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Kentucky Department for Environmental Protection
 Division of Waste Management
 Solid Waste Branch
 300 Sower Blvd – Frankfort KY 40601
 (502) 564-6716

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Application for a Special Waste Landfill Permit

1. Type of Action	New <input type="checkbox"/>	Modification- If modification, complete item 2 <input type="checkbox"/>		
2. Facility Identification	Agency Interest Number: <input type="checkbox"/>			
3. Permit Number (if applicable):	<input type="checkbox"/>			
4. Fee Submitted	Amount: \$ <input type="checkbox"/>	Check or Money Order #: <input type="checkbox"/>	Exempt (Publicly Owned Facility): <input type="checkbox"/>	
5. If an existing special waste landfill, designate the type of modification application: If not applicable, check here <input type="checkbox"/>				
<input type="checkbox"/> Vertical expansion	<input type="checkbox"/> Closure	<input type="checkbox"/> Groundwater Monitoring	<input type="checkbox"/> Horizontal expansion	<input type="checkbox"/> Other, Describe:
6. Applicant Information				
Applicant Name: <input type="checkbox"/>		Mailing Address: <input type="checkbox"/>		
City: <input type="checkbox"/>		State: <input type="checkbox"/>	Zip Code: <input type="checkbox"/>	
Contact Person: <input type="checkbox"/>		Title: <input type="checkbox"/>		
Email Address: <input type="checkbox"/>		Phone Number: (<input type="checkbox"/>) <input type="checkbox"/> - <input type="checkbox"/>	Cell Number: (<input type="checkbox"/>) <input type="checkbox"/> - <input type="checkbox"/>	
7. Preparer Information (if applicable)				
Preparer Name: <input type="checkbox"/>		Mailing Address: <input type="checkbox"/>		
City: <input type="checkbox"/>		State: <input type="checkbox"/>	Zip Code: <input type="checkbox"/>	
Contact Person: <input type="checkbox"/>		Title: <input type="checkbox"/>		
Email Address: <input type="checkbox"/>		Phone Number: (<input type="checkbox"/>) <input type="checkbox"/> - <input type="checkbox"/>	Cell Number: (<input type="checkbox"/>) <input type="checkbox"/> - <input type="checkbox"/>	
8. Facility Information				
Facility Name: <input type="checkbox"/>		Address: <input type="checkbox"/>		
City: <input type="checkbox"/>		State: <input type="checkbox"/>	Zip Code: <input type="checkbox"/>	County: <input type="checkbox"/>
Attachment 1. Provide a copy of the deed or option to the property and a copy of the lease showing a five (5) year right of re-entry following cabinet approved closure of the facility.				
Attachment 2. Provide a description of the facility's impact on transportation routes, prime agricultural lands, water resources, historic properties, and endangered or threatened species.				
Attachment 3. List any variances applied for. Include a cite for each regulation for which the applicant proposes to vary.				
Attachment 4. Provide a notarized statement from applicable jurisdictions that the proposed facility complies with all local planning and zoning laws.				
Attachment 5. Provide a description of assistance provided by the local fire district.				
9. Operator Information (If different from applicant)				
Operator Name: <input type="checkbox"/>		Mailing Address: <input type="checkbox"/>		
City: <input type="checkbox"/>		State: <input type="checkbox"/>	Zip Code: <input type="checkbox"/>	
Contact Person: <input type="checkbox"/>		Title: <input type="checkbox"/>		
Email Address: <input type="checkbox"/>		Phone Number: (<input type="checkbox"/>) <input type="checkbox"/> - <input type="checkbox"/>	Cell Number: (<input type="checkbox"/>) <input type="checkbox"/> - <input type="checkbox"/>	
10. Property Owner Information				
Owner's Name: <input type="checkbox"/>		Address: <input type="checkbox"/>		
City: <input type="checkbox"/>		State: <input type="checkbox"/>	Zip Code: <input type="checkbox"/>	
Phone Number: (<input type="checkbox"/>) <input type="checkbox"/> - <input type="checkbox"/>				

