

March 3, 2026

FRNP-26-10012

Maridely Loyselle  
Commonwealth of Kentucky  
Energy and Environment Cabinet  
Division for Air Quality  
300 Sower Blvd., 2nd Floor  
Frankfort, KY 40601

Dear Ms. Loyselle:

**Agency Interest ID No. 46094, Title V Permit Renewal Application, Paducah Gaseous Diffusion Plant, Paducah, Kentucky, Permit No. V-21-011 R4**

Enclosed is Four Rivers Nuclear Partnership, LLC, (FRNP), Paducah Gaseous Diffusion Plant's application for the renewal of Title V Permit No. V-21-011 R4, Agency Interest ID No. 46094. The Title V Permit No. V-21-011 R4 expires on September 12, 2026. A permit renewal application is required to be submitted at least six months in advance or by March 12, 2026.

The Permit application includes the following:

- Summary of application changes
- FRNP Secretary of State certificate and certificate of authorization
- Site location map
- Form DEP7007AI, Administrative Information

Please note that no substantive changes are being requested and the proposed redline changes are typographical errors only.

If you have questions, please contact Katrina Hall at (270) 441-5204.

I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in this document are true, accurate, and complete.

Sincerely,

MYRNA REDFIELD  
(Affiliate)



Digitally signed by MYRNA  
REDFIELD (Affiliate)  
Date: 2026.03.03 12:53:15  
-06'00'

Myrna Espinosa Redfield  
Program Manager

Enclosures:

1. Summary of Application Changes
2. FRNP Secretary of State Certificate and Certificate of Authorization
3. Site Location Map
4. Form DEP7007AI, Administrative Information

e-copy:

B. Ford, FRNP/PAD  
A. Ladd, PPPO/PAD  
A. Parish, PPPO/LEX

# SUMMARY OF TITLE V AIR OPERATION PERMIT RENEWAL APPLICATION

## 1. Background

The Facility currently is permitted to operate air emission sources under Title V Permit No. V-21-011 R4 that expires September 12, 2026. The Facility is required to submit a permit renewal application at least six months in advance or by March 12, 2026. According to 401 KAR 52:020 Section 4(2)(c), a Title V permit renewal application must include only information that is new or different from the most recent source-wide permit application.

## 2. Application Changes

No substantive changes are requested in the Title V permit; three changes are requested to allow for correction of typographical errors adding additional clarity to the permit.

1. Please add “EU 67,” to the text on page 52 of 87 at 2. Emission Limitations: a. For EU 67, EU 92....
2. Please add “EU 67,” to the text on page 52 of 87 at Compliance Demonstration Method: B. For EU 67, EU80, ....
3. Please add “66,” to the text on page 54 of 87 at Emission Units 66, 68, 84, & 85.

## 3. Application Content

The permit renewal application includes the documents/forms identified in Table 1, as required by Kentucky Division for Air Quality.

**Table 1. Permit Renewal Application Documents/Forms**

Form Number*	Description
DEP7007AI	Administrative Information (includes certification)

Additional information included in the application package:

- Secretary of State Certificate
- Site map showing the location of the facility

DOCUMENT NO: 460973  
 RECORDED: June 13, 2017 04:18:00 PM  
 TOTAL FEES: \$11.00  
 COUNTY CLERK: JEFF HANCOCK  
 DEPUTY CLERK: STARLA HAEBERLIN  
 COUNTY: FRANKLIN  
 BOOK: A123 PAGES: 485 - 485

FRANKLIN COUNTY  
**A123 PG485**

**401**  
**0988150.06** amcray  
 ADD  
 Allison Lundergan Grimes  
 Kentucky Secretary of State  
 Received and Filed:  
 6/13/2017 2:12 PM  
 Fee Receipt: \$90.00



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings  
 Business Filings  
 PO Box 718, Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Authority**  
**(Foreign Business Entity)**

