



Facility Name: Abrapower, Inc
Permit Number: F-20-044
AI #: 47215 and ID # 21-015-00142

KY Dept. for Environmental Protection
Division for Air Quality
Permitting Section
200 Fair Oaks Lane, 1st Floor
Frankfort, KY 40601

Subject: Permit Renewal, No F-20-044, Conditional Major / Synthetic Minor Operating Permit Agency
Interest No. 45190

To Whom Concerned:

I have enclosed the appropriate forms to renew our Conditional Major / Synthetic Minor Operating Permit, which expires on **March 7, 2026**. I have included forms 7007 AI.

Over the past few years, we have worked **diligently** to remove solvents from our processes. We would like to **remove** the following emission points from our permit.

Line#2 Flat Products

Emission Unit 04 Base Coat Adhesive Applicator

Description:

Model: Proprietary Coating Heads by Abrapower Construction Date: March 2010 Controls: None

Emission Unit 05 Topcoat Applicator

Description:

One curtain coating applicator, Leif & Lorentz Model B2-1300 Construction Date: June 2011 Controls:
None

This will ultimately reduce the Net Emissions from Abrapower.

If there are any questions regarding these changes, please feel free to contact me, my email is adam@abrapowerusa.com, and my cell phone is (859) 620-0339.

Regards

A handwritten signature in black ink, appearing to read 'Adam Tropiejko', with a stylized flourish at the end.

Adam Tropiejko

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: Abrapower, Inc

KY EIS (AFS) #: 21- 015-00142

Permit #: F-20-044

Agency Interest (AI) ID: 47215

Date: 1/20/2026

Section AI.1: Source Information

Physical Location	Street:	<u>7451 Empire Drive,</u>		
Address:	City:	<u>Florence</u>	County:	<u>Boone</u>
			Zip Code:	<u>41042</u>
Mailing Address:	Street or P.O. Box:	<u>Same</u>		
	City:	State:	Zip Code:	

Standard Coordinates for Source Physical Location

Longitude: 38.970864776485605, (decimal degrees) **Latitude:** -84.63107584 (decimal degrees)

Primary (NAICS) Category: Sandpaper Manufacturing **Primary NAICS #:** 327910

Classification (SIC) Category:		<u>Abrasive Products (except steel wool)</u>		Primary SIC #: <u>3291</u>	
Briefly discuss the type of business conducted at this site:		<u>Manufacturing of sanding sponges</u>			
Description of Area Surrounding Source:	<input type="checkbox"/> Rural Area <input type="checkbox"/> Urban Area	<input type="checkbox"/> Industrial Park <input checked="" type="checkbox"/> Industrial Area	<input type="checkbox"/> Residential Area <input type="checkbox"/> Commercial Area	Is any part of the source located on federal land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Employees: 25
Approximate distance to nearest residence or commercial property:	<u>2000ft</u>	Property Area:	<u>60,000sqft</u>	Is this source portable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What other environmental permits or registrations does this source currently hold or need to obtain in Kentucky?					
NPDES/KPDES:	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input checked="" type="checkbox"/> N/A		
Solid Waste:	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input checked="" type="checkbox"/> N/A		
RCRA:	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input checked="" type="checkbox"/> N/A		
UST:	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input checked="" type="checkbox"/> N/A		
Type of Regulated Waste Activity:	<input type="checkbox"/> Mixed Waste Generator <input type="checkbox"/> U.S. Importer of Hazardous Waste	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter	<input type="checkbox"/> Recycler <input type="checkbox"/> Treatment/Storage/Disposal Facility	<input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> N/A	

Section AI.2: Applicant Information

Applicant Name: Abrapower Inc.

Title: (if individual) _____

Mailing Address: **Street or P.O. Box:** 7451 Empire Drive

City: Florence **State:** KY **Zip Code:** 41042

Email: (if individual) _____

Phone: 8592826717

Technical Contact

Name: Adam Tropiejko

Title: Vice President

Mailing Address: **Street or P.O. Box:** 7451 Empire Drive

City: Florence **State:** KY **Zip Code:** 41042

Email: adam@abrapowerusa.com

Phone: 8596200339

Air Permit Contact for Source

Name: Adam Tropiejko

Title: Vice President

Mailing Address: **Street or P.O. Box:** _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone: _____

Section AI.3: Owner Information

Owner same as applicant

Name: Barbara Tropiejko

Title: President

Mailing Address: **Street or P.O. Box:** 7451 Empire Drive
City: Florence **State:** KY **Zip Code:** 41042

Email: Barbara@abrapowerusa.com

Phone: 8596206717

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

Name

Position

Section AI.4: Type of Application

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

Requested Action: Name Change Initial Registration Significant Revision Administrative Permit Amendment
(check all that apply) Renewal Permit Revised Registration Minor Revision Initial Source-wide Operating Permit
 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 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: _____ **Proposed Operation Start-Up Date:** (MM/YYYY) _____
 (MM/YYYY)

For Modifications:

Proposed Start Date of Modification: _____ **Proposed Operation Start-Up Date:** (MM/YYYY) _____
 (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 checked="" 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 buldings, 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 type="checkbox"/> Other: _____ |
| <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 information, including the possibility of fine or imprisonment.



Authorized Signature

 Adam Tropiejko

Type or Printed Name of Signatory

 1/20/2026
Date

 Vice President

Title of Signatory

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

