

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: Northern Kentucky University

KY EIS (AFS) #: 21-037-00095

Permit #: F-18-051 R2

Agency Interest (AI) ID: 37575

Date: 12/9/2024

Section AI.1: Source Information

Physical Location	Street:	Nunn Drive	City:	Highland Heights	County:	Campbell	Zip Code:	41099
Mailing Address:	Street or P.O. Box:	Nunn Drive	City:	Highland Heights	State:	KY	Zip Code:	41099

Standard Coordinates for Source Physical Location

Longitude: 39.032009 (decimal degrees) Latitude: -84.460652 (decimal degrees)

Primary (NAICS) Category: Colleges, Universities and Professional Schools Primary NAICS #: 61131

Classification (SIC) Category: Educational Services Primary SIC #: 8221

Briefly discuss the type of business conducted at this site: University Educational Services

Description of Area Surrounding Source:
Rural Area, Industrial Park, Residential Area, Industrial Area, Commercial Area
Is any part of the source located on federal land? Yes, No
Number of Employees: 2000

Approximate distance to nearest residence or commercial property: N/A
Property Area: 400 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, U.S. Importer of Hazardous Waste, Generator, Transporter, Recycler, Treatment/Storage/Disposal Facility, Other, N/A

Section AI.2: Applicant Information

Applicant Name: Northern Kentucky University

Title: (if individual)

Mailing Address:

Street or P.O. Box: Nunn Dr
City: Highland Heights State: KY Zip Code: 41099

Email: (if individual)

Phone: 859-572-6522

Technical Contact

Name: Audra Points

Title: Director Safety and Emergency Management

Mailing Address: Street or P.O. Box: 5320 Campus Drive, AC 724 E

City: Highland Heights State: KY Zip Code: 41076

Email: Pointsal@nku.edu

Phone: 859-572-6528

Air Permit Contact for Source

Name: Audra Points

Title: Director Safety and Emergency Management

Mailing Address: Street or P.O. Box: 5320 Campus Drive, AC 724 E

City: Highland Heights State: KY Zip Code: 41076

Email: Pointsal@nku.edu

Phone: 859-572-6528

Section A1.3: 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

Name	Position
_____	_____
_____	_____
_____	_____

Section A1.4: Type of Application

Current Status:

- Title V
- Conditional Major
- State-Origin
- General Permit
- Registration
- None

- Name Change
- Initial Registration
- Significant Revision
- Administrative Permit Amendment

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

Requested Action:
(check all that apply)

- 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:

Particulate Matter _____

Single HAP _____

Volatile Organic Compounds (VOC) _____

Combined HAPs _____

Carbon Monoxide _____

Air Toxics (40 CFR 68, Subpart F) _____

Nitrogen Oxides _____

Carbon Dioxide _____

Sulfur Dioxide _____

Greenhouse Gases (GHG) _____

Lead _____

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 A1.5 Other Required Information

Indicate the documents attached as part of this application:

- DEP7007A Indirect Heat Exchangers and Turbines
- DEP7007B Manufacturing or Processing Operations
- DEP7007C Incinerators and Waste Burners
- DEP7007E Episode Standby Plan
- DEP7007J Volatile Liquid Storage
- DEP7007K Surface Coating or Printing Operations
- DEP7007L Mineral Processes
- DEP7007M Metal Cleaning Degreasers
- DEP7007N Source Emissions Profile
- DEP7007P Perchloroethylene Dry Cleaning Systems
- DEP7007R Emission Offset Credit
- DEP7007S Service Stations
- DEP7007T Metal Plating and Surface Treatment Operations
- DEP7007V Applicable Requirements and Compliance Activities
- DEP7007Y Good Engineering Practice and Stack Height Determination
- DEP7007AA Compliance Schedule for Non-complying Emission Units
- DEP7007BB Certified Progress Report
- DEP7007CC Compliance Certification
- DEP7007DD Insignificant Activities
- DEP7007EE Internal Combustion Engines
- DEP7007FF Secondary Aluminum Processing
- DEP7007GG Control Equipment
- DEP7007HH Haul Roads
- Confidentiality Claim
- Ownership Change Form
- Secretary of State Certificate
- Flowcharts or diagrams depicting process
- Digital Line Graphs (DLG) files of buildings, roads, etc.
- Site Map
- Map or drawing depicting location of facility
- Safety Data Sheet (SDS)
- Emergency Response Plan
- Other: _____

Section A1.6: 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.

Audra Poirts
Authorized Signature

6/23/2025
Date

Audra Poirts
Type or Printed Name of Signatory

Director, SEM
Title of Signatory

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

