

Division for Air Quality

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

DEP7007AI

Administrative Information

- Section AI.1: Source Information
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Additional Documentation

Additional Documentation attached

Source Name: West Daviess County Landfill

KY EIS (AFS) #: 21- 059-00193

Permit #: V-18-019

Agency Interest (AI) ID: 973

Date: 5/1/2023

Section AI.1: Source Information

Physical Location	Street:	<u>7772 KY Route 815</u>		
Address:	City:	<u>Owensboro</u>	County:	<u>Daviess</u>
			Zip Code:	<u>42301</u>
Mailing Address:	Street or P.O. Box:	<u>7772 KY Route 815</u>		
	City:	<u>Owensboro</u>	State:	<u>KY</u>
			Zip Code:	<u>42301</u>

Standard Coordinates for Source Physical Location

Longitude: -87.2680628 (decimal degrees) **Latitude:** 37.6740991 (decimal degrees)

Primary (NAICS) Category: Solid Waste Landfill **Primary NAICS #:** 562212

Classification (SIC) Category:

Municipal Solid Waste Landfill

Primary SIC #: 4953

Briefly discuss the type of business conducted at this site:

Disposal of solid waste

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:

< 10

Approximate distance to nearest residence or commercial property:

1000 ft

Property Area:

903 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

Section A1.2: Applicant Information

Applicant Name:	<u>Daviess County Fiscal Court</u>			
Title: (if individual)	<u></u>			
Mailing Address:	Street or P.O. Box:	<u>212 Ann Street</u>		
	City:	<u>Owensboro</u>	State:	<u>KY</u>
	Zip Code:	<u>42301</u>		
Email: (if individual)	<u></u>			
Phone:	<u>(270) 685-8424</u>			

Technical Contact

Name:	<u>Robbie Hocker</u>			
Title:	<u>Solid Waste Manager</u>			
Mailing Address:	Street or P.O. Box:	<u>7772 KY Route 815</u>		
	City:	<u>Owensboro</u>	State:	<u>KY</u>
	Zip Code:	<u>42301</u>		
Email:	<u>Rhocker@daviessky.org</u>			
Phone:	<u>217-316-2589</u>			

Air Permit Contact for Source

Name:	<u>Julie Hall</u>			
Title:	<u>Senior Project Manager</u>			
Mailing Address:	Street or P.O. Box:	<u>320 Cramer Creek Court</u>		
	City:	<u>Dublin</u>	State:	<u>OH</u>
	Zip Code:	<u>43017</u>		
Email:	<u>jhall@wcgrp.com</u>			
Phone:	<u>513-254-9224</u>			

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: 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 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)* _____ N/A

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

For Modifications:

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

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

5/1/2023

 Date

Travis Ricker

 Type or Printed Name of Signatory

Solid Waste Manager

 Title of Signatory

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

