



Marrillia Environmental is applying for renewal of Permit V-17-039. The permit source has an Agency Interest Number of 70880. The permit is for a transfer station operated in Bullitt County. This permit expired on January 13, 2024. It was originally issued on October 10, 2017. No processes, equipment, or materials have changed since the issuance of the current permit. Marrillia Environmental has reached out to the Environmental Compliance Assistance Program for assistance with completing the renewal application process.

Contact information for questions on the renewal should be directed to Carlee Chaffin of Marrillia Environmental. She can be reached by phone at (502) 538-0701 or email at marrilliaenvironmental@gmail.com.

Division for Air Quality

300 Sower Boulevard
Frankfort, KY 40601
(502) 564-3999

DEP7007AI

Administrative Information

- Section AI.1: Source Information
- Section AI.2: Applicant Information
- Section AI.3: Owner Information
- Section AI.4: Type of Application
- Section AI.5: Other Required Information
- Section AI.6: Signature Block
- Section AI.7: Notes, Comments, and Explanations

Additional Documentation

Additional Documentation attached

Source Name:

Marcilla Environmental

KY EIS (AFS) #:

21-029-00045

Permit #:

V-17-039

Agency Interest (AI) ID:

70880

Date:

10/10/2023

Section AI.1: Source Information

Physical Location	Street:	<u>360 Ranch Rd</u>			
Address:	City:	<u>Mount Washington</u>	County:	<u>Bullitt</u>	Zip Code: <u>40047</u>
Mailing Address:	Street or P.O. Box:	<u>360 Ranch Rd</u>			
	City:	<u>Mount Washington</u>	State:	<u>Kentucky</u>	Zip Code: <u>40047</u>

Standard Coordinates for Source Physical Location

Longitude: _____ (decimal degrees) Latitude: _____ (decimal degrees)

Primary (NAICS) Category: _____ Primary NAICS #: _____

Classification (SIC) Category: _____ **Primary SIC #:** _____

Briefly discuss the type of business conducted at this site: Marrilia Environmental is a transfer station. We separate our clean wood and incinerator it.

Description of Area Surrounding Source: Rural Area Industrial Park Residential Area Urban Area Industrial Area Commercial Area

Is any part of the source located on federal land? Yes No

Number of Employees: 5

Approximate distance to nearest residence or commercial property: _____ **Property Area:** 5 Acres **Is this source portable?** Yes No

What other environmental permits or registrations does this source currently hold or need to obtain in Kentucky?

NPDES/KPDES: Currently Hold Need N/A

Solid Waste: Currently Hold Need N/A

RCRA: Currently Hold Need N/A

UST: Currently Hold Need N/A

Type of Regulated Waste Activity: Mixed Waste Generator Generator Recycler Other: _____ U.S. Importer of Hazardous Waste Transporter Treatment/Storage/Disposal Facility N/A



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Mailing Address:	Street or P.O. Box:	<u>360 Ranch Rd</u>	City:	<u>Mount Washington</u>	State:	<u>Kentucky</u>	Zip Code:	<u>40047</u>

Standard Coordinates for Source Physical Location

Longitude: _____ (decimal degrees) Latitude: _____ (decimal degrees)

Primary (NAICS) Category: _____ Primary NAICS #: _____

Section AI.2: Applicant Information

Applicant Name: Marrillia Environmental
Title: (if individual) _____
Mailing Address: **Street or P.O. Box:** 360 Ranch Road
City: Mount Washington **State:** KY **Zip Code:** 40047
Email: (if individual) marrilliaenvironmental@gmail.com
Phone: 502 538-0701

Technical Contact

Name: Jimmy Chaffin
Title: owner
Mailing Address: **Street or P.O. Box:** 360 Ranch Rd.
City: Mount Washington **State:** KY **Zip Code:** 40047
Email: JimmyChaffin14@gmail.com
Phone: 502 396 3125

Air Permit Contact for Source

Name: Carlee Chaffin
Title: owner
Mailing Address: **Street or P.O. Box:** 360 Ranch Road
City: Mount Washington **State:** KY **Zip Code:** 40047
Email: cmarrillia86@gmail.com
Phone: 502 396 3125

Section AI.3: Owner Information

Owner same as applicant

Name: Carlee Chaffin

Title: owner

Mailing Address: Street or P.O. Box: 360 Ranch Rd.
 City: Mt Washington State: KY Zip Code: 40077

Email: cmarrillia86@gmail.com

Phone: 502 538 0701

List names of owners and officers of the company who have an interest in the company of 5% or more.