11. Ownership Information		
Legal Organizational Structure of Applicant		
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Government agency	<input type="checkbox"/> Other. Describe:	
Registered with Secretary of State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered process agent: <input style="width: 50px;" type="text"/>	Address: <input style="width: 100px;" type="text"/>	
City: <input style="width: 50px;" type="text"/>	State: <input style="width: 50px;" type="text"/>	Zip Code: <input style="width: 50px;" type="text"/>
Email Address: <input style="width: 100px;" type="text"/>	Phone Number: (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	
Attachment 6. List information concerning owners of mineral rights. Include name of property owner, address, city, state, zip code, and phone number.		
Attachment 7. Provide a list of all adjacent property owners. Include name, address, city, state, zip code, and phone number.		
Attachment 8. For the applicant and each person meeting the definition of key personnel, provide a Past Performance Information form as required by KRS 224.40-330(1) and (3). The Cabinet has developed form DEP 7094J for submittal of this information.		
12. Operational and Permit Information		
Provide the waste information in the table below and in Attachment 9A		
Estimated Average Daily Fill Rate	<input style="width: 50px;" type="text"/> Tons/day	<input style="width: 50px;" type="text"/> Cubic Yards/day
Estimated Maximum Daily Fill Rate	<input style="width: 50px;" type="text"/> Tons/day	<input style="width: 50px;" type="text"/> Cubic Yards/day
Estimated Disposal Rate	<input style="width: 50px;" type="text"/> Tons/day	<input style="width: 50px;" type="text"/> Cubic Yards/day
Estimated Site Life	<input style="width: 50px;" type="text"/> Years	***
Total Site Volume	<input style="width: 50px;" type="text"/> Cubic Yards	***
Number of Acres to be Filled	<input style="width: 50px;" type="text"/> Acres	***
Number of Acres to be Permitted	<input style="width: 50px;" type="text"/> Acres	***
Attachment 10. For industrial facilities, provide the following: If not applicable, check here <input type="checkbox"/>		
a. List the major U.S. Department of Commerce Standard Industrial Codes (SIC).	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
b. Provide the description of the raw materials used for production and the generation process for each waste.		
c. Describe the physical, chemical, and, if applicable, biological characteristics of the waste. Also, provide a TCLP analysis of the wastes		
Attachment 11. Provide a list of all equipment that is to be used at the facility.		
13. Siting Information		
Directions to the site using roads or highways from a commonly known landmark: <input style="width: 100px;" type="text"/>		
The latitude and longitude at the center of the landfill: Latitude: <input style="width: 50px;" type="text"/> Longitude: <input style="width: 50px;" type="text"/>		
Nearest Community: <input style="width: 50px;" type="text"/>		
Nearest Public Road Intersection: <input style="width: 50px;" type="text"/> and <input style="width: 50px;" type="text"/>		
Nearest Named Stream: <input style="width: 50px;" type="text"/>		
Attachment 12. Provide an original, current USGS 7.5-minute topographic map showing the existing or proposed waste boundaries and property boundaries. Also, show the location of the following features located within a one-mile radius of the waste boundaries: Check all that apply or mark the item as not applicable (N/A).		
a. All surface water intake and discharge structures	N/A <input style="width: 50px;" type="text"/>	b. All injection wells
c. All waste management, storage, processing, or disposal facilities		N/A <input style="width: 50px;" type="text"/>
d. All wells, springs, ephemeral, intermittent, and perennial streams, other surface water bodies, and drinking water wells		
e. Airports		N/A <input style="width: 50px;" type="text"/>
f. Fault areas	N/A <input style="width: 50px;" type="text"/>	g. Sinks or Sinkholes
		N/A <input style="width: 50px;" type="text"/>

Attachment 13. Provide a site map that contains the following items clearly marked and labeled at a scale of one (1) inch equals four hundred (400) feet. Check all that apply or mark the item as not applicable (N/A).

a. Property lines N/A <input type="checkbox"/>	b. Permit area N/A <input type="checkbox"/>	c. Fill area N/A <input type="checkbox"/>
d. Mine works N/A <input type="checkbox"/>	e. Un-plugged wells N/A <input type="checkbox"/>	f. Adjacent property owners N/A <input type="checkbox"/>
g. Wetlands N/A <input type="checkbox"/>	h. 100-year floodplain N/A <input type="checkbox"/>	i. Known archaeological sites N/A <input type="checkbox"/>
j. Gas, sewer and water lines N/A <input type="checkbox"/>		
k. Surrounding residences (within 1500 feet of the waste boundary) N/A <input type="checkbox"/>		
l. Critical habitats of federally protected threatened & endangered species N/A <input type="checkbox"/>		
m. Cultural or historic resources listed, or eligible for listing on the National Register of Historic Places N/A <input type="checkbox"/>		

Attachments 14, 15, & 16. Provide the published information to confirm the presence or absence of archaeological sites, critical habitats and wetlands, respectively.

Attachment 17. Include a general county highway map published by the Kentucky Transportation Cabinet showing the location of the site.

