paid on 2022-08-17
Transaction/Voucher number:	The transaction number is 582EA000502593 and the voucher number is 589300
Fee Payment	
Transaction by:	The surcharge fee payment transaction was made by ER045919/Kalpalatha Kambham
Paid by:	The surcharge fee was paid by LATHA KAMBHAM
Fee Amount:	\$500.00
Paid Date:	The surcharge fee was paid on 2022-08-17
Transaction/Voucher number:	The transaction number is 582EA000502593 and the voucher number is 589301
Submission	
Reference Number:	The application reference number is 500468
Submitted by:	The application was submitted by ER045919/Kalpalatha Kambham
Submitted Timestamp:	The application was submitted on 2022-08-17 at 07:23:07 CDT
Submitted From:	The application was submitted from IP address 172.58.180.192
	The confirmation number is 416131
Confirmation Number:	
Confirmation Number: Steers Version:	The STEERS version is 6.54