

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

FOR OFFICIAL USE ONLY. DO
NOT WRITE IN THIS SPACE

CCR Annual Fee Form

1. Agency Interest #			
2. Permit #			
3. Fee Submitted		\$	
4. Method of Payment		☐ Check	☐ Money order
		Check or Money Order #	
5. Permittee Information			
Permittee Name:		Address:	
City:	State:	Zip Code:	
Email Address:	Phone Number: () -	Fax Number: () -	
6. Facility Information			
Facility Name:		Address:	
City:	State:	Zip Code:	
Email Address:	Phone Number: () -	Fax Number: () -	
7. 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 (Print)		Signature:	
Title/Position:		Date: / /	
Subscribed and sworn to before me by			
Notary public signature			
My commission expires		/ /	

General Instructions
CCR Annual Fee Form

Instructions are provided for the, CCR Annual Fee Form, DEP 46 120 2[~~DWM 4620~~]. If you have questions, please call the Division of Waste Management at (502) 564-6716 and ask for the Solid Waste Branch. The form must be filled out either by typing or printing legibly with black ink.

Important Note: This form is to be completed by each CCR facility subject to the annual fee pursuant to 401 KAR 46:120. Publicly-owned facilities are exempt pursuant to KRS 224.10-100(20).

DEADLINE: The form and fee are due July 31st of each year.

Submit DEP 46 120 2[~~DWM 4620~~] form to: **Kentucky Department for Environmental Protection
Division of Waste Management
Solid Waste Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601**

Section 1. Agency Interest: Enter the Agency Interest number assigned to the facility.

Section 2. Permit Number: Enter the eight-digit permit number assigned to the facility.

Section 3. Fee submitted: Enter the amount submitted. The annual fee is \$30,000[~~\$15,000~~] per facility. One check may be submitted for multiple facilities, but each facility must complete and submit a form.

Section 4. Method of payment: Check whether the fee is submitted as a check or a money order. Enter the identifying number in the space provided.

Section 5. Permittee information: Provide the name, address, and contact information for the permittee for this facility.

Section 6. Facility Information: Provide the name, address, and contact information for the facility.

Section 7. Certification: This certification statement must be completed by a person with signature authority for the facility and then notarized.

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.