Texas Commission on Environmental Quality

Annual Operational Status Report

Year: 2024

Site Information (Regulated Entity)

Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100966365
What is the name of the Regulated Entity (RE)?	SANDEN INTERNATIONAL USA WYLIE
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	601 SANDEN BLVD
City	WYLIE
State	ТХ
ZIP	75098
County	COLLIN
Latitude (N) (##.#####)	33.00592
Longitude (W) (-###.######)	-96.55811
Facility NAICS Code	333415
What is the primary business of this entity?	AUTMTVE. AIR CNDTNR. CMPRSSR. MFG.

Section 1# Authorization Information

AUTH#: 1

Authorization Number, Site Name, Authorization Type	127376 SANDEN INTERNATIONAL PBR
AUTH#: 2	
Authorization Number, Site Name, Authorization Type	144019 SANDEN INTERNATIONAL PBR
AUTH#: 3	

24032|SANDEN INTERNATIONAL USA WYLIE|PBR

Authorization Number, Site Name, Authorization Type

Customer Information

How is this applicant associated with this site?	Multiple
What is the applicant's Customer Number (CN)?	CN600282263
Type of Customer	Organization
Full legal name of the applicant:	
Legal Name	Sanden International (U.S.A.), Inc.
Texas SOS Filing Number	35093000
Federal Tax ID	751458726
State Franchise Tax ID	17514587264
State Sales Tax ID	
Local Tax ID	
DUNS Number	74877556
Number of Employees	101-250
Independently Owned and Operated?	Yes

Responsible Official Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	Sanden International USA-Wylie
Prefix	MS
First	Kendra
Middle	
Last	Bartels
Suffix	
Credentials	
Title	GM of EHS
Enter new address or copy one from list:	RE Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	601 SANDEN BLVD
Routing (such as Mail Code, Dept., or Attn:)	
City	WYLIE
State	ТХ
ZIP	75098
Phone (###-###-####)	9724428504
Extension	
Alternate Phone (###-###+###)	
Fax (###-####)	9724428551
E-mail	kendra.bartels@sanden.com

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	Mounce & Associates Inc
Prefix	MR
First	Steven
Middle	К
Last	Mounce
Suffix	
Credentials	
Title	Senior Environmental Chemist
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	3312 WILEY POST RD
Routing (such as Mail Code, Dept., or Attn:)	
City	CARROLLTON
State	ТХ
ZIP	75006
Phone (###-######)	9728623911
Extension	204
Alternate Phone (###-###+###)	
Fax (###-#####)	9728623910
E-mail	steve@mounce.biz

Permit#: 1

1) Permit Number	127376	
2) Is the permitted activity operational?	Yes	
Permit#: 2		
1) Permit Number	144019	
2) Is the permitted activity operational?	Yes	
Permit#: 3		
1) Permit Number	24032	
2) Is the permitted activity operational?	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.

- 1. I am Kendra L Bartels, the owner of the STEERS account ER064078.
- 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 Annual Operational Status Report Year: 2024.

9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ. MULTIPLE Signature: Kendra L Bartels MULTIPLE Customer Number: CN600282263

Legal Name: Account Number: Signature IP Address: Signature Date: Signature Hash:

olghature Hash.

Sanden International (U.S.A.), Inc. ER064078 72.131.197.98 2024-12-06 FE317AE6759A2425641DBE316778B8BB2C3C1E8 FCC639D8D2194C4A2D352AE35 84117E9A7AD9196D4F778BCF4B231CC7E0C5115 2B9E1194570B9FEDEDF796EAE

Form Hash Code at time of Signature:

Submission

Submitted by:	The application was submitted by ER064078/Kendra L Bartels
Submitted Timestamp:	The application was submitted on 2024-12-06 at 11:29:26 CST
Submitted From:	The application was submitted from IP address 72.131.197.98
Confirmation Number:	The confirmation number is 591622
Steers Version:	The STEERS version is 6.83

Additional Information

Application Creator: This account was created by Steven K Mounce