

Texas Commission on Environmental Quality

Annual Operational Status Report

Year: 2025

Site Information (Regulated Entity)

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)?	RN100558121
What is the name of the Regulated Entity (RE)?	STERLING MCCALL COLLISION CENTER OF JERSEY VILLAGE
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	18700 NORTHWEST FWY
City	HOUSTON
State	TX
ZIP	77065
County	HARRIS
Latitude (N) (##.#####)	29.901242
Longitude (W) (-###.#####)	-95.597852
Facility NAICS Code	
What is the primary business of this entity?	AUTOMOTIVE COLLISION CENTER

Section 1# Authorization Information

AUTH#: 1

Authorization Number, Site Name, Authorization Type	113790 STERLING MCCALL COLLISION CENTER OF JERSEY VILLAGE PBR
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Customer Information

How is this applicant associated with this site?	Multiple
What is the applicant's Customer Number (CN)?	CN604384495
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	GPI SC, Inc.
Texas SOS Filing Number	801413034
Federal Tax ID	
State Franchise Tax ID	32044062456
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	0-20
Independently Owned and Operated?	No

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	Group 1 Automotive
Prefix	MR

First	Daniel
Middle	
Last	Frayler
Suffix	
Credentials	
Title	Collision Director
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)	18700 NORTHWEST FWY
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	TX
ZIP	77065
Phone (###-###-####)	2819253280
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	dfrayler@group1auto.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	Responsible Official Contact
Organization Name	Group 1 Automotive
Prefix	MR
First	Daniel
Middle	
Last	Frayler
Suffix	
Credentials	
Title	Collision Director
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	18700 NORTHWEST FWY
Routing (such as Mail Code, Dept., or Attn:)	
City	HOUSTON
State	TX
ZIP	77065
Phone (###-###-####)	2819253280
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	dfrayler@group1auto.com

Section 1# Operational Status

Permit#: 1

1) Permit Number	113790
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 Marcos G Vasquez, the owner of the STEERS account ER058569.
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: 2025.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

MULTIPLE Signature: Marcos G Vasquez MULTIPLE	
Customer Number:	CN604384495
Legal Name:	GPI SC, Inc.
Account Number:	ER058569
Signature IP Address:	174.224.112.95
Signature Date:	2025-06-19
Signature Hash:	DAC4C4295578055B7390C6646C8ABE4218024D3 3A90326B44E3E863A36A8202C
Form Hash Code at time of Signature:	6899DFC10ACDBDD5BBB349999454CFF61C0CE5 4EC6F328CB27D1ABD2BC0A5EA3

Submission

Reference Number:	The application reference number is 794665
Submitted by:	The application was submitted by ER058569/Marcos G Vasquez
Submitted Timestamp:	The application was submitted on 2025-06-19 at 09:57:36 CDT
Submitted From:	The application was submitted from IP address 174.224.112.95
Confirmation Number:	The confirmation number is 659775
Steers Version:	The STEERS version is 6.91

Additional Information

Application Creator: This account was created by Marcos G Vasquez