14. Design Plans

Attachment 18. Submit 3 copies of the plans showing the design of the site. Refer to the detailed administrative instructions for the engineering drawings. **Number the drawings as follows:**

1. A drawing of the entire site on one sheet showing:	Current site conditions	Site development plan including buffer zones		
Location of monitoring points for:	Surface Water	Groundwater	Methane	Baselines
2. Site plans drawn to 1 inch = 100 feet (or Cabinet-approved alternative scale) showing:				
Development Plan	Location of monitoring points	Baseline or off-set baseline		
3. Cross-Sections at:	100 Foot intervals	Vertical scale of 1 inch = 10 feet	Horizontal scale of 1 inch = 100 feet	
4. Drawing of the profile along each baseline.	5. Proper site development including the sequence of filling (i.e. units, phases, working areas).		6. Construction details	
7. Include typical details for the following features of the cell:	Final Cover	Lifts	Liners (if specified)	

15. Narrative

1. Will waste be placed within 250 feet of an intermittent or perennial stream? Yes No

Attachment 19. If you answered yes to question 1, enclose the 401 Water quality certification that has been issued pursuant to 401 KAR 5:029 through 5:031.

Provide the information requested in 401 KAR 45:130 by checking the appropriate box. Is the waste disposal area within:

2. The zone of collapse of deep-mine workings or within the critical angle of draw of such workings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 250 feet of a karst terrain feature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 100 feet of the property line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 250 feet of a residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 50 feet of a gas, sewer, or water line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 250 feet of an unplugged well (other than monitoring)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the depth to the seasonal high groundwater table to the <u>bottom</u> of the liner system four feet or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the leachate analysis indicate the presence of any metal in excess of drinking water standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you answered yes to question 23, will the depth from the bottom of the waste to the seasonal high groundwater table exceed 5 feet? If not applicable check here: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is this proposed site located in the 100 year floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment 20. If you answered yes to question 11, enclose a report describing how you will meet Section 2 of 401 KAR 30:031 concerning floodplains.

12. Is any proposed waste cell within 200 feet of a fault that has had displacement in Holocene times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attachment 21. Enclose a description of the surface water controls which meet the Environment Performance Standards as required	
Attachment 22. Describe the potential for gas emissions and odors based on the waste characteristics and the proposed landfill design. If applicable, describe the proposed explosive gas monitoring program.	
Attachment 23. Describe the procedures to control access by the public.	
Attachment 24. Describe how the applicant will comply with the working face requirements.	
16. Owner and Landfill Information	
Complete the information requested below for placement on the landfill sign at the landfill entrance:	
Owner Name: <input type="text"/>	Landfill Name: <input type="text"/>
Name of Operator: <input type="text"/>	Hours to receive waste: <input type="text"/> to <input type="text"/>
Days to Receive Waste: <input type="text"/> to <input type="text"/>	Permit Number: <input type="text"/>
Emergency Telephone Number: (<input type="text"/>) <input type="text"/> - <input type="text"/>	
17. Liner Design	
Attachment 25. If applicable, submit the design specifications for the bottom liner.	
Attachment 26. Enclose the risk analysis study showing how the proposed bottom liner design will meet the environmental performance standards of 401 KAR 30:031, specific attention should be given to Sections 5 and 6 of KAR 45:160 concerning protection of groundwater.	
18. Geologic and Hydrogeologic Information	
Attachment 27. Provide a description of the type, texture, thickness, and range in thickness of unconsolidated materials within the disposal area.	
Attachment 28. Provide the following information for the regional bedrock geologic structure:	
Strike and dip of bedrock: <input type="text"/>	
Attitude of faults: <input type="text"/>	
Location of faults relative to the site: <input type="text"/>	
Has fault displacement occurred in Holocene times? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Attitude of folds: <input type="text"/>	
Location of fold relative to site: <input type="text"/>	
Jointing trends: <input type="text"/>	
Attachment 29. Provide the following information for the site specific geologic structure:	
Strike and dip of bedrock: <input type="text"/>	
Attitude of faults: <input type="text"/>	
Location of faults relative to the site: <input type="text"/>	
Has fault displacement occurred in Holocene times? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Attitude of folds: <input type="text"/>	
Location of fold relative to the site: <input type="text"/>	
Joint attitudes: <input type="text"/>	
Joint spacing: <input type="text"/>	
Attachment 30. Provide a description of the influence of fracture zones on the infiltration and movement of water and groundwater.	
Attachment 31. Provide a minimum of two (2) geologic cross sections drawn with vertical exaggeration using published data, bedrock outcrops and rock core boring information. This drawing must adequately illustrate the geology of the site and include the season high groundwater table and rock outcrops.	
Attachment 32. List any extractable coal seams or other minerals of economic value beneath the site.	
Attachment 33. List any active or inactive deep mines located within 1,500 feet of the waste boundaries.	
Attachment 34. Provide all rock core log data.	