**FBE**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> profit corporation (KRS 271B) | <input type="checkbox"/> nonprofit corporation (KRS 273)                | <input type="checkbox"/> professional service corporation (KRS 274)       |
| <input type="checkbox"/> business trust (KRS 388)      | <input checked="" type="checkbox"/> limited liability company (KRS 275) | <input type="checkbox"/> professional limited liability company (KRS 275) |
| <input type="checkbox"/> limited partnership (KRS 382) | <input type="checkbox"/> fid cooperative assn. (KRS)                    | <input type="checkbox"/> statutory trust                                  |
| <input type="checkbox"/> non-profit llc (KRS 275)      | <input type="checkbox"/> cooperative assn. (KRS)                        |   |

2. The name of the entity is Four Rivers Nuclear Partnership, LLC  
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 8/18/2016 and the period of duration is perpetual  
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
9191 South Jamaica Street Englewood CO 80112  
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512 Frankfort KY 40601  
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C.T. Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
William Kirby	9191 S. Jamaica St	Englewood	CO	80112
Melvin Hatcher	9191 S. Jamaica St	Englewood	CO	80112
Ron Slotke	9191 S. Jamaica St	Englewood	CO	80112

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.  
 The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

Please indicate the Kentucky county in which your business operates:

County: McCracken

To complete the following, please shade the box completely.

Please indicate the size of your business:  
 Small (Fewer than 50 employees)  
 Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:  
 Women-Owned  Veteran Owned  Minority Owned

Please indicate which of the following best describes your business:

Agriculture  Mining  Services  Construction  
 Wholesale Trade  Retail Trade  Manufacturing  Finance, Insurance, Real Estate  
 Public Administration  Transportation, Communications, Electric, Gas, Sanitary Services  
 Other

Signature of Authorized Representative

Melvin Hatcher, Secretary

6/12/2017

I, C.T. Corporation System

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent  
C.T. Corporation System

Cristie Myers, Assistant Secretary

06/12/2017

Signature of Registered Agent

Printed Name

Title

Date

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Authorization**

Authentication number: 215334  
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**FOUR RIVERS NUCLEAR PARTNERSHIP, LLC**

, a limited liability company authorized under the laws of the state of Delaware, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on June 13, 2017.

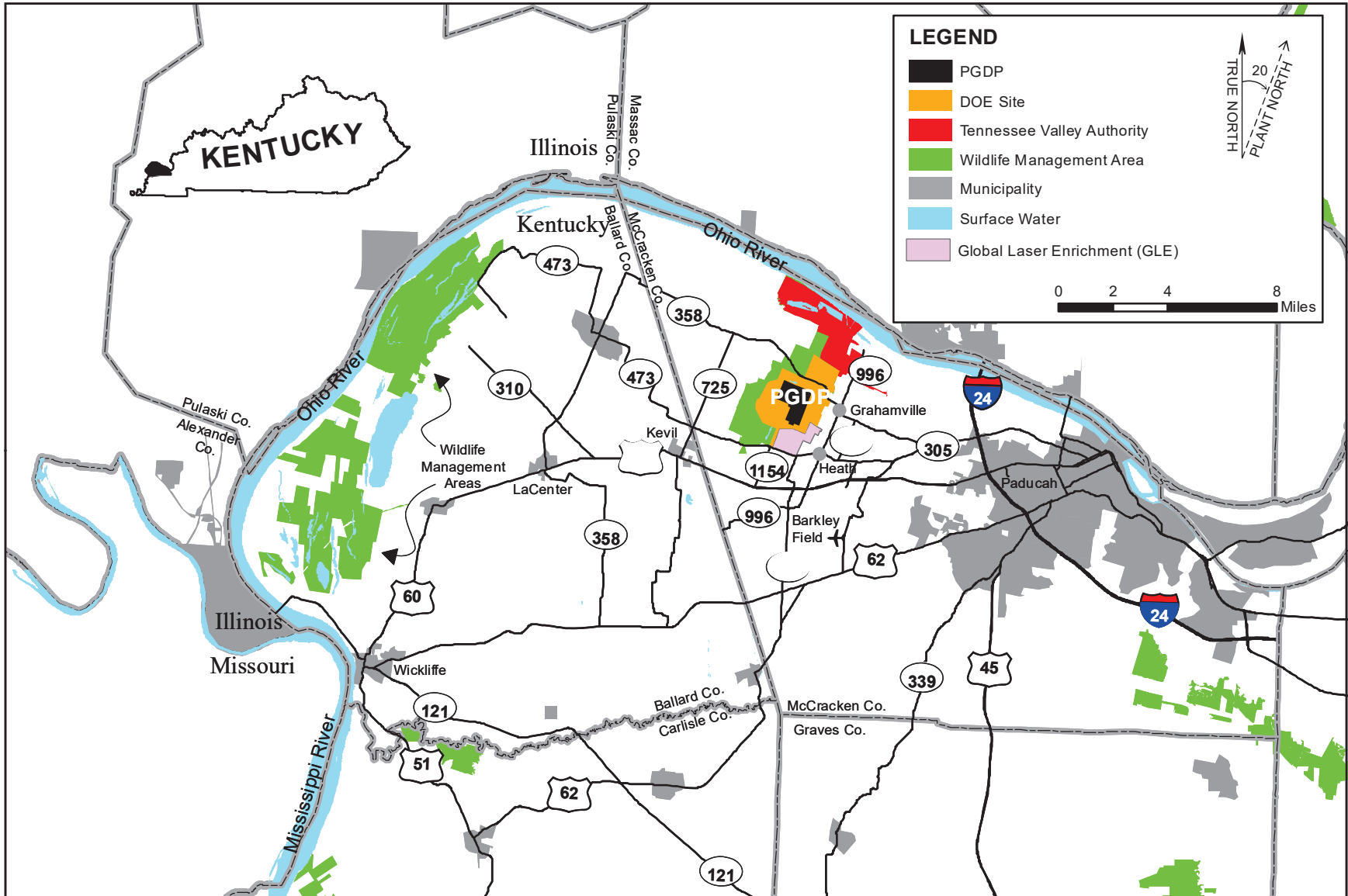
I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 1<sup>st</sup> day of May, 2019, in the 227<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
215334/0988150



