



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

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- 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.

Type	Permit Number if Applicable	Date of Approval	Landfill Name if Applicable	Landfill Permit Number if Applicable

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

_____ tons 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.”

Original Signature of Responsible Official

Date

Typed Name of Responsible Official

Title

Name of Applicant, i.e. Corporation or Unit of Government

Subscribed and sworn to before me by _____

Notary Public Signature _____

My Commission Expires _____

Attachment 13

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. (____) _____ - _____

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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.

Attachment 14

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. (____) _____ - _____

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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.