Attachment 35. Provide a map of geologic features and rock coring locations for the waste disposal site, including area 1,500 feet beyond the waste boundary at a scale of one (1) inch equals four hundred (400) feet. Include the following information:				
Geologic units	Sinkholes	Springs	Bar scale	Date
Rock outcrop occurrences	Surface depressions	Water withdrawal wells	Injection wells	
North arrow	Surface contours	Location of rock corings	Legend to include symbols	
Attachment 36. Provide a hydrogeologic characterization of the site. This characterization must include data, procedures, calculations and the following information:				
A description of the hydrogeologic characteristics of the:		Uppermost aquifer	Geologic units hydraulically connected to the uppermost aquifer	
Field Test Data for:		Hydraulic conductivity	Storage coefficient	
Transmissivity		Groundwater hydraulic gradient	Groundwater hydraulic velocity	
Based on:		Multiple well aquifer tests	Piezometer test evaluation	
Core Evaluation		Tracer studies (karst areas)	Other Cabinet-approved method	
Characterization of karst conditions for:		Diffuse flow conditions	Discrete flow conditions	All springs and upgradient wells
Attachment 37. List all springs and upgradient wells.				

Attachment 38. Show a soils inventory consisting of a description of the total volume and source of borrow material available, the total estimated volume and source of required daily cover, interim cover, long-term cover, final cover, and low permeability soils. Also, show the soils as determined by the approved site investigation: location, depth, thickness, classification of soils for engineering purposes, particle size distribution, atterburg limits, optimum moisture, permeability, and recoverable volume in compacted cubic yards for each soil classification and permeability.

Attachment 39. Provide a soils inventory map at a scale of one (1) inch equals 400 feet, depicting the distribution of the soils that is keyed to a list of the soils by engineering classification. The approximate volume and depth of each type of soil shall be recorded on the map.

19. Construction Quality Control Plan

Attachment 40. Describe the Construction Quality Control (CQC) Plan as required by 45:110 Section 2.

20. Recordkeeping and Reporting

Attachment 41. Enclose the landfill recordkeeping and reporting system. The applicant may use the record keeping forms provided by the Cabinet or submit a different form for review by the Cabinet.

21. Surface Water, Groundwater, and Corrective Action

Attachment 42. Submit a Surface Water Monitoring Plan as required by 401 KAR 45:110 and 401 KAR 45:160. At a minimum, the plan must include:

The proposed locations of the monitoring points shown on the plans.	A description of sampling protocol and analytical methods to be used
A written description of how the monitoring point locations ensure that sampling will characterize the quality of water unaffected by the landfill, as well as determining if water leaving the landfill as surface drainage is contaminated with leachate.	
Documentation that the applicant currently holds or has applied for a K.P.D.E.S. permit for all structures to be used to control storm water run off and all point source discharges.	
A monitoring schedule and list of analytical parameters	A sample form for reporting results of the analyses to the Division.

Provide the information requested in **Attachment 42A** concerning location of the monitoring points.

Attachment 43. Submit a Groundwater Monitoring Plan that meets the requirements of 401 KAR 45:110 and 405 KAR 45:160. At a minimum that plan must provide the following information:

- A list and description of the specific aquifer(s) proposed for monitoring.
- The number, location, and depth of proposed monitoring points. Show the locations of the monitoring points on the site plans.
- Provide a brief discussion of the groundwater quality that currently exists based on the Groundwater Quality Characterization required in 401 KAR 45:160.
- Provide a Groundwater Sampling and Analysis Plan which describes the procedures and techniques designed to accurately measure groundwater quality upgradient and downgradient of the waste disposal area. Include a discussion regarding the chain of custody, as well as field and lab quality assurance and quality control.
- Provide a monitoring schedule and list of analytical parameters in accordance with 401 KAR 45:160 Section 8.

Provide monitoring well construction specifications which meet the requirements of 401 KAR 45:160 Section 3 and 401 KAR 6:350.

Is the proposed solid waste disposal site located in karst terrain? Yes No

If yes, the groundwater monitoring plan must include dye trace studies to determine the nature and extent of karst drainage beneath the site and proposed monitoring locations.

Provide the information requested in **Attachment 43A** concerning proposed well locations and depth.

22. Closure, Closure Care and Performance Bond

Attachment 44. Submit the specifications of the closure cap as required by 45:110 Section 5 and 401 KAR 30:031.

