

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	
Merchant Electric Generating Facility (MEGF) Annual Report or Decommissioning Plan Update		
1. Agency Interest Number:		
2. Board Case No.:		
3. Year Reported:		
3. MEGF Construction Certificate Holder Information		
Company Name:	Mailing Address:	
City:	State:	Zip Code:
Contact Person:	Title:	
Email Address:	Phone Number: () -	Cell Number: () -
4. MEGF Information		
Facility Name:	Physical Address:	
City:	State:	Zip Code:
Contact Person:	Title:	
Email Address:	Phone Number: () -	Cell Number: () -
5. Is this an Annual Report: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Include as Attachment 1, for the prior year:		
a. A description of waste(s) generated	b. The quantity of each waste generated reported in tons	
c. The disposal location(s) or recycling/material recovery location(s) facility names, including physical addresses		
Include as Attachment 2, for the prior year: The Annual Report pursuant to 401 KAR 103:010 Section 5		
6. Is this a Decommissioning Plan Update Submittal: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Include as Attachment 3: The complete updated Decommissioning Plan		
Include as Attachment 4: The updated Decommissioning Plan cost estimates certified by a Professional Engineer licensed in KY		
7. 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 MEGF:		
Name of MEGF Signatory:	Signature:	
Title:	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.