**MAP SOURCE INFORMATION**

Map Generation Date and Location--G:\GIS\ARCVIEWS\PROJECTS\SiteLocation\Site\_Location\_20251223.mxd 12/23/2025  
 Roads Layer--G:\GIS\PEGASIS.gdb\AllRds, ...fe\_2022\_21145\_edges  
 County Lines Layer--G:\GIS\PEGASIS.gdb\County\_Line\_1z, ...fe\_2007\_us\_state, ...counties\_line  
 Surface Water Layer--G:\GIS\PEGASIS.gdb\lgr29133wat, ...fe\_2022\_21039\_areawater, ...fe\_2022\_21007\_areawater, ...fe\_2022\_21145\_areawater  
 PGDP Boundary Layer--G:\GIS\PEGASIS.gdb\pgdpbnd  
 TVA Boundary Layer--G:\GIS\PEGASIS.gdb\tvabnd\_official  
 DOE Boundary Layer--G:\GIS\PEGASIS.gdb\doebnd  
 Wildlife Management Area Layer--G:\GIS\PEGASIS.gdb\Public\_hunting\_areas, ...Wildlife\_Management\_Areas  
 Municipality Layer--G:\GIS\PEGASIS.gdb\l\_2021\_21\_place, ...l\_2021\_17\_place

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:** Four Rivers Nuclear Partnership, LLC

**KY EIS (AFS) #:** 21- 145-00074

**Permit #:** V-21-011 R4

**Agency Interest (AI) ID:** 46094

**Date:** 3/3/2026

**Section AI.1: Source Information**

<b>Physical Location</b>	<b>Street:</b>	<u>5600 Hobbs Road</u>		
<b>Address:</b>	<b>City:</b>	<u>Kevil</u>	<b>County:</b>	<u>McCracken</u>
			<b>Zip Code:</b>	<u>42053</u>
<b>Mailing Address:</b>	<b>Street or P.O. Box:</b>	<u>5511 Hobbs Road</u>		
	<b>City:</b>	<u>Kevil</u>	<b>State:</b>	<u>KY</u>
			<b>Zip Code:</b>	<u>42053</u>