Attachment 45. Applicants must enclose the risk analysis study showing how the proposed cap will meet the environmental performance standards of 401 KAR 03:031, especially Sections 4 and 5 concerning surface and groundwater. Address each of the factors listed in 401 KAR 45:110 Section 5.

Attachment 46. Submit the closure plan narrative as required by 401 KAR 45:110 Section 5.

Attachment 47. Submit the post-closure plan as required by 401 KAR 45:110 Section 5.

23. Public Notice

Attachment 48. Public notices are required for a new site or a significant expansion to an existing site in accordance with KRS 224.40-310. Draft notices are found in **Attachments 48A and 48B**. Complete the public notice forms; however, only those applicants notified by correspondence from the Cabinet may publish the notices.

24. Permit Preparation

Engineer Name: []	Mailing Address: []	
City: []	State: []	Zip Code: []
Company Affiliation: []	KY P.E. Registration Number: []	
Email Address: []	Phone Number: ([]) [] - []	Cell Number: ([]) [] - []

Geotechnical Engineer Name: []	Mailing Address: []	
City: []	State: []	Zip Code: []
Company Affiliation: []	KY P.E. Registration Number: []	
Email Address: []	Phone Number: ([]) [] - []	Cell Number: ([]) [] - []

Geologist Name: []	Mailing Address: []	
City: []	State: []	Zip Code: []
Company Affiliation: []	KY P.G. Registration Number: []	
Email Address: []	Phone Number: ([]) [] - []	Cell Number: ([]) [] - []

25. Certification

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted in, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”

Name (<i>Print</i>):	Signature:
Title/Position:	Date: / /
Subscribed and sworn to before me by:	
Notary public signature:	
My commission expires:	/ /

Attachment 9A: Anticipated Special Waste Sources; Characteristics, and Amounts

Source Facility Name and Location	Special Waste Description	Annual Quantity Received (Cubic Yards)	Annual Quantity Received (Tons)

Attachment 42A: Surface Water Monitoring Plan

Provide the information requested below:

Monitoring Station I.D.	Location Description	Latitude	Longitude

Attachment 43A: Groundwater Monitoring Well Location and Depth

Provide the information requested in the chart below:

Monitoring Station I.D.	Latitude	Longitude	Station Type Well or Spring	Aquifer	Elevation of Spring or Top of Well Casing	Depth of Well	Depth of Water

Public Notice

Pursuant to Application Number [REDACTED]

The Energy and Environment Cabinet, Division of Waste Management has received a special waste landfill permit application.

The permit applicant proposes to construct and operate a [REDACTED] facility located at [REDACTED]. The proposed facility may be accessed from [REDACTED] by traveling [REDACTED].

This application, if approved, would allow the construction and operation of a landfill to accept the following types of wastes: [REDACTED] from the following sources: [REDACTED]

The name and address of the permit applicant is:

[REDACTED] (Applicant name)

[REDACTED] (Business address)

[REDACTED] (City, State, ZIP)

[REDACTED] (Contact person)

Written comments, objections or requests for a public hearing must be filed with the Director of the Division of Waste Management at the address below within 30 days of the date of this notice. Please reference Application Number [REDACTED] on all correspondence.

Questions concerning the application process for this facility can be directed to the:

**Kentucky Department for Environmental Protection
Division of Waste Management
Solid Waste Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601
(502) 564-6716**

Publication of the notice is pursuant to KRS 224.40-310.

Attachment 48B**Public Notice****Pursuant to Permit Number** [REDACTED]

The Energy and Environment Cabinet, Division of Waste Management has determined the administrative portion of the permit application number [REDACTED] to be complete on [REDACTED], 20 [REDACTED] (to be determined by the Cabinet).

The permit applicant proposes an expansion to the existing permit for the facility located in [REDACTED] county. The proposed facility may be accessed from [REDACTED] by traveling [REDACTED].

This application, if approved, would allow the construction and operation of the expanded landfill to accept the following types of wastes: [REDACTED] from the following sources: [REDACTED]

The name and address of the permit applicant is:

[REDACTED] (Applicant name)

[REDACTED] (Business address)

[REDACTED] (City, State, ZIP)

[REDACTED] (Contact person)

Written comments, objections or requests for a public hearing must be filed with the Director of the Division of Waste Management at the address below within 30 days of the date of this notice. Please reference Application Number [REDACTED] on all correspondence.

Questions concerning the application process for this facility can be directed to the:

**Kentucky Department for Environmental Protection
Division of Waste Management
Solid Waste Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601
(502) 564-6716**

Publication of the notice is pursuant to KRS 224.40-310.