



January 21, 2026

DEQ – Division for Air Quality
Permits Review Branch,
300 Sower Boulevard, 2nd Floor
Frankfort, KY 40601

Re: Air Permit Renewal Application
Axillon Aerospace (Erlanger), LLC
Agency Interest #: 47225

To Whom It May Concern:

Axillon Aerospace (Erlanger), LLC, previously known as Meggitt (Erlanger), LLC, is a stationary source that manufactures aircraft parts and is located at 1400 Jamike Avenue, Erlanger, Kentucky 41018. Axillon currently operates under air permit F-21-004 and is submitting the attached application to renew their air permit.

On July 1st, 2025, Axillon submitted a permit application to allow for the installation of five (5) additional compression molding presses. There were issues with one (1) of these compression molding machines and it was not able to be put into service so it was removed from the site. That application also addressed equipment changes that were discovered during an inspection to the parts washers listed in the permit and an emergency generator. This revision is still being processed by KY DAQ.

The applicable permit forms are attached in Attachment A. Should you have any questions or require additional information regarding this permit application, please contact me at (513) 808-4081 or ckoucky@corner-enviro.com.

Sincerely,

Christopher Koucky
Environmental Engineer

Enclosures

cc: Emily Ray, Axillon Aerospace
5095-19058-05

ATTACHMENT A

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: Axillon Aerospace (Erlanger), LLC

KY EIS (AFS) #: 21- 015-00710

Permit #: F-21-004

Agency Interest (AI) ID: 47225

Date: 1/21/2026

Section AI.1: Source Information

Physical Location	Street:	<u>1400 Jamike Avenue</u>				
Address:	City:	<u>Erlanger</u>	County:	<u>Boone</u>	Zip Code:	<u>41018</u>
Mailing Address:	Street or P.O. Box:	<u>1400 Jamike Avenue</u>				
	City:	<u>Erlanger</u>	State:	<u>Boone</u>	Zip Code:	<u>41018</u>

Standard Coordinates for Source Physical Location

Longitude: 39.04316 (decimal degrees) **Latitude:** -84.62843 (decimal degrees)

Primary (NAICS) Category: Aircraft Engine and Engine Parts Manufacturing **Primary NAICS #:** 336412

Classification (SIC) Category:	Aircraft Engine and Engine Parts Manufacturing		Primary SIC #:	3724	
Briefly discuss the type of business conducted at this site:	The facility produces a variety of parts for the aircraft industry				
Description of Area Surrounding Source:	<input type="checkbox"/> Rural Area	<input type="checkbox"/> Industrial Park	<input type="checkbox"/> Residential Area	Is any part of the source located on federal land?	<input type="checkbox"/> Yes
	<input type="checkbox"/> Urban Area	<input checked="" type="checkbox"/> Industrial Area	<input type="checkbox"/> Commercial Area		<input type="checkbox"/> No
Approximate distance to nearest residence or commercial property:	85 feet		Property Area:	12.5 acres	
			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 checked="" type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input 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 checked="" type="checkbox"/> Generator	<input type="checkbox"/> Recycler	Other: _____	
	<input type="checkbox"/> U.S. Importer of Hazardous Waste	<input type="checkbox"/> Transporter	<input type="checkbox"/> Treatment/Storage/Disposal Facility	N/A	

Section AI.2: Applicant Information

Applicant Name: Axillon Aerospace (Erlanger), LLC

Title: (if individual) _____

Mailing Address: **Street or P.O. Box:** 1400 Jamike Avenue

City: Erlanger **State:** Kentucky **Zip Code:** 41018

Email: (if individual) _____

Phone: (574) 457-3621

Technical Contact

Name: Emily Ray

Title: HSE Specialist

Mailing Address: **Street or P.O. Box:** 1400 Jamike Avenue

City: Erlanger **State:** Kentucky **Zip Code:** 41018

Email: emily.ray@axillonaerospace.com

Phone: 859-307-7421

Air Permit Contact for Source

Name: Emily Ray

Title: HSE Specialist

Mailing Address: **Street or P.O. Box:** 1400 Jamike Avenue

City: Erlanger **State:** Erlanger **Zip Code:** 41018

Email: emily.ray@axillonaerospace.com

Phone: 859-307-7421

Section AI.3: Owner Information

Owner same as applicant

Name: _____

Title: _____

Mailing Address: **Street or P.O. Box:** _____
City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone: _____

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:	<input type="checkbox"/>	<input checked="" type="checkbox"/> Title V	<input type="checkbox"/> Conditional Major	<input type="checkbox"/> State-Origin	<input type="checkbox"/> General Permit	<input type="checkbox"/> Registration	<input type="checkbox"/> None	
	<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Initial Registration	<input type="checkbox"/>	Significant Revision	<input type="checkbox"/>	Administrative Permit Amendment
Requested Action: <i>(check all that apply)</i>	<input checked="" type="checkbox"/>	Renewal Permit	<input type="checkbox"/>	Revised Registration	<input type="checkbox"/>	Minor Revision	<input type="checkbox"/>	Initial Source-wide Operating Permit
	<input type="checkbox"/>	502(b)(10) Change	<input type="checkbox"/>	Extension Request	<input type="checkbox"/>	Addition of New Facility	<input type="checkbox"/>	Portable Plant Relocation Notice
	<input type="checkbox"/>	Revision	<input type="checkbox"/>	Off Permit Change	<input checked="" type="checkbox"/>	Landfill Alternate Compliance Submittal	<input type="checkbox"/>	Modification of Existing Facilities
	<input type="checkbox"/>	Ownership Change	<input type="checkbox"/>	Closure				
Requested Status:	<input type="checkbox"/>	<input type="checkbox"/> Title V	<input type="checkbox"/> Conditional Major	<input type="checkbox"/> State-Origin	<input type="checkbox"/> PSD	<input type="checkbox"/> NSR	<input type="checkbox"/>	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 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 or incomplete information, including the possibility of fine or imprisonment.



 Authorized Signature

Will Smyth

 Type or Printed Name of Signatory



 Date

Plant Manager

 Title of Signatory

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