**Standard Coordinates for Source Physical Location**

**Longitude:** 37.11527 (decimal degrees)      **Latitude:** -88.80944 (decimal degrees)

**Primary (NAICS) Category:** Facilities Support Services      **Primary NAICS #:** 561210

<b>Classification (SIC) Category:</b>	Facilities Support Management Services	<b>Primary SIC #:</b>	8744	
<b>Briefly discuss the type of business conducted at this site:</b>	Deactivation and remediation activities			
<b>Description of Area Surrounding Source:</b>	<input checked="" type="checkbox"/> Rural Area <input type="checkbox"/> Industrial Park <input type="checkbox"/> Residential Area <input type="checkbox"/> Urban Area <input checked="" type="checkbox"/> Industrial Area <input type="checkbox"/> Commercial Area	<b>Is any part of the source located on federal land?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Employees:</b>
				1305
<b>Approximate distance to nearest residence or commercial property:</b>	~1900 meters ESE from Plant Center (C-400)	<b>Property Area:</b>	~600 fenced acres	<b>Is this source portable?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>What other environmental permits or registrations does this source currently hold or need to obtain in Kentucky?</b>				
<b>NPDES/KPDES:</b>	<input checked="" type="checkbox"/> Currently Hold	<input type="checkbox"/> Used	<input type="checkbox"/> N/A	
<b>Solid Waste:</b>	<input checked="" type="checkbox"/> Currently Hold	<input type="checkbox"/> Used	<input type="checkbox"/> N/A	
<b>RCRA:</b>	<input checked="" type="checkbox"/> Currently Hold	<input type="checkbox"/> Used	<input type="checkbox"/> N/A	
<b>UST:</b>	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Used	<input checked="" type="checkbox"/> N/A	
<b>Type of Regulated Waste Activity:</b>	<input checked="" 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 checked="" type="checkbox"/> Treatment/Storage/Disposal Facility <input type="checkbox"/> N/A			

## Section AI.2: Applicant Information

<b>Applicant Name:</b>	Four Rivers Nuclear Partnership, LLC			
<b>Title:</b> (if individual)				
<b>Mailing Address:</b>	<b>Street or P.O. Box:</b>	5511 Hobbs Road		
	<b>City:</b>	Kevil	<b>State:</b>	KY
			<b>Zip Code:</b>	42053
<b>Email:</b> (if individual)				
<b>Phone:</b>	(270) 441-6412			

### Technical Contact

<b>Name:</b>	Katrina Hall			
<b>Title:</b>	Environmental Field Compliance Manager			
<b>Mailing Address:</b>	<b>Street or P.O. Box:</b>	5511 Hobbs Road		
	<b>City:</b>	Kevil	<b>State:</b>	KY
			<b>Zip Code:</b>	42053
<b>Email:</b>	Katrina.Hall@pad.pppo.gov			
<b>Phone:</b>	(270) 441-5204			

### Air Permit Contact for Source

<b>Name:</b>	Katrina Hall			
<b>Title:</b>	Environmental Field Compliance Manager			
<b>Mailing Address:</b>	<b>Street or P.O. Box:</b>	5511 Hobbs Road		
	<b>City:</b>	Kevil	<b>State:</b>	KY
			<b>Zip Code:</b>	42053
<b>Email:</b>	Katrina.Hall@pad.pppo.gov			
<b>Phone:</b>	(270) 441-5204			

**Section AI.3: Owner Information**

**Owner same as applicant**

**Name:** U.S. Department of Energy

**Title:** Paducah Site Office

**Mailing Address:** **Street or P.O. Box:** 5501 Hobbs Road  
**City:** Kevil **State:** KY **Zip Code:** 42053

**Email:** \_\_\_\_\_

**Phone:** (270) 441-6800

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

**Name**

**Position**

NA

**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

<b>Pollutant:</b>	<b>Requested Limit:</b>	<b>Pollutant:</b>	<b>Requested Limit:</b>
<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:**                                          NA                                          **Proposed Operation Start-Up Date:** *(MM/YYYY)*                                          NA                   

**For Modifications:**

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

**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.**

MYRNA REDFIELD  
(Affiliate)

Digitally signed by MYRNA  
REDFIELD (Affiliate)  
Date: 2026.03.03 13:03:06 -06'00'

\_\_\_\_\_  
Authorized Signature

3/3/2026

\_\_\_\_\_  
Date

\_\_\_\_\_  
Myrna Redfield

\_\_\_\_\_  
Type or Printed Name of Signatory

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Title of Signatory

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

