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

Research Development, and Demonstration Permit Application
Form DEP 7094B (3/92)

GENERAL INFORMATION

1. APPLICABILITY - This form must be completed and submitted to the Cabinet by persons who propose to utilize an innovative and experimental special waste for technology or process not specifically regulated under 401 KAR Chapter 45.

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 three (3) copies of the completed form to the Division of Waste Management at the address listed above. If an item is not applicable to your facility write "N/A" for not applicable in the space provided.

4. FILING FEES - Applicants must submit appropriate filing fees at the time of application submittal in accordance with 401 KAR 45:250

5. LAWS AND REGULATIONS - Permittees are expected to understand and comply with all laws and regulations applicable to special waste management, treatment and disposal. Reference 401 KAR Chapter 45 and 401 KAR 30:031.
RESEARCH, DEVELOPMENT
AND DEMONSTRATION
PERMIT APPLICATION

DEP 7094B (3/92)

A. General Information
B. Ownership Information
C. Waste Source Information
D. Description of Research, Development, and Demonstration Process
E. Description of Construction and Operation of Facility
F. Performance Criteria
G. Permit Preparation Information
H. Other Information
I. Public Notices
J. Certification
A. GENERAL INFORMATION

Application No. ___________________________________________(To be assigned by Cabinet)

Fee Submitted $__________ County ___________ Date ____________________________

Method of Payment: _______ Check _______ Certified Check _______ Money Order

No. ____________________________________________

Type of application: ______ New ______ Renewal

1. Applicant ____________________________________________

Address ____________________________________________

City __________________ State ________ Zip Code __________

Telephone Number ________ Contact Person ____________________________

2. Mailing Address (If different from above) ____________________________________________

Address ____________________________________________

City __________________ State ________ Zip Code __________

Telephone Number ________ Contact Person at Facility ____________________________

3. Corrections to application are to be made by:

Name ____________________________________________

Address ____________________________________________

City __________________ State ________ Zip Code __________

Telephone Number ________

4. Applicant legal status: ______ Government ______ Private
5. Do you now hold, or have you held, any other permit or approval to dispose of waste from the Division, including a landfarming permit, registered permit-by-rule, sludge giveaway, or permit modification to landfill? If so, state type, permit number if applicable, and date permit or approval was granted.

<table>
<thead>
<tr>
<th>Type</th>
<th>Permit Number if Applicable</th>
<th>Date of Approval</th>
<th>Landfill Name if Applicable</th>
<th>Landfill Permit Number if Applicable</th>
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B. **OWNERSHIP INFORMATION**

1. Indicate by checking the appropriate blank, the legal organizational structure of the applicant.

   _________ Proprietorship

   _________ Partnership

   _________ General

   _________ Limited

   _________ Corporation

   _________ Joint venture

   _________ Governmental agency

   _________ Other. Describe: ________________________________

   ________________________________

2. If the owner is a corporation, is it registered with the Kentucky Secretary of State?

   _________ Yes    _________ No

3. For the applicant and each person meeting the definition of key personnel, provide a Past Performance Information form as required by KRS 224.40-330 (1) and (3). The Cabinet has developed form DEP 7049J for submittal of this information. Complete this form and include it as part of this application as Attachment 1.

**NOTE:** DEP Form No. 7094J may be obtained by contracting the Division of Waste Management at the address specified on the "General Instructions" page of this application.
C. WASTE SOURCE INFORMATION

1. Waste Source (Generator):

Address

City                        State  Zip Code

Telephone Number(______) __________________________

Contact Person

2. Describe the waste that is proposed to be managed, treated and disposed of for which this application is being sought:

3. Daily design capacity of special waste source generator plant:

Wastewater Treatment Plant    Other Waste Plant:

_____ gallons per day  OR  _____ tens per day

4. Describe the Process to Significantly Reduce Pathogens specified in 401 KAR 45:100 Section 11 that will be used under this permit:

5. Total estimated quantity of waste to be disposed of per year:

6. Provide the actual laboratory analysis of the waste to be processed under this permit. Label as Attachment 2. Repeat items C1 through C6 for each waste source if necessary. Label as Attachment 3.
D. DESCRIPTION OF PROPOSED RESEARCH, DEVELOPMENT OR DEMONSTRATION PROCESS

1. Describe in detail the proposed process(es) that are to be used pursuant to the issuance of the permit. Label as Attachment 4.

2. Describe how this process will meet Environmental Protection Standards in accordance with 401 KAR 30:031. Label as Attachment 5.

E. DESCRIPTION OF CONSTRUCTION AND OPERATION OF FACILITY

1. Describe any construction of a facility that will be used under this permit. Label as Attachment 6.

2. Describe the recordkeeping that will be used to record the receipt, storage and disposal of waste at the proposed facility. Label as Attachment 7.