Name	Position
<u>Linda Marrillia / Carl Marrillia</u>	<u>Silent owner</u>
<u>Jimmy Chaffin / Carlee Chaffin</u>	<u>owner</u>
<u>Clyd Marrillia</u>	<u>owner</u>

Section AI.4: Type of Application

Current Status: Title V Conditional Major State-Origin General Permit Registration None

Name Change Initial Registration Significant Revision Administrative Permit Amendment

Requested Action: Renewal Permit Revised Registration Minor Revision Initial Source-wide Operating Permit
(check all that apply)

502(b)(10)Change Extension Request Addition of New Facility Portable Plant Relocation Notice

Revision Off Permit Change Landfill Alternate Compliance Submittal Modification of Existing Facilities

Ownership Change Closure

Requested Status: Title V Conditional Major State-Origin PSD NSR Other: _____

Is the source requesting a limitation of potential emissions? Yes No

Pollutant:	Requested Limit:	Pollutant:	Requested Limit:
<input type="checkbox"/> Particulate Matter	_____	<input type="checkbox"/> Single HAP	_____
<input type="checkbox"/> Volatile Organic Compounds (VOC)	_____	<input type="checkbox"/> Combined HAPs	_____
<input type="checkbox"/> Carbon Monoxide	_____	<input type="checkbox"/> Air Toxics (40 CFR 68, Subpart F)	_____
<input type="checkbox"/> Nitrogen Oxides	_____	<input type="checkbox"/> Carbon Dioxide	_____
<input type="checkbox"/> Sulfur Dioxide	_____	<input type="checkbox"/> Greenhouse Gases (GHG)	_____
<input type="checkbox"/> Lead	_____	<input type="checkbox"/> Other	_____

For New Construction:

Proposed Start Date of Construction: (MM/YYYY) _____

Proposed Operation Start-Up Date: (MM/YYYY) _____

For Modifications:

Proposed Start Date of Modification: (MM/YYYY) _____

Proposed Operation Start-Up Date: (MM/YYYY) _____

Applicant is seeking coverage under a permit shield. Yes No

Identify any non-applicable requirements for which permit shield is sought on a separate attachment to the application.


Section AI.5 Other Required Information

Indicate the documents attached as part of this application:

- | | |
|--|--|
| <input type="checkbox"/> DEP7007A Indirect Heat Exchangers and Turbines | <input type="checkbox"/> DEP7007CC Compliance Certification |
| <input type="checkbox"/> DEP7007B Manufacturing or Processing Operations | <input type="checkbox"/> DEP7007DD Insignificant Activities |
| <input type="checkbox"/> DEP7007C Incinerators and Waste Burners | <input type="checkbox"/> DEP7007EE Internal Combustion Engines |
| <input type="checkbox"/> DEP7007F Episode Standby Plan | <input type="checkbox"/> DEP7007FF Secondary Aluminum Processing |
| <input type="checkbox"/> DEP7007J Volatile Liquid Storage | <input type="checkbox"/> DEP7007GG Control Equipment |
| <input type="checkbox"/> DEP7007K Surface Coating or Printing Operations | <input type="checkbox"/> DEP7007HH Haul Roads |
| <input type="checkbox"/> DEP7007L Mineral Processes | <input type="checkbox"/> Confidentiality Claim |
| <input type="checkbox"/> DEP7007M Metal Cleaning Degreasers | <input type="checkbox"/> Ownership Change Form |
| <input type="checkbox"/> DEP7007N Source Emissions Profile | <input type="checkbox"/> Secretary of State Certificate |
| <input type="checkbox"/> DEP7007P Perchloroethylene Dry Cleaning Systems | <input type="checkbox"/> Flowcharts or diagrams depicting process |
| <input type="checkbox"/> DEP7007R Emission Offset Credit | <input type="checkbox"/> Digital Line Graphs (DLG) files of buildings, roads, etc. |
| <input type="checkbox"/> DEP7007S Service Stations | <input type="checkbox"/> Site Map |
| <input type="checkbox"/> DEP7007T Metal Plating and Surface Treatment Operations | <input type="checkbox"/> Map or drawing depicting location of facility |
| <input type="checkbox"/> DEP7007V Applicable Requirements and Compliance Activities | <input type="checkbox"/> Safety Data Sheet (SDS) |
| <input type="checkbox"/> DEP7007Y Good Engineering Practice and Stack Height Determination | <input type="checkbox"/> Emergency Response Plan |
| <input type="checkbox"/> DEP7007AA Compliance Schedule for Non-complying Emission Units | <input checked="" type="checkbox"/> Other: <u>renewal</u> |
| <input type="checkbox"/> DEP7007BB Certified Progress Report | |

Section AI.6: Signature Block

I, the undersigned, hereby certify under penalty of law, that I am a responsible official*, and that I have personally examined, and am familiar with, the information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the information is on knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of fine or imprisonment.



Authorized Signature

10/26/2023

Date

Carlee Chaffin

Type or Printed Name of Signatory

owner

Title of Signatory

*Responsible official as defined by 401 KAR 52:001.