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 Storage and Treatment of Special
Waste DEP 7059G (1/06)

General Instructions

1. This registration form must be completed and submitted to the Cabinet by persons who propose to beneficially re-use special 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.

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.

Kentucky
UNBRIDLED SPIRIT
4. LAWS AND REGULATIONS – Registrants are expected to understand and comply with all laws and regulations

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
STORAGE AND TREATMENT OF PROCESSED 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 Treatment Facility

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.)


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 #: (___)___-__

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REGISTERED PERMIT-BY-RULE
STORAGE AND TREATMENT OF PROCESSED 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 Treatment Facility

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.)
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 #: (___)___-____
Special Waste Source(s)
List the following information for the special waste generator(s).
Use Attachment 1 if additional sheets are needed.

37. Company: __________________  38. Contact Person: __________________

39. Mailing Address: ________________  40. E-mail Address: ________________

41. City: ________________  42. State: _  43. Zip Code: _______

44. Phone #: (___)___-______  45. Fax #: (___)___-______  46. Cell #: (___)___-______

Special Waste Storage Sites
If a site other than the Special Waste Treatment Facility is to be used for storage of special waste, list the following information for the landowner(s) of all storage site(s).
Use Attachment 2 if additional sheets are needed.

47. Company: __________________  48. Contact Person: ________________

49. Mailing Address: ________________  50. E-mail Address: ________________


54. Phone #: (___)___-______  55. Fax #: (___)___-______  56. Cell #: (___)___-______

57. Provide, as Attachment 3, a narrative description of the proposed special waste processing operation.

58. Provide, as Attachment 4, a sketch of the proposed treatment facility.

59. Provide, as Attachment 5, an original, current, seven and one half (7.5) minute United States Geological Survey Topographic Map with the proposed treatment and storage site boundaries clearly marked.

60. Describe, in Attachment 6, the methods that will be employed to ensure compliance with the environmental performance standards of 401 KAR 30:031.

61. Describe, in Attachment 7, the pathogen reduction processes that will be utilized. For acceptable methods, refer to 401 KAR 45:100 Sections 11 and 12.
62. Provide, as **Attachment 8**, a copy of the Toxicity Characteristic Leaching Procedure (TCLP) analysis from each special waste source.

**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 9**.

63. Provide, as **Attachment 10**, a copy of the special waste analysis in accordance with 401 KAR 45:100 Section 6(20)(b).

64. Provide an estimate of the total and per source volume of special waste to be treated or stored. For storage facilities, provide the total acreage to be used. If more sheets are needed, provide the information labeled as **Attachment 11**.

| Source: | Volume:  
|---------|-------- |
| Source: | Volume:  
| Source: | Volume:  
| Source: | Volume:  

**Total Volume:**

| Storage Site: | Acres:  
|---------------|-------- |
| Storage Site: | Acres:  
| Storage Site: | Acres:  

**Total Acres:**

46. Registrants must utilize the log sheet provided as **Attachment 12**, 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.
65. 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 or Position: ____________________________________________

Subscribed and sworn to before me by ________________________________

date of ______________________________, 20________.

Notary Public Signature __________________________________________

My Commission Expires __________________________________________
Attachment 1
Additional Special Waste Sources

1. Company: ______________________  2. Contact Person: ________________
3. Mailing Address: _____________  4. E-mail Address: _________________

13. Mailing Address: _____________  14. E-mail Address: _________________

23. Mailing Address: _____________  24. E-mail Address: _________________

31. Company: ______________________  32. Contact Person: ________________
33. Mailing Address: _____________  34. E-mail Address: _________________

41. Company: ______________________  42. Contact Person: ________________
43. Mailing Address: _____________  44. E-mail Address: _________________
48. Phone #: (____) - ______  49. Fax #: (____) - ______  50. Cell #: (____) - ______
Attachment 2
Additional Special Waste Storage Sites

1. Company: ___________________  
   2. Contact Person: ____________

3. Mailing Address: ____________  
   4. E-mail Address: ____________

5. City: ____________  
   6. State: ___  
   7. Zip Code: ______

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

11. Company: ___________________  
   12. Contact Person: ____________

13. Mailing Address: ____________  
   14. E-mail Address: ____________

15. City: ____________  
   16. State: ___  
   17. Zip Code: ______

18. Phone #: (___) ___-____  
   19. Fax #: (___) ___-____  
  20. Cell #: (___) ___-____

21. Company: ___________________  
   22. Contact Person: ____________

23. Mailing Address: ____________  
   24. E-mail Address: ____________

25. City: ____________  
   26. State: ___  
   27. Zip Code: ______

28. Phone #: (___) ___-____  
   29. Fax #: (___) ___-____  
  30. Cell #: (___) ___-____

31. Company: ___________________  
   32. Contact Person: ____________

33. Mailing Address: ____________  
   34. E-mail Address: ____________

35. City: ____________  
   36. State: ___  
   37. Zip Code: ______

38. Phone #: (___) ___-____  
   39. Fax #: (___) ___-____  
  40. Cell #: (___) ___-____

41. Company: ___________________  
   42. Contact Person: ____________

43. Mailing Address: ____________  
   44. E-mail Address: ____________

45. City: ____________  
   46. State: ___  
   47. Zip Code: ______

48. Phone #: (___) ___-____  
   49. Fax #: (___) ___-____  
  50. Cell #: (___) ___-____
ATTACHMENT 12
PROCESSED SPECIAL WASTE DISTRIBUTION LOG SHEET

Agency Interest #: ________________ Permit #: __-__________

Facility: ________________ Phone #: (___) ___-_______

Address: ________________________________________________

City: ________________ State: ___ Zip Code: ______

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Make additional copies of this form as needed.