

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

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WRITE IN THIS SPACE

Application for a Special Waste Composting Facility Permit

1. Application Information

Agency Interest Number:	[]		
Application Number	[]		
Permit Number (if applicable):	[]		
Fee Submitted	Amount \$ []	Check or Money Order #: []	<input type="checkbox"/> Exempt
Modification Type If not applicable, check here <input type="checkbox"/>	<input type="checkbox"/> New waste source <input type="checkbox"/> New compost area <input type="checkbox"/> Other, Describe: []		

2. Applicant Information

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

3. Preparer Information (if applicable)

Preparer Name: []	Mailing Address: []		
City: []	State: []	Zip Code: []	
Email Address: []	Phone Number: ([]) [] - []	Cell Number (optional): ([]) [] - []	

4. Facility Information

Facility Name: []	Physical Address: []		
City: []	Zip Code: []	County: []	

5. Waste Source Information

Waste Source (Generator): []	Address: []		
City: []	State: []	Zip Code: []	
Contact Person: []	Phone Number: ([]) [] - []		
Waste to be received: []			

6. Special Waste Information:

Special Waste Classification	<input type="checkbox"/> Type A	<input type="checkbox"/> Type B
Does the wastewater treatment plant have an approved pretreatment program? If not applicable, check here <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Design capacity of the wastewater treatment plant If not applicable, check here <input type="checkbox"/>	[] gallons per day	
Approximate amount of special waste generated each year:	[] tons	

Attachment 3. List the current method of special waste disposal. Include the permit type, number, and date approved. Complete for each waste source described in section 5.

Attachment 4. Special waste to be composted shall be classified as either Type A or Type B, in accordance with 401 KAR 45:100. Analyses must

include the following parameters: pH, % Total Solids, % Volatile Solids, Total Kjeldahl, Nitrogen, Ammonium Nitrogen, Total Phosphorus, Total Potassium, Cadmium, Copper, Lead, Nickel; Zinc, and PCBs. Provide the actual laboratory analyses.

Attachment 5. Provide a copy of the Toxicity Characteristic Leaching Procedure (TCLP) laboratory analysis of the special waste.

7. Facility and Operating Information

Attachment 6. Provide an enlarged topographic map of a scale one (1) inch equals four hundred (400) feet clearly marking the proposed layout and the boundary of the composting site.

Attachment 7. Provide a detailed narrative describing the following:

- a. The proposed composting system including the manufacturer's performance data for mechanical systems
- b. The process design that describes the following:
 - Use of bulking agents, moisture control, or feed amendments
 - Temperature ranges and residence times
 - Storage of compost during curing after the primary composting operation
 - Provisions for additional drying and screening
- c. Description of closure procedures for the site.

Attachment 8. Provide a marketing distribution plan and specifications for the final product. If any fertilizer value or soil conditioning claims are made concerning the final product, you must notify the Division of Regulatory Services, College of Agriculture, University of Kentucky, Regulatory Services Building, Lexington, Kentucky 40546, in accordance with KRS Chapter 250.

Attachment 9. Provide a description of the methods that will be employed to ensure compliance with the environmental performance standards of each Section of 401 KAR 30:031.

Attachment 10. Provide a description of the closure plan including a cost analysis for the posing of financial assurance in accordance with 401 KAR 45:080.

If not applicable because the facility will process Type B special waste only, check here

Attachment 11. Provide a groundwater quality assurance plan for the proposed facility.

Attachment 12. Describe how the composting process qualifies as a "Process to Further Reduce Pathogens" in accordance with 401 KAR 45:100.

