



*Duke Energy  
Raleigh Regional Office  
411 Fayetteville St.  
Raleigh, NC 27601*

June 26, 2025

Mr. Mark Cuilla  
North Carolina Department of Environmental Quality  
Division of Air Quality  
Attn: Mr. Mark Cuilla  
DAQ – Permitting Section  
1641 Mail Service Center  
Raleigh, North Carolina 27699-1641

**Subject: Facility Name Change Notification  
Duke Energy Progress, LLC  
Duke Energy Progress, LLC - Novo Nordisk  
Clayton, North Carolina; Johnston County**

Dear Mr. Cuilla:

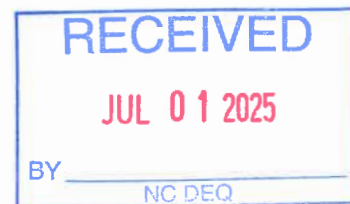
Enclosed, please find the appropriate forms to request a name change from Duke Energy Premier Power – Novo Nordisk FFEx to **Duke Energy Progress, LLC – Novo Nordisk**. This request is for the new Title V site located at 638 GLP One Way, Clayton NC.

If additional information or clarification is needed, please contact me at jerry.battle@duke-energy.com or 919-247-5925, or Ms. Erin Wallace at erin.wallace@duke-energy.com or 919-546-5797.

Sincerely,

Jerry Battle

Senior EHS Consultant



cc. Erin Wallace – Duke Energy  
Jim Fisher – Duke Energy Services Operations  
Dawn Reddix - NCDAQ

# FORM A

## GENERAL FACILITY INFORMATION

REVISED 03/03/23

NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate

A

**NOTE - APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:**

<input type="checkbox"/> Local Zoning Consistency Determination (new or modification only)	<input checked="" type="checkbox"/> Appropriate Number of Copies of Application	Application Fee (please check one option below) <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> ePayment <input type="checkbox"/> Check Enclosed
<input checked="" type="checkbox"/> Responsible Official/Authorized Contact Signature	<input type="checkbox"/> P.E. Seal (if required)	

### GENERAL INFORMATION

Legal Corporate/Owner Name: Duke Energy Progress, LLC

Site Name: Duke Energy Progress, LLC - Novo Nordisk

Site Address (911 Address) Line 1: 638 GLP One Way

Site Address Line 2:

City: Clayton

State: North Carolina

Zip Code: 27527

County: Johnston

### CONTACT INFORMATION

#### Responsible Official/Authorized Contact

Name & Title: Jim Fisher - Director of Operations

Mailing Address Line 1: 4650 Simms Creek Rd.

Mailing Address Line 2:

City: Raleigh

State: North Carolina

Zip Code: 27616

Primary Phone No.: (919) 616-3121

Fax No.:

Secondary Phone No.:

Email Address: jim.fisher@duke-energy.com

#### Invoice Contact

Name & Title: Erin Wallace - Manager EHS

Mailing Address Line 1: 411 Fayetteville St.

Mailing Address Line 2:

City: Raleigh

State: North Carolina

Zip Code: 27601

Primary Phone No.: (919) 546-5797

Fax No.:

Secondary Phone No.: (919) 632-1634

Email Address: erin.wallace@duke-energy.com

#### Facility/Inspection Contact

Name & Title: Jonathan Gardner - Project Manager II

Mailing Address Line 1: 4650 Simms Creek Rd.

Mailing Address Line 2:

City: Raleigh

State: North Carolina

Zip Code: 27616

Primary Phone No.: (910) 305-5857

Fax No.:

Secondary Phone No.:

Email Address: jonathan.gardner@duke-energy.com

#### Permit/Technical Contact

Name & Title: Jerray Battle - Senior EHS Consultant

Mailing Address Line 1: 411 Fayetteville St.

Mailing Address Line 2:

City: Raleigh

State: North Carolina

Zip Code: 27601

Primary Phone No.: (919) 546-2015

Fax No.:

Secondary Phone No.: (919) 247-5925

Email Address: jerray.battle@duke-energy.com

### APPLICATION IS BEING MADE FOR:

<input type="checkbox"/> New Non-permitted Facility/Greenfield	<input type="checkbox"/> Modification of Facility (permitted)	<input type="checkbox"/> Renewal Title V	<input type="checkbox"/> Renewal Non-Title V
<input checked="" type="checkbox"/> Name Change Only	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Administrative Amendment	<input type="checkbox"/> Renewal with Modification

### FACILITY CLASSIFICATION AFTER APPLICATION (Check Only One)

<input type="checkbox"/> General	<input type="checkbox"/> Small	<input type="checkbox"/> Prohibitory Small	<input type="checkbox"/> Synthetic Minor	<input checked="" type="checkbox"/> Title V
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### FACILITY INFORMATION

Describe nature of (plant site) operation(s):

Provide emergency backup generation in the event of power outages to preserve local pharmaceutical facility's vital and critical operations.

