ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

Registration for a
Registered Permit-By-Rule
For SLUDGE GIVEAWAY
DEP 7059D (1/06)

General Instructions

1. APPLICABILITY – In accordance with 401 KAR 45:100 Section 8, this registration form must be completed and submitted to the Cabinet by persons who propose to distribute Type B sludge.

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.

3. SUBMISSION – Please type or print legibly in permanent ink. Submit the original and one (1) copy of the completed registration 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.
4. LAWS AND REGULATIONS – Registrants are expected to understand and comply with all laws and regulations applicable to the sludge giveaway registered permit-by-rule program.

Statutes and regulations may be viewed online at the following website address: http://www.lrc.ky.gov/search.htm

Solid waste forms are available at the following website address: http://www.waste.ky.gov/forms/

To assist you in the submittal of a complete and accurate registration, 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 registration. All maps, attachments, and supplemental data must be submitted with this registration.

2. Failure to properly sign and notarize the registration. 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 registration.

3. Failure to provide appropriate and properly completed attachments. Maps, drawings, narratives or any attachments that lack sufficient detail may cause delays in the review and approval of the registration.
REGISTERED PERMIT-BY-RULE
SLUDGE GIVEAWAY

1. ___ New Registration - A registration number will be assigned by the Cabinet.
2. ___ This is a proposed modification of an existing registration.

Note: (If you checked item 2, complete one or both of the following two items.)
3. Agency Interest #: 
4. Registration #: 

Registrant Information

5. Registrant Name:
   (This refers to the corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)

6. Registrant Mailing Address: 

7. City: 
8. State: 
9. Zip Code: 

10. Contact Person: 
11. Title: 

12. Phone #: (___) - ___ 
13. Cell #: (___) - ___ 

14. Fax #: (___) - ___ 
15. E-Mail Address: 

Special Waste Facility Information

16. Facility Name: 
17. County: 

18. Facility Location: 
19. E-Mail Address: 
   (For street or physical location only. Do not use P. O. Box #s, etc.)

20. City: 
21. Zip Code: 

22. Facility Contact Person: 
23. Title: 

24. Phone #: (___) - ___ 
25. Fax #: (___) - ___ 
26. Cell #: (___) - ___ 

Preparer Information
   (Complete items 27 – 36 if the following information concerning the person preparing this registration is different from the contact persons named above.)

27. Preparers Name: 
28. Company: 

29. Mailing Address: 
30. E-mail Address: 

31. City: 
32. State: 
33. Zip Code: 

34. Phone #: (___) - ___ 
35. Fax #: (___) - ___ 
36. Cell #: (___) - ___
37. Provide, as Attachment 1, the sludge analysis results for the parameters specified in 401 KAR 45:100 Section 6(20)(b). The results must be an average of two or more recent analyses taken at least thirty (30) days apart. Heavy metals are to be converted to dry weight in accordance with 401 KAR 45:100 Section 2(7).

38. Provide as Attachment 2, a copy of the Toxicity Characteristic Leaching Procedure (TCLP) laboratory analysis of the sludge.

Note: You may omit the TCLP analysis or specific parameters of the analysis based upon your knowledge of the waste, pursuant to 40 CFR 262.12. Should you elect to do this, a certified statement accepting responsibility will be required. Polychlorinated Biphenyls (PCBs) may also be omitted from the parameters listed in 401 KAR 45:100 Section 6(20)(b). Any certified statement for the omission of the TCLP or PCB data should be labeled as Attachment 3.

39. Describe, in Attachment 4, the Process to Significantly Reduce Pathogens. Refer to 401 KAR 45:100 Section 11 for acceptable methods.

40. Describe, in Attachment 5, the proposed sludge distribution system. Indicate how the sludge will be stored, how it will be distributed and the form (bagged, bulked, liquid, solid, etc.) it will be in when distributed.

41. Describe, in Attachment 6, methods to control the amount of sludge given to an individual.

42. Provide, in Attachment 7, a copy of the schematic diagram of the plant generating the sludge, along with a narrative description of the sludge processing systems.

43. Check the appropriate gallons per day (gpd) range for the daily design capacity of the plant:

   _ Less than 1,000,000 gpd
   _ 1,000,000 – 10,000,000 gpd
   _ More than 10,000,000 gpd

44. State the volume, in dry tons, of the amount of sludge generated each year: _____

Note: If you generate more than ten (10) dry tons per year, an alternative method of sludge disposal is required in addition to the sludge give-away program.
45. If sludge is disposed by any other method, use the following chart to identify the
type, name and permit number of the facility accepting the sludge.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Facility Permit Number</th>
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46. Registrants must utilize the log sheet provided as Attachment 8, to record the
names, addresses, dates and quantities of sludge distributed to an individual.
Registrants are to retain this log at the facility. Quantities should be recorded as
gallons or tons.

47. Certification pursuant to 401 KAR 45:030 Section 10(4):

"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 gathered and evaluated
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."

Signature of Registrant: ______________________________ Date: __________

Name of Registrant (typed or printed): _______________________________

Title of Authorized Agent: _______________________________

Subscribed and sworn to before me by _______________________________

this the _______ day of _________, 20____.

Notary Public Signature _______________________________

My Commission Expires _______________________________

4
ATTACHMENT 8
SLUDGE GIVEAWAY LOG SHEET

Agency Interest #: ___________________ Permit #: ___ - _______
Facility: __________________________ Phone #: (___) ___ - ___
Address: __________________________
City: ___________________________ State: _____ Zip Code: _____

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Address of Recipient</th>
<th>Date the Sludge was Received</th>
<th>Amount Received (gals. / tons)</th>
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Make additional copies of this form as needed.