

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:** Kentucky Department of Military Affairs - AFRC CSMS Richmond

**KY EIS (AFS) #:** 21- 151-00112

**Permit #:** F-20-037

**Agency Interest (AI) ID:** 166645

**Date:** 9/8/2025

**Section AI.1: Source Information**

<b>Physical Location</b>	<b>Street:</b>	<u>503 Battlefield Memorial Hwy</u>		
<b>Address:</b>	<b>City:</b>	<u>Richmond</u>	<b>County:</b>	<u>Madison</u>
			<b>Zip Code:</b>	<u>40475</u>
<b>Mailing Address:</b>	<b>Street or P.O. Box:</b>	<u>100 Minuteman Parkway, Bldg 162</u>		
	<b>City:</b>	<u>Frankfort</u>	<b>State:</b>	<u>KY</u>
			<b>Zip Code:</b>	<u>40601</u>

**Standard Coordinates for Source Physical Location**

**Longitude:** -84.254819 (decimal degrees)      **Latitude:** 37.678422 (decimal degrees)

**Primary (NAICS) Category:** \_\_\_\_\_      **Primary NAICS #:** \_\_\_\_\_

<b>Classification (SIC) Category:</b> _____		<b>Primary SIC #:</b> _____	
<b>Briefly discuss the type of business conducted at this site:</b>		Spray Booth with HLVP Spray Guns.	
<b>Description of Area Surrounding Source:</b>	<input type="checkbox"/> Rural Area <input type="checkbox"/> Industrial Park <input type="checkbox"/> Residential Area <input type="checkbox"/> Industrial Area <input type="checkbox"/> Commercial Area	<b>Is any part of the source located on federal land?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Employees:</b> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>
<b>Approximate distance to nearest residence or commercial property:</b> _____	<b>Property Area:</b> _____	<b>Is this source portable?</b> <input type="checkbox"/> Yes <input 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 type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
<b>Solid Waste:</b>	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
<b>RCRA:</b>	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
<b>UST:</b>	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
<b>Type of Regulated Waste Activity:</b>	<input type="checkbox"/> Mixed Waste Generator <input type="checkbox"/> U.S. Importer of Hazardous Waste	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter	<input type="checkbox"/> Recycler <input type="checkbox"/> Treatment/Storage/Disposal Facility <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A

## Section AI.2: Applicant Information

**Applicant Name:** Bryan Davenport  
**Title:** (if individual) Air, Water, and Storage Tank Compliance Manger  
**Mailing Address:** **Street or P.O. Box:** 100 Minuteman Pkwy, Bldg 162  
**City:** Frankfort **State:** KY **Zip Code:** 40601  
**Email:** (if individual) bryan.t.davenport.nfg@army.mil  
**Phone:** 502-607-1854

### Technical Contact

**Name:** Bryan Davenport  
**Title:** Air, Water, and Storage Tank Compliance Manger  
**Mailing Address:** **Street or P.O. Box:** 100 Minuteman Pkwy, Bldg 162  
**City:** Frankfort **State:** KY **Zip Code:** 40601  
**Email:** bryan.t.davenport.nfg@army.mil  
**Phone:** 502-607-1854

### Air Permit Contact for Source

**Name:** Donald Carney  
**Title:** Facility Maintenance Shop (FMS) Supervisor  
**Mailing Address:** **Street or P.O. Box:** 503 Battlefield Memorial Hwy  
**City:** Frankfort **State:** KY **Zip Code:** 40475  
**Email:** donald.w.carney2.mil@army.mil  
**Phone:** 502-607-3998

**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:**  
(check all that apply)

Name Change       Initial Registration       Significant Revision                       Administrative Permit Amendment

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:** (MM/YYYY) \_\_\_\_\_

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

**For Modifications:**

**Proposed Start Date of Modification:** (MM/YYYY) \_\_\_\_\_

**Proposed Operation Start-Up Date:** (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 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

\_\_\_\_\_  
Date

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

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

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

