

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
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Additional Documentation

Additional Documentation attached

Source Name: R & S Godwin Truck Body LLC

KY EIS (AFS) #: 21- 071-00157

Permit #: _____

Agency Interest (AI) ID: 38060

Date: 6/5/2023

Section AI.1: Source Information

Physical Location	Street:	<u>5168 S US 23</u>		
Address:	City:	<u>Ivel</u>	County:	<u>Floyd</u>
			Zip Code:	<u>41642</u>
Mailing Address:	Street or P.O. Box:	<u>P.O. Box 420</u>		
	City:	<u>Allen</u>	State:	<u>KY</u>
			Zip Code:	<u>41642</u>

Standard Coordinates for Source Physical Location

Longitude: _____ (decimal degrees) **Latitude:** _____ (decimal degrees)

Primary (NAICS) Category: _____ **Primary NAICS #:** 3112

Classification (SIC) Category:		Primary SIC #: <u>3713</u>	
Briefly discuss the type of business conducted at this site:			
Description of Area Surrounding Source:	<input checked="" type="checkbox"/> Rural Area <input type="checkbox"/> Industrial Park <input checked="" type="checkbox"/> Residential Area <input type="checkbox"/> Urban Area <input type="checkbox"/> Industrial Area <input checked="" type="checkbox"/> Commercial Area	Is any part of the source located on federal land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Employees: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">~100</div>
Approximate distance to nearest residence or commercial property:	<u>100-200 yards</u>	Property Area:	<u>5 acres</u>
		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 checked="" type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
Solid Waste:	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
RCRA:	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
UST:	<input type="checkbox"/> Currently Hold	<input type="checkbox"/> Need	<input type="checkbox"/> N/A
Type of Regulated Waste Activity:	<input type="checkbox"/> Mixed Waste Generator <input type="checkbox"/> U.S. Importer of Hazardous Waste	<input checked="" 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: _____
Title: (if individual) _____
Mailing Address: **Street or P.O. Box:** _____
City: _____ **State:** _____ **Zip Code:** _____
Email: (if individual) _____
Phone: _____

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: _____

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

<p>Pollutant: Requested Limit:</p> <p><input type="checkbox"/> Particulate Matter _____</p> <p><input type="checkbox"/> Volatile Organic Compounds (VOC) _____</p> <p><input type="checkbox"/> Carbon Monoxide _____</p> <p><input type="checkbox"/> Nitrogen Oxides _____</p> <p><input type="checkbox"/> Sulfur Dioxide _____</p> <p><input type="checkbox"/> Lead _____</p>	<p>Pollutant: Requested Limit:</p> <p><input type="checkbox"/> Single HAP _____</p> <p><input type="checkbox"/> Combined HAPs _____</p> <p><input type="checkbox"/> Air Toxics (40 CFR 68, Subpart F) _____</p> <p><input type="checkbox"/> Carbon Dioxide _____</p> <p><input type="checkbox"/> Greenhouse Gases (GHG) _____</p> <p><input type="checkbox"/> Other _____</p>
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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 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.

Shawn Auxier

Authorized Signature

Shawn Auxier

Type or Printed Name of Signatory

4/24/2024

Date

General Manager

Title of Signatory

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

Section AI.7: Notes, Comments, and Explanations