

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

**Notice of Intent to Apply for a Special Waste Landfarming or Composting Permit**

**1. Application Information**

<b>Agency Interest Number:</b>	[ ]		
<b>Permit Number (if applicable):</b>	[ ]		
<b>Fee Submitted:</b>	Amount: \$ [ ]	Check or Money Order #: [ ]	<input type="checkbox"/> Exempt (Publicly Owned Facility)

**2. Applicant Information**

<b>Applicant Name:</b> [ ]		<b>Mailing Address:</b> [ ]	
<b>City:</b> [ ]	<b>State:</b> [ ]	<b>Zip Code:</b> [ ]	<b>County:</b> [ ]
<b>Contact Person:</b> [ ]		<b>Title:</b> [ ]	
<b>Email Address:</b> [ ]		<b>Phone Number:</b> ( [ ] ) [ ] - [ ]	<b>Cell Number (optional):</b> ( [ ] ) [ ] - [ ]

**3. Site Attachments**

- Attachment 1.** List the name, address, KPDES permit number and telephone number of the non-biosolids special waste producer(s).
- Attachment 2.** List the name, address, latitude/longitude, and telephone number of the landowner(s) of the proposed landfarming site(s).
- Attachment 3.** Provide a narrative briefly describing the proposed landfarming operation.
- Attachment 4.** Provide an original, current seven and one-half (7.5) minute United States Geologic Survey Quadrangle Topographic Map with the proposed landfarming site boundary clearly marked.
- Attachment 5.** Provide a Soil Conservation Service Soils Map with the proposed landfarming site boundary clearly marked.
- Attachment 6.** Provide a survey of all groundwater wells and springs within a one-half (1/2) mile radius of the proposed landfarming site boundary using the provided **Attachment 6A**.
- Attachment 7.** Provide a survey of all surface water bodies within a one-half (1/2) mile radius of the proposed landfarming site boundary using the provided **Attachment 7A**.
- Attachment 8.** Provide a narrative description of the special waste generation process including design capacity, current hydraulic operating conditions, and the special waste treatment systems, as applicable. All chemicals used in the treatment process shall be listed by type and amount used.
- Attachment 9.** Provide a schematic diagram showing the special waste generation or treatment plant process.
- Attachment 10.** Provide a list of facilities that discharge to the special waste generator using the provided **Attachment 10A**.
- Attachment 11.** Provide the average and maximum concentrations of pollutants discharged over the past year from each facility listed in Attachment 10A as **Attachment 11**.
- Attachment 12.** Special waste to be landfarmed shall have passed the toxicity characteristic leaching procedure (TCLP). Provide a copy of the TCLP analysis. If this analysis is omitted, provide a certified statement from the generator accepting responsibility.

**4. Special Waste Analysis**

	Concentration	
	Wet Weight	Dry Weight Conversion
pH	[ ]	*
Total Solids Content	[ ] %	*
Volatile Solids Content	[ ] %	*
Total Phosphorus	[ ] PPM	[ ] PPM dry wt.

Total Potassium	PPM	PPM dry wt.
Total Kjeldahl Nitrogen (TKN)	PPM	PPM dry wt.
Ammonium Nitrogen (NH4-N)	PPM	PPM dry wt.
Nitrate Nitrogen (NO3-N)	PPM	PM dry wt.
Cadmium	mg/l	mg./kg. dry wt.
Copper	mg/l	mg./kg. dry wt.
Lead	mg/l	mg./kg. dry wt.
Nickel	mg/l	mg./kg. dry wt.
Zinc	mg/l	mg./kg. dry wt.
Chromium	mg/l	mg./kg. dry wt.
Polychlorinated Biphenyls (PCBs)	mg/l	mg./kg. dry wt.

### 5. Certification

Pursuant to 401 KAR 47:160 Section 6(4), a person with signature authority such as a sole proprietor, owner, partner, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement. **NOTE: Consultants may not sign the following certification statement.**

**"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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."**

Name of Applicant, e.g., Corporation or Unit of Government:

Name of Responsible Official:

Signature:

Title:

Date:  /  /

Subscribed and sworn to before me by:

Notary public signature:

My commission expires:  /  /



**Attachment 2: Landowners**

List the name, address, latitude/longitude, and telephone number of the landowner(s) of the proposed landfarming site(s).

Landowner	Address	Phone	Latitude / Longitude
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	Lat: [REDACTED] Long: [REDACTED]









**GENERAL INSTRUCTIONS**  
**Notice of Intent to Apply for a Landfarming or Composting Permit**

Instructions provided are for the DEP 7021-A, Notice of Intent to Apply for a Landfarming or Composting Permit form. This form is for a facility for landfarming or composting non-biosolids special waste. For the land application of biosolids, the applicant should complete form DEP 4505 Application for a Biosolids Landfarming Facility Permit. For any questions regarding any section of this form, please call the Division of Waste Management’s Solid Waste Branch (SWB). This form must be completed either by typing or by printing legibly with black ink.

If a previous version of the application is needed, request a copy by completing an open records request through the Department of Environmental Protection at (502) 564-3999 or [EEC.KORA@ky.gov](mailto:EEC.KORA@ky.gov).

All sections of this form must be completed to be accepted by the cabinet. This application form supersedes all previously submitted application forms for the facility. Be sure to include all information for every activity at the facility, even if this information was previously submitted on previous application forms. For any future changes in information, an amended application form shall be submitted.

Submit DEP 7021-A form via mail to the following address:

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

Submit DEP 7021-A electronically using the eForms portal: <https://dep.gateway.ky.gov/eForms/Account/Home.aspx>

<b>Section</b>	<b>1.</b>	<p><b>Application Information</b></p> <p><b>Facility Information</b></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number:</b> Provide the Agency Interest Number assigned to the facility, if known.</li> <li>• <b>Solid Waste Permit Number:</b> Provide the solid waste permit number assigned to the facility, if known.</li> </ul> <p><b>Fee Submitted-</b> Provide the amount of the fee submitted for this application and the check or money order number. If the facility is exempt from fees due to being a publicly owned facility, check the box.</p>
<b>Section</b>	<b>2.</b>	<p><b>Applicant Information</b></p> <ul style="list-style-type: none"> <li>• <b>Applicant Name and Contact Information:</b> Provide the name and address information of the applicant. The applicant is the entity that is applying for the permit.</li> <li>• <b>Contact Person:</b> Provide the name, title, and contact information for the person to contact at the facility.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Site Attachments-</b> Provide the information requested as Attachments 1 through 12.</p>
<b>Section</b>	<b>4.</b>	<p><b>Special Waste Analysis-</b> Provide the average of the analysis results of analyses taken no less than thirty days apart in accordance with the following: if the design treatment capacity of the water treatment plant is less than 1,000,000 gallons per day, provide two samples; if the design treatment capacity is between 1,000,0001 and 10,000,000 gallons per day, provide four samples; and if the design treatment capacity is more than 10,000,000 gallons per day, provide twelve samples. Include the laboratory analyses as part of the application. Sludge should be analyzed wet with dry weight (mg/kg), derived using the following equation:</p> <p align="center"><b>mg/l ÷ (% solids/100) = mg/kg Dry Weight</b></p>
<b>Section</b>	<b>5.</b>	<p><b>Certification Statement-</b> Only a person with signature authority for the applicant may complete the certification statement. The certification statement must be notarized. A new certification statement shall accompany each submittal in the case of a notice of deficiency.</p>