

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

CCR Corrective Action and Closure Permit Application

FOR OFFICIAL USE ONLY. DO NOT WRITE IN THIS SPACE

1. Type of Permit Action

mark only one

- ☐ Corrective Action
☐ Closure of CCR Unit

2. Type of Action

mark only one

- ☐ No Longer Accepting CCR
☐ CCR Unit Managing CCR Outside of Facility

3. Formal Permit Number *If applicable:*

4. Agency Interest Number (AI) *if applicable:*

5. Facility Information

Facility Name:

Physical Address:

Facility Type: ☐ Landfill ☐ Impoundment

City:

State:

Zip Code:

County:

Contact Person:

Title:

Phone Number: () -

Email Address:

Latitude: Longitude:

6. Applicant Information

Applicant (owner) Name:

Mailing Address:

City:

State:
Zip Code:
Email Address:
Contact Person:
Title:
Phone Number: () - Ext:
Cell: () -
Fax Number: () -
7. Consultant Information
Consultant Name:
Mailing Address:
City:
State:
Zip Code:
Email Address:
Contact Person:
Title:
Phone Number: () -
8. Preparer Information
Preparer Name:
Mailing Address:
City:
State:
Zip Code:
Email Address:
Contact Person:
Title:
Phone Number: () -
9. Waste Information
Total Site Volume (cubic yards):
Total Site Acreage (acres):
10. Existing CCR Units

Unit Designation	Acreage	Waste Volume (cubic yards)

Clarify any overlapping units in the space below:

11. Attachments

The beginning of each attachment shall be clearly identified (i.e. cover page) and include a brief introductory narrative. Provide the Attachment # in the left column.

Attachment #:

☐ A detailed description of the permitting action you are seeking, pursuant to 401 KAR 46:120 and 401 KAR 46:130

Attachment #:

☐ Appropriate plans, reports, demonstrations, maps, and descriptions, pursuant to 401 KAR 46:120 and 401 KAR 46:130

12. 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 is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that KRS 224.99-010 provides for penalties.”

Name of Signatory (*type or print*):

Title/Position:

Signature:

Date: / /

Subscribed and sworn to before me by:

Notary public signature:

My commission expires: / /

IMPORTANT NOTE: *All information submitted on this form will be subject to public disclosure to the extent provided by Kentucky law.*

Persons filing this form may make claims of confidentiality in accordance with 400 KAR 1:060.