Facility ID No. 5100226

Primary SIC/NAICS Code: 4911

Current/Previous Air Permit No.

Expiration Date:

FACILITY LOCATION: Latitude: 35 37'08"N

Longitude: 78 24'30"W

Does this application contain confidential data?

☐ YES

☒ NO

\*\*\*If yes, please contact the DAQ Regional Office prior to submitting this application.\*\*\*  
(See Instructions)

### PERSON OR FIRM THAT PREPARED APPLICATION

Person Name: Jerray Battle

Firm Name:

Mailing Address Line 1: 411 Fayetteville St.

Mailing Address Line 2:

City: Raleigh

State: North Carolina

Zip Code: 27601-1849

County: Wake

Phone No.: (919) 247-5925

Fax No.:

Email Address: Jerray.Battle@duke-energy.com

### SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT

Name (typed): Jim Fisher

Title: Director of Operations

X Signature (Blue Ink):

Date:

6/30/25

Attach Additional Sheets As Necessary

Page 1 of 2

**FORM A (continued, page 2 of 2)**  
**GENERAL FACILITY INFORMATION**

REVISED 02/22/23

NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate

A

**SECTION AA1 - APPLICATION FOR NON-TITLE V PERMIT RENEWAL**

(Company Name) hereby formally requests renewal of Air Permit No. \_\_\_\_\_  
There have been no modifications to the originally permitted facility or the operations therein that would require an air permit since the last permit was issued.  
Is your facility subject to 40 CFR Part 68 "Prevention of Accidental Releases" - Section 112(r) of the Clean Air Act? ☐ YES ☐ NO  
If yes, have you already submitted a Risk Management Plan (RMP) to EPA? ☐ YES ☐ NO Date Submitted: \_\_\_\_\_  
Did you attach a current emissions inventory? ☐ YES ☐ NO  
If no, did you submit the inventory via AERO or by mail? ☐ Via AERO ☐ Mailed Date Mailed: \_\_\_\_\_

**SECTION AA2 - APPLICATION FOR TITLE V PERMIT RENEWAL**

In accordance with the provisions of Title 15A 2Q .0513, the responsible official of \_\_\_\_\_ (Company Name)  
hereby formally requests renewal of Air Permit No. \_\_\_\_\_ (Air Permit No.) and further certifies that:

- (1) The current air quality permit identifies and describes all emissions units at the above subject facility, except where such units are exempted under the North Carolina Title V regulations at 15A NCAC 2Q .0500;
- (2) The current air quality permit cites all applicable requirements and provides the method or methods for determining compliance with the applicable requirements;
- (3) The facility is currently in compliance, and shall continue to comply, with all applicable requirements. (Note: As provided under 15A NCAC 2Q .0512, compliance with the conditions of the permit shall be deemed compliance with the applicable requirements specifically identified in the permit);
- (4) For applicable requirements that become effective during the term of the renewed permit that the facility shall comply on a timely basis;  
The facility shall fulfill applicable enhanced monitoring requirements and submit a compliance certification as required by 40 CFR Part 64.

The responsible official (signature on page 1) certifies under the penalty of law that all information and statements provided above, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

**SECTION AA3 - APPLICATION FOR NAME CHANGE**

New Facility Name: Duke Energy Progress, LLC - Novo Nordisk  
Former Facility Name: Duke Energy Premier Power - Novo Nordisk FFEx

An official facility name change is requested as described above for the air permit mentioned on page 1 of this form. Complete the other sections if there have been modifications to the originally permitted facility that would require an air quality permit since the last permit was issued and if there has been an ownership change associated with this name change.

**SECTION AA4 - APPLICATION FOR AN OWNERSHIP CHANGE**

By this application we hereby request transfer of Air Quality Permit Number \_\_\_\_\_ from the former owner to the new owner as described below.  
The transfer of permit responsibility, coverage and liability shall be effective \_\_\_\_\_ immediately (or insert date). The legal ownership of the facility described on page 1 of this form has been, or will be, transferred on \_\_\_\_\_ (date). There have been no modifications to the originally permitted facility that would require a permit since the last permit was issued.

Signature of New (Buyer) Responsible Official/Authorized Contact (as typed on page 1):

X Signature (Blue Ink): \_\_\_\_\_ Date: \_\_\_\_\_

New Facility Name:  
Former Facility Name:

Signature of Former (Seller) Responsible Official/Authorized Contact:

Name (typed or print):  
Title:

X Signature (Blue Ink): \_\_\_\_\_ Date: \_\_\_\_\_

Former Legal Corporate/Owner Name:

In lieu of the seller's signature on this form, a letter may be submitted with the seller's signature indicating the ownership change

**SECTION AA5 - APPLICATION FOR ADMINISTRATIVE AMENDMENT**

Describe the requested administrative amendment here (attach additional documents as necessary):

Attach Additional Sheets As Necessary

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