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## Canton Wood Products Company

365 S. Woodlawn Ave.  
Lebanon, Kentucky 40033, USA

Phone: (+1) 270 692 9888  
Facsimile: (+1) 270 692 3998

[www.cantoncooperage.com](http://www.cantoncooperage.com)

September 16<sup>th</sup>, 2024

Michael Kennedy  
Director  
Division for Air Quality  
300 Sower BLVD  
Frankfort, KY 40601



Dear Melissa:

Canton Wood Products Company is submitting a renewal application for the existing plant wide Conditional Major Federally Enforceable State Operating Permit (F-19-023) (ID# 21-155-00035) (AI#46439). There has been no change in types of products manufactured or the quantity or rate of production based on 8760 potential manufacturing hours. Should you have any questions or if we can be of further assistance, do not hesitate to contact our office at (270) 692-9888.

Sincerely,

Anthony Morris  
V. P. of Operations  
Canton Wood Products Company, LLC.

Commonwealth of Kentucky  
Natural Resources & Environmental Protection Cabinet  
Department for Environmental Protection

Division for Air Quality  
803 Schenkel Lane  
Frankfort, Kentucky 40601  
(502) 573-3382

DEP7007AI

Administrative  
Information

Enter if known

AFS Plant ID# 21-155-00035  
AI# 46439

Agency Use Only

Date Received

Log#

Permit# F-19-023

PERMIT APPLICATION

The completion of this form is required under Regulations 401 KAR 52:020, 52:030, and 52:040 pursuant to KRS 224. Applications are incomplete unless accompanied by copies of all plans, specifications, and drawings requested herein. Failure to supply information required or deemed necessary by the division to enable it to act upon the application shall result in denial of the permit and ensuing administrative and legal action. Applications shall be submitted in triplicate.

1) APPLICATION INFORMATION

Note: The applicant must be the owner or operator. (The owner/operator may be individual(s) or a corporation.)

Name: Canton Wood Products Company, LLC

Title: \_\_\_\_\_ Phone : (270) 692-9888  
(If applicant is an individual)

Mailing Address: Canton Wood Products Company, LLC  
Company

Street or P.O. Box 365 S. Woodlawn Ave.

City Lebanon State: KY Zip Code: 40033

Is the applicant (check one):  Owner  Operator  Owner & Operator  Corporation/LLC\*  LP\*\*  
\*If the applicant is a Corporation or a Limited Liability Corporation, submit a copy of the current Certificate of Authority from the Kentucky Secretary of State  
\*\*If the applicant is a Limited Partnership, submit a copy of the current Certificate of Limited Partnership from the Kentucky Secretary of State

PERSON TO CONTACT FOR TECHNICAL INFORMATION RELATING TO APPLICATION:

Name: Anthony Morris

Title: V. P. of Operations (270) 692-9888

2) OPERATOR INFORMATION

Note: If the applicant is the operator, write "same as applicant" on name line.

Name: Same as Applicant

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Company

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3) **Type of Permit Application**

**A. For new sources that currently *do not* hold any air quality permit in Kentucky and are required to obtain a permit prior to construction pursuant to 401 KAR 52:020, 52:030, or 52:040.**

Initial Operating Permit (the permit will authorize both construction and operation of the new source)

Type of Source (Check all that apply):  Major  Conditional Major  Synthetic Minor  Minor

**B. For existing sources that do not have a source-wide Operating Permit required by 401 KAR 52:020, 52:030, or 52:040**

Type of Source (Check all that apply):  Major  Conditional Major  Synthetic Minor  Minor

(Check one only)

Initial Source-wide Operating Permit

Construction of New Facilities at Existing Plant Proposed Start of Construction Date:

Modification of Existing Facilities at Existing Plant Proposed Operation Start-Up Date:

Other (Explain)

**C. For existing sources that currently have a source-wide Operating Permit –**

Type of Source (Check all that apply):  Major  Conditional Major  Synthetic Minor  Minor

Administrative Revision (describe type of revision requested, e.g. name change): \_\_\_\_\_

Permit Renewal  Permit Number (In case of renewal) Existing Permit # F-19-023

Significant Revision:  Addition of New Facilities Construction Start Date \_\_\_\_\_

Minor Revision:  Modification of Existing Facilities

4) **SOURCE INFORMATION**

Source Name: **Canton Wood Products Company, LLC**

Source Street Address: **365 S. Woodlawn Avenue**

City: **Lebanon**

Zip Code: **40033**

County **Marion**

Primary Standard Industrial Classification (SIC) Category: **Special Product Sawmills**

Primary SIC #: **2449**

Property Area (Acres or Square Feet): **28 acres**

Number of Employees: **34**

Description of Area Surrounding Source (check one)

Commercial Area  Residential Area  Industrial Area  Industrial Park  Rural Area  Urban Area

Approximate Distance to Nearest Residence or Commercial Property: **200 yards**

UTM or Standard Location Coordinates: (Include topographical map showing property boundaries)

UTM Coordinates: Zone 16 Horizontal (km) 655370 E Vertical (km) 4159134N

Standard Coordinates: Latitude 37 Degrees 33 Minutes 58.1 Seconds North  
Longitude 85 Degrees 14 Minutes 26.7 Seconds West

Is any part of the source located on federal land?

