Kentucky Department for Environmental Protection Division of Waste Management Solid Waste Branch 300 Sower Boulevard, Second Floor, Frankfort KY 40601 (502) 564-6716 **CCR Formal Permit Application**	*FOR OFFICIAL USE ONLY.* *DO NOT WRITE IN THIS SPACE*

1. Type of CCR Unit Proposed *mark only one*	☐ Landfill ☐ Surface Impoundment

2. Facility Information

Facility Name:		Physical Address:	
City:	State:	Zip Code:	County:
Contact Person:	Title:		Phone Number: ( ) -
Email Address:		Latitude:	Longitude:

3. Applicant Information

Applicant (owner) Name:		Mailing Address:	
City:	State:	Zip Code:	Email Address:
Contact Person:	Title:		Phone Number: ( ) -

4. Volume in Cubic Yards

Include total disposal volume for proposed unit:
If applicable, provide authorized and existing disposal volume for each existing CCR unit:

5. Acreage

Include total disposal acreage for proposed unit:
If applicable, provide disposal acreage for each existing CCR unit and clarify any overlap:
Provide total proposed permit area for entire facility:

6. 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 #:	☐ Public notice information, include a list of adjacent property owners including mailing addresses; brief description of facility operations and waste management activity; and name and mailing address of local county government having jurisdiction over waste management activities
Attachment #:	☐ List of applicable local, state, or federal requirements or permits for the facility. Include issuance, effective, and expiration dates for permits issued. Describe any written concurrence obtained. If authorization or concurrence from the regulatory authority, department, or agency is not yet obtained, provide a description of the information and when submitted to the entity. If applicable, provide an update regarding floodplain permit in order to demonstrate compliance. For impoundments only: Structural integrity criteria demonstration document(s), professional certification(s), hydrologic and hydraulic capacity requirements operating criteria demonstration document(s), and professional certification(s)
Attachment #:	☐ List and describe all management, processing, or disposal activities located within the permit boundary that require a permit pursuant to KRS Chapter 224.
Attachment #:	☐ Location restrictions demonstration document(s) and professional certification(s) for placement above the uppermost aquifer
Attachment #:	☐ Location restrictions demonstration document(s) and professional certification(s) for wetlands
Attachment #:	☐ Location restrictions demonstration document(s) and professional certification(s) for fault areas
Attachment #:	☐ Location restrictions demonstration document(s) and professional certification(s) for seismic impact zones

Attachment #:	☐ Location restrictions demonstration document(s) and professional certification(s) for unstable areas
Attachment #:	☐ Design criteria demonstration document(s) and professional certification(s)
Attachment #:	☐ Air operating criteria demonstration document(s) and professional certification(s)
Attachment #:	☐ For landfills only: Run-on and run-off controls operating criteria demonstration document(s) and professional certification(s)
Attachment #:	☐ Inspection requirements, operating criteria demonstration document(s), and professional certification(s) pursuant to 40 CFR 257.84
Attachment #:	☐ Inspection requirements, operating criteria demonstration document(s), and professional certification(s) pursuant to 40 CFR 257.83
Attachment #:	☐ Groundwater monitoring system and plan requirements demonstration documents and professional certification(s). Additionally, include material and methods plan to construct wells.
Attachment #:	☐ Report of geologic and hydro-geologic investigation(s) certified by a professional engineer or a professional geologist including legible geologic cross sections on a suitable scale
Attachment #:	☐ Karst mitigation plan, if applicable. Include engineering plans, drawings and specifications certified in accordance with KRS 322
Attachment #:	☐ Closure plan and post-closure care demonstration documents and professional certification(s)
Attachment #:	☐ Legible overall site map clearly delineating area uses, existing and proposed features, property lines, buffer lines, and permit boundary. Include any existing waste management or disposal areas, a north arrow, scale, and legend. Certified in accordance with KRS 322.
Attachment #:	☐ Legible topographical map displaying site features overlay, locations of water intakes, wells, springs and streams within one (1) mile radius of CCR unit disposal boundary. Include a north arrow, scale, and legend. Certified in accordance with KRS 322.
Attachment #:	☐ Legible engineering plan drawings, cross-sections, and detail drawings on a suitable scale. Certified in accordance with KRS 322.
Attachment #:	☐ Description of soil borrow needs. Include estimated quantity needs of each soil type for construction, operations, and closure. Provide on-site available quantities per soil type. For existing facilities, provide breakdown to include soil needs of existing waste management activities. Certified in accordance with KRS 322.
Attachment #:	☐ Description of CCR leachate controls, storage requirements, and disposal methods
Attachment #:	☐ List and description of all proposed alternative performance standards, if any. Indicate associated attachment containing the equivalency demonstrations and professional certification(s) or provide in this attachment.
Attachment #:	☐ Construction quality control plan. Include underdrains (if applicable), subgrade, liner & leachate collection systems, final capping, and stormwater control structures.

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 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.*