



December 11, 2023

Mr. Zachary Bittner
Kentucky Department for Environmental Protection
Kentucky Division for Air Quality
2nd Floor, 300 Sower Blvd
Frankfort, KY 40601

Subject: Renewal Application
CCL Label Corporation
Cold Spring, (Campbell County), Kentucky
Permit ID: F-18-059 R3, AI #37540

Dear Mr. Bittner:

Project No. 302-1740

CCL Label Corporation (CCL) in Cold Spring, Campbell County, Kentucky, is submitting a renewal application in accordance with 401 KAR 52:030 Section 12. CCL is requesting to remain a conditional major source. No equipment is being added or removed with this renewal application. The facility will continue to accept the 50 ton/yr limit for VOCs to preclude 40 CFR 60.442a.

Should there be any questions or if additional information is necessary, please do not hesitate to contact Nicole Galavotti at (859) 294-5155. Thank you.

Sincerely,

SHIELD ENVIRONMENTAL ASSOCIATES, INC.

A handwritten signature in black ink that reads "Nicole Galavotti".

Nicole Galavotti, P.E.
Principal, Sr. Environmental Engineer

A handwritten signature in black ink that reads "Daniel S. Porter".

Daniel Porter, Ph.D. P.E.
Environmental Engineer

cc: Keith Buchanan – CCL Label

Attachments
Appendix A - DEP7007 Form



Lexington
948 Floyd Drive
Lexington, KY 40505
Telephone 859.294.5155
Fax 859.294.5255
www.shieldenv.com

Louisville, KY

Appendix A

DEP7007 Form

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: CCL Label Corporation

KY EIS (AFS) #: 21- 037-00082

Permit #: F-18-059 R3

Agency Interest (AI) ID: 37540

Date: 12/11/2023

Section AI.1: Source Information

Physical Location	Street:	<u>1187 Industrial Rd.</u>		
Address:	City:	<u>Cold Spring</u>	County:	<u>Campbell</u>
			Zip Code:	<u>41076</u>
Mailing Address:	Street or P.O. Box:	<u>1187 industrial Rd.</u>		
	City:	<u>Cold Spring</u>	State:	<u>Kentucky</u>
			Zip Code:	<u>41076</u>

Standard Coordinates for Source Physical Location

Longitude: -84.443118 (decimal degrees) Latitude: 39.029944 (decimal degrees)

Primary (NAICS) Category: Printing Primary NAICS #: 323111

Classification (SIC) Category:		Commercial Printing, NEC _____		Primary SIC #: 2759 _____	
Briefly discuss the type of business conducted at this site:		A printing company that makes labels for various products.			
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
					Number of Employees: 86
Approximate distance to nearest residence or commercial property: 50 yards _____		Property Area: 7.2 _____		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 checked="" type="checkbox"/> Currently Hold <input type="checkbox"/> Need <input type="checkbox"/> N/A No Exposure Certification					
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 <input type="checkbox"/> Other: _____	
<input type="checkbox"/> U.S. Importer of Hazardous Waste		<input type="checkbox"/> Transporter		<input type="checkbox"/> Treatment/Storage/Disposal Facility <input type="checkbox"/> N/A	

Section AI.2: Applicant Information

Applicant Name: CCL Label Corporation

Title: (if individual) _____

Mailing Address: **Street or P.O. Box:** 1187 Industrial Road
City: Cold Spring **State:** Kentucky **Zip Code:** 41076

Email: (if individual) _____

Phone: (859) 781-6161

Technical Contact

Name: Mr. Keith Buchanan

Title: Manufacturing Manager

Mailing Address: **Street or P.O. Box:** 1187 Industrial Road
City: Cold Spring **State:** Kentucky **Zip Code:** 41076

Email: kbuchanan@cclind.com

Phone: (859) 781-6161

Air Permit Contact for Source

Name: Nicole Galavotti, P.E.

Title: Principal/Sr. Environmental Engineer

Mailing Address: **Street or P.O. Box:** 948 Floyd Dr.
City: Lexington **State:** Kentucky **Zip Code:** 40505

Email: nicole_galavotti@shieldmw.com

Phone: (859) 294-5155 ext. 105

Section A1.3: Owner Information

Owner same as applicant

Name: CCL Industries, Inc.

Title: _____

Mailing Address: **Street or P.O. Box:** 111 Gordon Baker Rd, Suite 801
City: Toronto **State:** ON **Zip Code:** M2H 3R1

Email: _____

Phone: 416-756-8500

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 V 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 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 checked="" type="checkbox"/> Volatile Organic Compounds (VOC)	50 TPY	<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) N/A N/A N/A

For Modifications:

Proposed Start Date of Modification: **Proposed Operation Start-Up Date:** (MM/YYYY)

(MM/YYYY) N/A N/A N/A

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.**

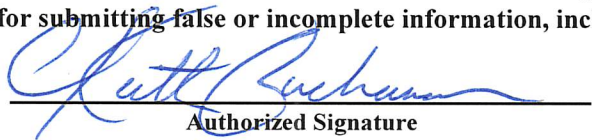
Section AI.5 Other Required Information

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 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

12/12/2023

 Date

Keith Buchanan

 Type or Printed Name of Signatory

Manufacturing Manager

 Title of Signatory

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