Yes  No

5) **What other environmental permits or registrations does this source currently hold in Kentucky?**  
None at this time.

6) **What other environmental permits or registrations does this source need to obtain in Kentucky?**  
None at this time.

**OTHER REQUIRED INFORMATION**

7) **Indicate the Type(s) and number forms attached as part of this application.**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> DEP7007A Indirect Heat Exchanger, Turbine, Internal Combustion Engine</li> <li><input type="checkbox"/> DEP7007B Manufacturing or Processing Operations</li> <li><input type="checkbox"/> DEP7007C Incinerators &amp; Waste Burners</li> <li><input type="checkbox"/> DEP7007F Episode Standby Plan</li> <li><input type="checkbox"/> DEP7007J Volatile Liquid Storage</li> <li><input type="checkbox"/> DEP7007K Surface Coating or Printing Operations</li> <li><input type="checkbox"/> DEP7007L Concrete, Asphalt, Coal, Aggregate, Feed, Corn, Flour, Grain, &amp; Fertilizer</li> <li><input type="checkbox"/> DEP7007M Metal Cleaning Degreasers</li> <li><input type="checkbox"/> DEP7007N Emissions, Stacks, and Controls Information</li> <li><input type="checkbox"/> DEP7007P Perchloroethylene Dry Cleaning Systems</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> DEP7007R Emission Reduction Credit</li> <li><input type="checkbox"/> DEP7007S Service Stations</li> <li><input type="checkbox"/> DEP7007T Metal Plating &amp; Surface Treatment Operations</li> <li><input type="checkbox"/> DEP7007V Applicable Requirements &amp; Compliance Activities</li> <li><input type="checkbox"/> DEP7007Y Good Engineering Practice (GEP) Stack Height Determination</li> <li><input type="checkbox"/> DEP7007AA Compliance Schedule for Noncomplying Emission Units</li> <li><input type="checkbox"/> DEP7007BB Certified Progress Report</li> <li><input type="checkbox"/> DEP7007CC Compliance Certification</li> <li><input type="checkbox"/> DEP7007DD Insignificant Activities</li> </ul> |
|---|--|

8) **Check other attachments that are part of this application:**

- | <u>Required Data</u>  | <u>Supplemental Data</u>   |
|---|--|
| <input type="checkbox"/> Map or Drawing Showing Location            | <input type="checkbox"/> Stack Test Report   |
| <input type="checkbox"/> Process Flow Diagram and Description       | <input type="checkbox"/> Certificate of Authority from the Secretary of State (for Corporations and Limited Liability Companies) |
| <input type="checkbox"/> Site Plan Showing Stack Data and Locations | <input type="checkbox"/> Certificate of Limited Partnership from the Secretary of State (for Limited Partnerships)               |
| <input type="checkbox"/> Emission Calculation Sheets                | <input type="checkbox"/> Claim of Confidentiality (See 400 KAR 1:060)  |
| <input type="checkbox"/> Material Safety Data Sheets (MSDS)         | <input type="checkbox"/> Other (Specify)   |

9) **Indicate if you expect to emit, in any amount, hazardous or toxic materials or compounds of such materials into the atmosphere from any operation or process at this location.**

- |   |   |
|---|---|
| <input type="checkbox"/> Pollutants regulated under 401 KAR 57:002 (NESHAP)           | <input type="checkbox"/> Pollutants listed in 401 KAR 63:060 (HAPS) |
| <input type="checkbox"/> Pollutants listed in 40 CFR 68 Subpart F [112(r) pollutants] | <input type="checkbox"/> Other                                      |

10) **Has your company filed an emergency response plan with local and/or state and federal officials outlining the measures that would be implemented to mitigate an emergency release?**

Yes  No

**11) Check whether your company is seeking coverage under a permit shield. If "Yes" is checked, applicable requirements must be identified on Form DEP7007V. Identify any non-applicable requirements for which you are seeking a permit shield coverage on a separate attachment to the application.**

Yes       No       List of non-applicable requirements attached

**12) OWNER INFORMATION**  
*Note: If the applicant is the owner, write "same as applicant" on the name line.*

Name: Same as Applicant

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

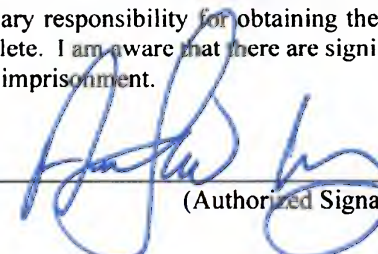
**List Names of Owners and Officers of Company Who Have an Interest in the Company of 5% or More.**

<u>Name</u>	<u>Position (owner, partner, president, CEO, treasurer, etc)</u>

(attach another sheet if necessary)

**13) 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.

BY  (Authorized Signature)      9/10/2024 (Date)

ANTHONY W. MORRIS (Typed or Printed Name of Signatory)      V.P. of OPERATIONS (Title of Signatory)