## Texas Commission on Environmental Quality

Standard Permit New Registration

# Site Information (Regulated Entity)

What is the name of the site to be authorized?	WHITE MANUFACTURING
Does the site have a physical address?	Yes
Physical Address	
Number and Street	7150 ALMEDA GENOA RD
City	HOUSTON
State	ТХ
ZIP	77075
County	HARRIS
Latitude (N) (##.#####)	29.619436
Longitude (W) (-###.######)	-95.293829
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	332313
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100623842
What is the name of the Regulated Entity (RE)?	WHITE MANUFACTURING
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	7150 ALMEDA GENOA RD
City	HOUSTON
State	ТХ
ZIP	77075
County	HARRIS
Latitude (N) (##.######)	29.619436
Longitude (W) (-###.######)	-95.293829
Facility NAICS Code	332313
What is the primary business of this entity?	

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN606061257
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Applied Cryo Technologies, Inc.
Texas SOS Filing Number	801635551

Federal Tax ID	
State Franchise Tax ID	32048667938
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	Applied Cryo Technologies, Inc.
Prefix	
First	Robert
Middle	
Last	Ernull
Suffix	
Credentials	
Title	VP, Energy Solutions
Responsible Authority Mailing Address	
Enter new address or copy one from list:	RE Physical Address
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	7150 ALMEDA GENOA RD
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	ТХ
ZIP	77075
Phone (###-###+###)	2818883884
Extension	
Alternate Phone (###-###+)	
Fax (###-###-####)	
E-mail	bob.ernull@appliedcryotech.com
Responsible Official Contact	
Person TCEQ should contact for questions about this application:	
Same as another contact?	CN606061257, Applied Cryo Technologies, Inc.
Organization Name	Applied Cryo Technologies, Inc.
Prefix	MR

Robert

First

Middle

Last E Suffix	Ernull
Credentials	
	VP, Energy Solutions
Enter new address or copy one from list:	,,
Mailing Address	
-	Domestic
	7150 ALMEDA GENOA RD
applicable)	
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	ТХ
ZIP 7	77075
Phone (###-####) 2	2818883884
Extension	
Alternate Phone (###-####)	
Fax (###-#####)	
E-mail b	bob.ernull@appliedcryotech.com
Technical Contact Person TCEQ should contact for questions	
about this application:	
Some as another context?	
Same as another contact?	
Organization Name	Ramboll Americas Engineering Solutions Inc
Organization Name     F       Prefix     N	MR
Organization Name     F       Prefix     M       First     M	
Organization Name     F       Prefix     M       First     M	MR Abhishek
Organization NameFPrefixMFirstAMiddleFLastF	MR
Organization Name     F       Prefix     M       First     M       Middle     F       Last     E       Suffix     F	MR Abhishek
Organization NameFPrefixMFirstMMiddleFLastESuffixFCredentialsF	MR Abhishek Bhat
Organization NameFPrefixMFirstMMiddleFLastFSuffixFCredentialsFTitleS	MR Abhishek
Organization NameFPrefixMFirstMMiddleFLastFSuffixFCredentialsFTitleSEnter new address or copy one from list:F	MR Abhishek Bhat
Organization NameFPrefixMFirstMMiddleFLastFSuffixFCredentialsFTitleS	MR Abhishek Bhat
Organization NameFPrefixFFirstFMiddleFLastFSuffixFCredentialsFTitleFEnter new address or copy one from list:FMailing AddressFAddress TypeF	MR Abhishek Bhat Senior Managing Consultant
Organization NameFPrefixFFirstFMiddleFLastFSuffixFCredentialsFTitleFEnter new address or copy one from list:FMailing AddressFAddress TypeF	MR Abhishek Bhat Senior Managing Consultant
Organization NameFPrefixFFirstFMiddleFLastFSuffixFCredentialsFTitleSEnter new address or copy one from list:FMailing AddressFAddress TypeFMailing Address (include Suite or Bldg. here, if applicable)F	MR Abhishek Bhat Senior Managing Consultant
Organization NameFPrefixFFirstFMiddleFLastFSuffixFCredentialsFTitleSEnter new address or copy one from list:FMailing AddressFAddress TypeFMailing Address (include Suite or Bldg. here, if applicable)FRouting (such as Mail Code, Dept., or Attn:)S	MR Abhishek Bhat Senior Managing Consultant Domestic 10333 RICHMOND AVE
Organization NameFPrefixFFirstAMiddleFLastESuffixFCredentialsFTitleSEnter new address or copy one from list:FMailing AddressFAddress TypeFMailing Address (include Suite or Bldg. here, if applicable)FRouting (such as Mail Code, Dept., or Attn:)SCityF	MR Abhishek Bhat Senior Managing Consultant Domestic 10333 RICHMOND AVE Suite 910
Organization NameFPrefixFFirstFMiddleFLastFSuffixFCredentialsFTitleSEnter new address or copy one from list:FMailing AddressFAddress TypeFMailing Address (include Suite or Bldg. here, if applicable)FRouting (such as Mail Code, Dept., or Attn:)SStateF	MR Abhishek Bhat Senior Managing Consultant Domestic 10333 RICHMOND AVE Suite 910 HOUSTON

Extension				
Alternate Phone (###-###-####)				
Fax (###-###-####)				
E-mail			abhat@ramboll.com	
Standard Permit General Information- New Reg Sites				
1) Is this facility permanent or tempo	prary?		Permanent	
2) Will the proposed facility meet all requirements of the standard permit			Yes	
3) Select the type of unit that is bein	g registered:		ELECTRIC GENERATING FACILITIES	
3.1. Select the rule associated to the specified.	e unit		6005	
3.2. Are there multiple units with a to generating capacity less than 1 Meg site?			Yes	
3.2.1. Does the site have certified ni oxides (NOx) emissions that are less percent of the standards required by standard permit.	s than 10		Yes	
Standard Permit Attachn	nents			
1) Please attach one PDF with the PI-1S and all required documents to complete the project. [File Properties]				
File Name			nitsExternal/faces/file?fileId=218013>FINAL_ACT plication 2024-0923.pdf	
Hash	07F3D9EB9752ECFE9	69EA62D6F4	884E504576B8AC027265A547F18BE3111B0A2	
MIME-Type			application/pdf	
Confidential			No	
2) Please attach any other necessary information needed to complete the registration.				
Expedite				

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite the processing of this application?

No

## 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 Robert F Ernull, the owner of the STEERS account ER089963.
- 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: Robert F Ernull OWNER OPERATOR

Account Number:	ER089963
Signature IP Address:	45.18.214.60
Signature Date:	2024-09-30
Signature Hash:	4601AA5B90B020762CE07FA903B55A1A0513B2AD2198C26ECAC625B4AF7A08E0
Form Hash Code at time of Signature:	9D065C4362BB53A8AA9F8B26AF3FAE7CB6C4ADFCE0D37457C9C22C30FD518DB6

### Submission

The application reference number is 685762
The application was submitted by ER089963/Robert F Ernull
The application was submitted on 2024-09-30 at 07:42:56 CDT
The application was submitted from IP address 45.18.214.60
The confirmation number is 567119
The STEERS version is 6.82

## Additional Information

Application Creator: This account was created by Luisa M Martin