**ENERGY AND ENVIRONMENT CABINET**

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION**

**DIVISION OF WASTE MANAGEMENT**

**200 FAIR OAKS LANE, SECOND FLOOR**

**FRANKFORT, KY 40601**

**TELEPHONE NUMBER (502) 564-6716**

|  |
| --- |
| **Application for a Permit-By-Rule****for Beneficial Reuse of Solid Waste****Form DEP 7098 (7/99)** |

# GENERAL INSTRUCTIONS

**1. APPLICABILITY - This form may be completed and submitted to the Cabinet by persons intending to reuse a solid waste in a manner beneficial to the environment. This form is not applicable for commercial recycling operations or for the disposal of waste.**

**2. ASSISTANCE – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.**

1. **SUBMISSION – Please type or print legibly in permanent ink. Submit the original and one (1) copy of the completed form to the Division of Waste Management at the address noted above. If an item is not applicable to your facility write “N/A” in the space provided.**
2. **FILING FEES – See 401 KAR 47:090 for all application fees.**
3. **LAWS AND REGULATIONS – Applicants are expected to understand and comply with all laws and regulations applicable to beneficial reuse of solid waste in the Commonwealth of Kentucky (reference KRS 224 and 401 KAR Chapters 30 and 47).**

**Statutes and regulations may be viewed online at the following website addresses:** [**http://www.lrc.ky.gov/search.htm**](http://www.lrc.ky.gov/search.htm)

**Solid waste application forms are available at the following website address:** [**http://waste.ky.gov/**](http://waste.ky.gov/)

**To assist you in the submittal of a complete and accurate application, the Division has identified the most common errors made in the review process. These errors are listed below for your convenience.**

**1. Failure to complete the application. All maps, attachments, and supplemental**

 **data of sufficient detail must be submitted with this application.**

 **2. Failure to properly sign and notarize the application. An individual with signature authority for the applicant as defined by KRS 224.01-010(44) and 401 KAR 47:160 must sign and notarize the appropriate signature sections of the application.**

**3. Failure to provide appropriate, fully completed attachments. Various attachments may be required to complete a meaningful review of this application. Maps, drawings, narratives or any attachments that lack sufficient detail or drawings that are not signed, dated and sealed by a professional engineer or geologist may cause delays in the review and approval of the application.**

**4. Failure to provide appropriate application fees. See 401 KAR 47:090 Section 2, Table IV.**

 **Warning! Due to the potential for identity theft, do not provide social security numbers to the DWM as part of this application. If this information is required during the normal course of review of the application, a cabinet representative will contact the appropriate individual to acquire this information in a secure format.**

 **Applicant Information**

1. [ ]  New Request **(Skip items #2 and #3 if this is a proposed new permit-by-rule.)**

[ ]  Modification of an existing Permit-by-Rule. **(Complete items #2 and #3 if you check this box.)**

 **2.** Agency Interest #:       **3.** Permit #:     -

 **4.** Fee submitted**: $**      **.**   **5.** Check or Money Order #**:**

 **6.** Method of payment**:** [ ]  Check

 [ ]  Money Order

 [ ]  Exempt (Publicly Owned Facility)

 **7.** Applicant Name:

(The corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)

 **8.** Applicant Mailing Address:

 **9.** City:       **10.** State:    **11.** Zip Code:

**12.** Contact Person:       **13.** Title:

**14.** Phone #:     -     -      ext.

**15.** Cell #:     -     -      **16.** Fax #:     -     -

**17.** E-Mail Address:

 **Solid Waste Generating Facility Information**

**18.** Facility Name:       **19**. County:

**20.** Facility Location:

 (For street or physical location only. Do not use P. O. Box #’s, etc.)

**21.** City:       **22.** Zip Code:

**23.** Facility Contact Person:

**24.** Title:       **25.** Phone #:     -     -      ext.

**26.** Cell #:     -     -      **27.** Fax #:     -     -

**28.** E-Mail Address:

 **Preparer Information**

(Complete items 29 – 38 if the following information concerning the person preparing this

application is different from the contact persons named in items 12 and 23.)

**29.** Preparers Name:       **30.** Company:

**31.** Mailing Address:

**32.** City:      **33.** State:    **34.** Zip Code:

**35.** Phone #:     -     -      ext.

**36.** Cell #:     -     -      **37.** Fax #:     -     -

**38.** E-mail Address:

 **Attachments & Descriptions**

**39.** Provide, as **Attachment 1,** a description of the type and anticipated volume of solid waste to be beneficially reused, including: the area in acres affected, the monthly volumes of solid waste to be beneficially reused, and the total amount in tons of solid waste to be beneficially reused over the lifetime of the project.

**40.** Provide, as **Attachment 2,** a description of the proposed beneficial reuse including personnel and equipment to be used. Include an explanation of the benefit provided by this reuse.

**41.** Provide, as **Attachment 3**, a description of how management and reuse of the solid waste meets the environmental performance standards of 401 KAR 30:031.

**42.** Provide, as **Attachment 4**, an original and one (1) copy of a site plan drawing. Show all the property boundaries, buildings, roads, and landmarks of the area where the beneficial reuse is to take place.

**43.** Provide, as **Attachment 5**, a USGS 7.5 minute topographic map and one (1) copy of the map showing the location of the proposed activity. Outline the property boundaries of the area where the beneficial reuse is to take place.

**44.** If the property owner is not the applicant, provide **Addendum 1**, the property owner’s acknowledgement of liability for each property owner. Make copies as needed.

 **Certification**

**45.** **Pursuant to 401 KAR 47:160, Section 6**, a person with signature authority such as a sole

proprietor, owner, partner, corporate officer, 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 Person Signing (type or print):

Title of Person Signing:       Date:    -    -

Signature per 401 KAR 47:160: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year 20\_\_\_\_

Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Addendum 1: Property Owner’s Acknowledgement of Liability**

 **1.** Property Owner:

 **2.** Mailing Address:

 **3.** City:       **4.** State:    **5.** Zip:

 **6.** Contact Person:       **7.** Title:

 **8.** E-Mail:

 **9.** Phone #:     -     -      ext.

**10.** Cell #:     -     -      **11.** Fax #:     -     -

 **Note: The property owner must sign this statement.**

**12. "I am aware of the beneficial reuse project that has been proposed for my property and I have been given a copy of the application outlining this project. I hereby give permission for this project to proceed and I understand that I am fully liable in case of failure for any reason by the applicant to comply with the requirements of KRS Chapter 224 or 401 KAR Chapters 47 and 48 including any enforcement actions by the Cabinet concerning this project."**

Name of Property Owner (type or print):

Signature of Property Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Beneficial Reuse Log Shee t**

**For recordkeeping purposes and your convenience, this Log Sheet will help you document the amounts and locations where the solid waste is beneficially reused. During the active life of this permit-by-rule, DWM recommends you retain this documentation for the most recent three (3) years of operation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Generator** | **Name of****Recipient** | **Address of** **Recipient** | **Date of Delivery** | **Amount of Waste Reused** [ ]  tons **tons**[ ]  gallons(check one) **gallons**  |
|       |       |       |   -  -     |       |
|       |       |       |   -  -     |       |
|       |       |       |   -  -     |       |
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**Make additional copies of this form as needed.**