3. Describe the monitoring procedures that will be used (i.e. surface water monitoring, groundwater monitoring, soil testing, waste analysis(s)) under this permit. Label as Attachment 8.

4. Describe the closure procedures that will be required for the type of waste and method of disposal under this permit. Label as Attachment 9.

F. PERFORMANCE CRITERIA

1. Describe the criteria that will be used to determine the efficiency and performance capabilities of the technology or process(es) used under this permit. Label as Attachment 10.

2. Describe the criteria that will be used to determine the effects of the technology or process(es) used under this permit on human health and the environment. Label as Attachment 11.
G. PERMIT PREPARATION INFORMATION

*Complete the appropriate information (1 or 2) for the individual(s) responsible for completing this application.

1. Engineer

   Kentucky Registration No.

   Address

   City_________State_________Zip Code_________

   Company Name

   Phone No. (___)__________

2. Other Professional

   Address

   City_________State_________Zip Code

   Company Name

   Phone No. (___)__________

3. Indicate the individual(s) authorized to make any necessary corrections to this application and to receive related correspondence from the Division:

   Name(s)

   Address

   City_________State_________Zip Code

   Company Affiliation

   Phone No. (___)__________

O. OTHER INFORMATION

1. Provide any additional information that is pertinent to the proposed operation of the experimental waste facility or process(es). Label as Attachment 11.

NOTE: The Cabinet may require additional information before a final determination to issue a permit or deny this application in accordance with 401 KAR 45:030 Section 8(7).
i. **PUBLIC NOTICES**

Public notices are required for a special waste research, development, and demonstration permit in accordance with KRS 224.40-310. Draft notices are found in [*Attachments 13 and 14*](#). Complete the public notice forms; however, only those applicants notified by correspondence from the Cabinet may publish the notices.

J. **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 in, 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."

<table>
<thead>
<tr>
<th>Original Signature of Responsible Official</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Typed Name of Responsible Official</strong></td>
<td><strong>Title</strong></td>
</tr>
<tr>
<td><strong>Name of Applicant, i.e. Corporation or Unit of Government</strong></td>
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</tr>
</tbody>
</table>

Subscribed and sworn to before me by __________________________

Notary Public Signature __________________________

My Commission Expires __________________________
PUBLIC NOTICE

Pursuant to application no. __________________________

The Energy and Environment Cabinet, Division of Waste Management has received a special waste research, development, and demonstration permit application from:

Name of Applicant ________________________________________
Name of Facility ____________________________________________
Address ____________________________________________________
City __________________________ State ___ Zip Code ____________

This application, if approved, would allow the construction of the facility to accept the following types of waste and the following activities: ____________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

The proposed facility may be accessed from ____________________________
by traveling ___________________________________________________
___________________________________________________________
___________________________________________________________

Additional information regarding this application may be obtained from:

Contact Person ___________________________________________________
Address __________________________________________________________
City __________________________ State ___ Zip Code ____________
Phone No. (___) _______ - _________
The permit application is being processed at the following location:
Division of Waste Management
Solid Waste Branch
200 Fair Oaks
Frankfort, KY 40601

Within thirty (30) days of the publication of this notice, any person who wishes to comment on the application may submit written comments, and, if desired, request from the Cabinet a public meeting.

Please refer to Application No. _______________ on all correspondence.

Publication pursuant to KRS 224.40-310.
PUBLIC NOTICE

Pursuant to application no. ______________

The Energy and Environment Cabinet, Division of Waste Management has received a special waste research, development, and demonstration permit application from, and has prepared a draft permit for:

Name of Applicant __________________________________________________________
Name of Facility ____________________________________________________________
Address _________________________________________________________________
City ____________________________ State ____ Zip Code ______________

This application, if approved, would allow the construction of the facility to accept the following types of waste and the following activities: ________________________________

________________________________________

The proposed facility may be accessed from ________________________________ by traveling ______________________________

Additional information regarding this application may be obtained from:

Contact Person ____________________________________________________________
Address _________________________________________________________________
City ____________________________ State ____ Zip Code ______________
Phone No. (____) _____ - ____________
All data submitted by the applicant and other documents concerning this application are available for public inspection during normal business hours at the following location:

Office ____________________________
Address ____________________________
City _________ State ___ Zip Code ______

The permit application is being processed at the following location:

Division of Waste Management
Solid Waste Branch
200 Fair Oaks
Frankfort, KY 40601

A public hearing has been scheduled to receive public comments and will be conducted at the following location and time:

Place ____________________________
Address ____________________________
City _________ State ___ Zip Code ______
From ____________________________ to ____________________________

Any person who wishes to comment on the draft permit decision for this special waste site or facility may file written comments with the Cabinet and, if desired, request a public hearing with thirty (30) days of the publication of this notice pursuant to Section 6 of 401 KAR 45:050.

Please refer to Application No. ____________ on all correspondence.

Publication pursuant to KRS 224.40-310.