8. Surface Water, Groundwater, and Corrective Action

Attachment 13. Submit a Surface Water Monitoring Plan as required by 401 KAR 45:110 and 401 KAR 45:160. At a minimum, the plan must include:

- a. The proposed locations of the monitoring points shown on the site plans.
- b. A written description of how the monitoring point locations ensure that sampling will characterize the quality of water unaffected by the composting facility, as well as determining if water leaving the composting facility as surface drainage is contaminated with leachate.
- c. A description of sampling protocol and analytical parameters.
- d. A monitoring schedule and list of analytical parameters.
- e. A sample form for reporting results of the analyses to the Division.
- f. Documentation that the applicant currently holds or has applied for a K.P.D.E.S. permit for all structures to be used to control storm water run-off and all point source discharges.
- g. Provide the information requested in **Attachment 13A**, concerning location of the monitoring points.

Attachment 14. Submit a Groundwater Monitoring Plan that meets the requirements of 401 KAR 45:110 and 401 KAR 45:160. At a minimum that plan must provide the following information:

- a. A list and description of the specific aquifer(s) proposed for monitoring.
- b. The number, location, and depth of proposed monitoring points. Show the locations of the monitoring points on the site plans.
- c. Provide a brief discussion of the groundwater quality that currently exists based on the Groundwater Quality Characterization required in 401 KAR 45:160.
- d. Provide a Groundwater Sampling and Analysis Plan which describes the procedures and techniques designed to accurately measure groundwater quality upgradient and downgradient of the waste disposal area. Include a discussion regarding the chain of custody, as well as field and lab quality assurance and quality control.
- e. Provide a monitoring schedule and list of analytical parameters in accordance with 401 KAR 45:160, Section 8.
- f. Provide monitoring well construction specifications which meet the requirements of 401 KAR 45:160, Section 3.
- g. Is the proposed special waste disposal site located in karst terrain? Yes No
If yes, the groundwater monitoring plan must include dye trace studies to determine the nature and extent of karst drainage beneath the site and proposed monitoring locations.
- h. Provide the information requested in **Attachment 14A**, concerning proposed well locations and depth.

9. Public Notice

Attachment 15. Public notices are required for a new site or a significant expansion to an existing site in accordance with KRS 224.40-310. Draft notices are found in **Attachments 15A and 15B**. Complete the public notice forms; however, only those applicants notified by correspondence from the Cabinet may publish the notices.

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

Name (*Print*)

Signature:

Title/Position:

Date: / /

Name of Applicant:

Subscribed and sworn to before me by

Notary public signature

My commission expires

 / /

**Attachment 15A
Public Notice**

Publication of this notice is pursuant to KRS 224.40-310

The Energy and Environment Cabinet, Division of Waste Management has received a special waste composting facility permit application with application number _____ from:

Name of applicant

Name of facility

Address

City

State

Zip code

The permit applicant proposed to construct and operate a composting facility to do the following:

Accept the following wastes

From the following sources

The proposed facility is located

Nearest town

County

The proposed facility may be accessed by travelling:

Major road intersection near facility

Directions from intersection to facility

Additional information regarding this application may be obtained from the following facility contact:

Contact name

Address

City

State

Zip code

Phone number

Within thirty (30) days of the publication of this notice, any person who wishes to comment on the application may submit written comments, and, if desired, request from the Cabinet a public meeting.

The permit application is being processed as the following address:

Energy and Environment Cabinet
Division of Waste Management
Solid Waste Branch, Second Floor
300 Sower Boulevard
Frankfort, KY 40601

**Attachment 15B
Public Notice**

Publication of this notice is pursuant to KRS 224.40-310

The Energy and Environment Cabinet, Division of Waste Management has received a special waste composting facility permit application with application number _____ from, and has prepared a draft permit for:

Name of applicant	
Name of facility	
Address	
City	
State	
Zip code	

The permit applicant proposed to construct and operate a composting facility to do the following:

Accept the following wastes	
From the following sources	

The proposed facility is located

Nearest town	
County	

The proposed facility may be accessed by travelling:

Major road intersection near facility	
Directions from intersection to facility	

Additional information regarding this application may be obtained from the following facility contact:

Contact name	
Address	
City	
State	
Zip code	
Phone number	

Any person who wishes to comment on the draft permit decision for this special waste site or facility may file comments with the Cabinet and, if desired, request a public hearing within thirty (30) days of the publication of this notice pursuant to Section 6 of 401 KAR 45:050.

