



317 Radio Station Road • Tompkinsville, KY 42167
Phone: (270) 487-5891 • Fax (270) 487-9479

"We're here to make it work!"

Air Quality Permit Renewal
Letter of Intent

Facility Name: Froedge Machine and Supply, Inc
Facility Address: 317 Radio Station Road, Tompkinsville, KY 42167
County: Monroe
Status: Conditional Major
Agency: 39356

05/02/2024

We hereby request renewal of permit # F-19-024, issued 12/15/2019 with expiration date 12/15/2024. With this request, we satisfy the requirement to upload renewal requests 180 days prior to expiration date. There have been no changes to our facility's processes, material or equipment.

Froedge Machine & Supply is of status conditional major with the following emission limitations:

- VOCs not to exceed fifty (50) tons during any consecutive twelve (12) month period.
- Single HAP shall not exceed five (5) tons during any consecutive twelve (12) months period.
- Combined HAPs shall not exceed (12.5) tons during any consecutive twelve (12) months period.

We seek renewal with no change to our status.

By submitting this letter and attached form DEP7007AI, we hope to fulfill all requirements of permit renewal. If additional reporting is required, please inform us as to any further requests for documentation. If there are any questions, please feel free to contact Harrison Froedge at 270-407-9995 or Tom Froedge at 270-487-5891.

Sincerely,

A handwritten signature in blue ink that reads "Harrison Froedge".

Harrison Froedge
Secretary, Board of Directors

Enclosure:
Form DEP7007AI - Administrative Information

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: Froedge Machine and Supply, Inc

KY EIS (AFS) #: 21- 171-00027

Permit #: F-19-024

Agency Interest (AI) ID: 39356

Date: 4/29/2024

Section AI.1: Source Information

Physical Location	Street:	<u>317 Radio Station Road</u>		
Address:	City:	<u>Tompkinsville</u>	County:	<u>Monroe</u>
			Zip Code:	<u>42167</u>
Mailing Address:	Street or P.O. Box:	<u>317 Radio Station Road</u>		
	City:	<u>Tompkinsville</u>	State:	<u>KY</u>
			Zip Code:	<u>42167</u>

Standard Coordinates for Source Physical Location

Longitude: 36.72279 (decimal degrees) **Latitude:** -85.68186 (decimal degrees)

Primary (NAICS) Category: Machine Shop **Primary NAICS #:** 332710

Classification (SIC) Category:	Industrial and Commercial Machiner and Equipment, Not Elsewhere Classified		Primary SIC #:	3599	
Briefly discuss the type of business conducted at this site:	We are an integrated industrial services company with a focus on material handling fabrication and the service and maintenace thereof. We design and build this material handling equipment (mostly for the hardwood lumber industry and its downstream associations such as flooring and cabinetry) on site.				
Description of Area Surrounding Source:	<input checked="" 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 checked="" type="checkbox"/> No
	<input type="checkbox"/> Urban Area	<input type="checkbox"/> Industrial Area	<input type="checkbox"/> Commercial Area		
				Number of Employees:	44
Approximate distance to nearest residence or commercial property:	200 meters		Property Area:		
	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 type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input checked="" 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 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	<input checked="" type="checkbox"/> N/A	

Section AI.2: Applicant Information

Applicant Name: Harrison Froedge

Title: (if individual) Secretary, Board of Directors

Mailing Address: **Street or P.O. Box:** 317 Radio Station Road
City: Tompkinsville **State:** KY **Zip Code:** 42167

Email: (if individual) h.froedge@froedge.com

Phone: 2704875891

Technical Contact

Name: _____

Title: _____

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

Email: _____

Phone: _____

Air Permit Contact for Source

Name: _____

Title: _____

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

Email: _____

Phone: _____

Section AI.3: Owner Information

Owner same as applicant

Name: Hugh Tom Froedge

Title: President

Mailing Address: **Street or P.O. Box:** 317 Radio Station Road
City: Tompkinsville **State:** KY **Zip Code:** 42167

Email: ht.froedge@froedge.com

Phone: 2704875891

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

Name	Position
Hugh Tom Froedge	President

Section AI.4: Type of Application

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

For Modifications:

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

Tom Harrison Froedge

Type or Printed Name of Signatory

5/2/2024

Date

Secretary, Board of Directors

Title of Signatory

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

Section AI.7: Notes, Comments, and Explanations
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No changes have been made to our facility, processes, materials, or equipment.
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Division for Air Quality

300 Sower Boulevard

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DEP7007AI

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Phone: _____

Air Permit Contact for Source

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Title: _____

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Owner same as applicant

Name: Hugh Tom Froedge

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Name	Position
<u>Hugh Tom Froedge</u>	<u>President</u>
<u> </u>	<u> </u>
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Section AI.4: Type of Application

Current Status: Title V Conditional Major State-Origin General Permit Registration None

Requested Action:
(check all that apply)

Name Change Initial Registration Significant Revision Administrative Permit Amendment

Renewal Permit Revised Registration Minor Revision Initial Source-wide Operating Permit

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Authorized Signature

 Tom Harrison Froedge

Type or Printed Name of Signatory

5/2/2024

Date

 Secretary, Board of Directors

Title of Signatory

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