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 BENEFICIAL REUSE OF SPECIAL
WASTE DEP 7059F (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 beneficial reuse of special waste.

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

Solid waste forms are available at the following website address: [http://www.waste.ky.gov/forms/](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
BENEFICIAL REUSE OF SPECIAL WASTE

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
(The corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)
5. Registrant Name: ____________________________
6. Registrant Mailing Address: ____________________________
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: ____________________________
(For street or physical location only. Do not use P. O. Box #’s, etc.)
19. E-Mail Address: ____________________________
22. Facility Contact Person: ____________________________
23. Title: ____________________________

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: ____________________________
34. Phone #: (___) ___-___ 35. Fax #: (___) ___-___ 36. Cell #: (___) ___-___
37. List the source (special waste generating facility) of the special waste to be beneficially reused. If there are multiple sources and more space is needed, use additional sheets and label as Attachment 1.

   Special waste generator: ____
   Special waste generator: ____
   Special waste generator: ____
   Special waste generator: ____

38. Provide, as Attachment 2, a description of the type and anticipated volume of special waste to be beneficially reused.

39. Provide as Attachment 3, a copy of the Toxicity Characteristic Leaching Procedure (TCLP) laboratory analysis for each type of special waste to be beneficially reused.

   Note: You may omit the TCLP analysis or specific parameters of the analysis based upon your knowledge of the Special Waste, pursuant to 40 CFR 262.11. 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 4.

40. Provide, as Attachment 5, a description of how the special waste will be managed.

41. Provide, as Attachment 6, a description of how management and reuse of the special waste meets the environmental performance standards of 401 KAR 30:031.

42. Attachment 7 is to be used to maintain a record of the special waste sources and amounts received. This form shall be utilized for quarterly reports submitted to the Cabinet.
43. 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 ________________________________

Subscribed and sworn to before me by ________________________________

this the _______________ day of ______________________, 20____.

Notary Public Signature ________________________________

My Commission Expires ________________________________
Attachment 7
Special Waste Sources and Amounts Log Sheet

1. Registrant Name: ______________________  
2. County: ____________

3. Agency Interest #: _______  
4. Registration #: ___-_______

5. Contact Person: ______________________  
6. Title: ______________________

7. Phone #: (___) ___-____  
8. Fax #: (___) ___-___  
9. Cell #: (___) ___-____

Report prepared for the months of: ____________, ____________ and __________ Year: ___

<table>
<thead>
<tr>
<th>Name of Special Waste Generator (Source of Special Waste)</th>
<th>Amount Received (Dry Tons)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. "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."

Authorized Signature ___________________________ Date ____________

Name: (Typed or Printed) ___________________________ Title: ___________________________