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*

# Modification of a CCR Formal Permit

## 1. Facility Information

| | | | |
|---|---|---|---|
| Agency Interest Number (AI): | | | |
| Facility Name: | | Physical Address: | |
| City: | County: | State: | Zip Code: |
| Contact Person: | Title: | | Phone Number: ( ) - |
| Email Address: | | Mailing Address if different: | |

## 2. Permittee Information

| | | | |
|---|---|---|---|
| Permittee Name: | | Mailing Address: | |
| City: | County: | State: | Zip Code: |
| Contact Person: | Title: | | Phone Number: ( ) - |
| Email Address: | | Mailing Address if Different: | |

## 3. Type of Modification (check all that apply)

☐ Modification to a leachate collection system design

☐ Modification to a liner system design

☐ Modification to closure or post-closure care plans

☐ Other. Specify:

*include attachments as needed in Section 4 below

## 4. Attachments

**The beginning of each attachment shall be clearly identified (i.e. cover or title page). Provide the same Attachment # or "N/A" in the left column. Provide distinct sections in each attachment if multiple actions are proposed.**

| | |
|---|---|
| Attachment #: | Detailed list of permitting action(s); provide specific 401 KAR Chapter 46 and 40 CFR 257 references, as applicable |
| Attachment #: | Describe the revisions/modifications to the management, processing, and disposal activities in a narrative format |
| Attachment #: | Drawing(s), map(s), cross-sections and/or calculations |
| Attachment #: | Demonstration document(s) for alternative performance standard |
| Attachment #: | Demonstration document(s) for groundwater assessment, remedy selection, and/or implementation of corrective action program. Waste characterization analyses, if adding new waste stream(s), including waste compatibility demonstration |
| Attachment #: | Professional certification documents |
| Attachment #: | Public notice information. Include: list of adjacent property owners with mailing addresses; brief description of facility operations and waste management activity; name and mailing address of local county government having jurisdiction over waste management activities |

## 5. 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.*