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

1. Registration Type *mark only one*	☐ New Registration ☐ Annual Report ☐ Revised Registration
2. Agency Interest Number (AI) *if applicable*	

3. Beneficial Use Facility Information - Location of the Use

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

4. Applicant Information

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

5. CCR Generator Information

Generator Name:		Physical Address:	
City:	State:		Zip Code:
Mailing Address (if different) :		Mailing Address State and Zip Code (if different):	
Contact Name:	Email Address:		Phone Number: ( ) -

6. Additional Information

Description of CCR type (flyash, bottom ash, FGD, etc.) and its unencapsulated beneficial use:	
Annual Tonnage to be Used:	Total Tonnage to be Used:
Planned End Use of Site:	

7. 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 #:	☐ Narrative of waste management processes and methods; with respect to the definition of beneficial use of CCR
Attachment #:	☐ Waste analysis for each CCR type from each generator *NOTE: If multiple generators, additional list of generators may be provided in this attachment.*
Attachment #:	☐ Site map showing: major road(s), buildings, surface water features, property boundary, and area of beneficial use
Attachment #:	☐ Topographical map showing: property boundary and footprint of the beneficial use *NOTE: If the use is structural fill or an engineering design, the map shall be signed in accordance with KRS 322 and show the final design, including contours, details, and notes, as applicable.*
Attachment #:	☐ For incorporation into the administrative record, include the report form that follows. This report is to be completed annually in accordance with 401 KAR 46:120, Section 6.
Attachment #:	☐ For revised registrations only, provide a list and describe all of the proposed changes

	☐ Beneficial Use Annual Reporting Form *NOTE: Submit by March 31st*

8. 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.*