The permit application is being processed as the following address:

**Energy and Environment Cabinet
Division of Waste Management
Solid Waste Branch, Second Floor
300 Sower Boulevard
Frankfort, KY 40601**

GENERAL INSTRUCTIONS
Application for a Special Waste Composting Facility Permit

Instructions provided are for the DEP 7094-D, Application for a Special Waste Composting Facility Permit form. This form is for a facility for the composting of special waste. 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 registration of 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.

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 special waste land application 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 7094-D 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 7094-D electronically using the eForms portal: <https://dep.gateway.ky.gov/eForms/Account/Home.aspx>

Section	1.	<p>Application Information</p> <ul style="list-style-type: none"> • Agency Interest Number: Provide the Agency Interest Number assigned to the facility, if known. • Application Number: Provide the application number assigned to this permitting action, if known. • Permit Number: Provide the solid waste permit number assigned to the facility, if known. <p>Fee Submitted- Provide the amount of the fee submitted for this application and the check or money order number. If exempt due to being a publicly owned facility, check the box for "Exempt".</p> <p>Modification Application- If this is an application to modify an existing compost facility, designate the type of modification application. If "Other," describe the type of modification being sought. If not applicable, check the appropriate box.</p>
Section	2.	<p>Applicant Information</p> <ul style="list-style-type: none"> • Applicant Name and Contact Information: Provide the name and contact information of the applicant. The applicant is the entity that is applying for the permit. • Contact person: Provide the name and contact information for the contact person for this permit.
Section	3.	<p>Preparer Information- If the application has been prepared by someone other than the person identified in Item 2, provide their name and contact information.</p>
Section	4.	<p>Facility Information- Provide the name and address for the proposed compost facility.</p>
Section	5.	<p>Waste Source Information- Provide the location and contact information for the source (generator) of the non-biosolids special waste to be composted.</p>
Section	6.	<p>Special Waste Information-</p> <ul style="list-style-type: none"> • Special Waste Classification: Indicate whether the special waste to be composted is classified as Type A or Type B pursuant to 401 KAR 45:100. • Does the wastewater treatment plant have an approved pretreatment program? Check the box for Yes if the wastewater treatment plant that generates the special waste has a pretreatment program or check the box for No if it does not. If not applicable because the waste doesn't come from a wastewater treatment plant, check the box for not applicable. • Design capacity of the wastewater treatment plant: Provide the design capacity of the wastewater treatment plant in gallons per day. If not applicable because the waste doesn't come from a wastewater treatment plant, check the box for not applicable. • Approximate amount of special waste generated each year: Provide an estimate of the tonnage of special waste generated by the special waste source on an annual basis. • Site Attachments: Provide the information requested as Attachments 3 through 4. • Attachment 5: Provide a copy of the actual Toxicity Characteristic Leaching Procedure (TCLP) laboratory analysis of the waste showing the waste will pass the TCLP. The TCLP analysis or specific parameters of this analysis may be omitted this analysis based on the generator's knowledge of the waste pursuant to 40 CFR 262.11. If you elect to do this a certified statement from the generator accepting responsibility is required,

		Polychlorinated Biphenyls (PCBs) may also be omitted from this standard sludge analysis under a similar certification. If the certified statement option is chosen, provide as Attachment 5.
Section	7.	Facility and Operating Information: Provide the information required as Attachments 6 through 12.
Section	8.	Surface Water, Groundwater, and Corrective Action: Provide the information required as Attachments 13 and 14 using the provided tables.
Section	9.	Public Notice- Complete the public notice drafts for the receipt of application and draft permit phases. Do not publish the notice until approval has been given by the Division of Waste Management, Solid Waste Branch.
Section	10.	Certification Statement- 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.