

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Boulevard, Frankfort, KY 40601
(502) 564-6716

Part A Application Addendum
(EPA Form 8700-23)

FOR OFFICIAL USE ONLY.
DO NOT WRITE IN THIS SPACE.

FEE SUBMITTED: \$___ (See instructions to determine your fee)

I. Reason for Submittal
(see instructions)

Reason for Submittal:

- FIRST SUBMITTAL** – Must be accompanied by the completed forms EPA 8700-12 and Addendum DWM-7037A.
- REVISION** – Identify the classification of the revision. See instructions for when a revised application should be submitted.
- Class 1 not requiring approval**
- Class 1 requiring approval**
- Class 2**
- Class 3**
- RENEWAL** – See instructions for when a renewal application should be submitted.
- STANDARDIZED PERMIT** – See instructions for the eligibility of a standardized permit.

II. ID Numbers

A. EPA ID Number:

KY_ _ - _ - _ - _

B. AGENCY INTEREST Number:

III. Existing and New Facilities

Existing Facilities, the date operation began or construction commenced: (mm/dd/yyyy) _/ _/ _

New Facilities, the date operation is expected to begin: (mm/dd/yyyy) _/ _/ _

IV. Contact Email Address

Facility Contact
Email address: _____

V. Facility Operator (2)

Name of Facility Operator 2 (see Instructions):

VI. Type of Operator (2)

Type of Operator 2: Federal (F) State (S) County (C) Indian (I) Municipal (M) District (D)
 Private (P) Other (O) Specify:

VII. Operator Mailing Address (2)

Operator 2 Street Address or P.O. Box:

City: _____ State: _____ County: _____ Zip Code: _____

Facility Operator 2 Telephone Number: _____ Phone Number Extension: _____

New Operator Assumed Responsibility for Facility on this Date: (mm/dd/yyyy) _/ _/ _

VIII. Facility Operator (3)

Name of Facility Operator 3 (see Instructions):

IX. Type of Operator (3)

Type of Operator 3: Federal (F) State (S) County (C) Indian (I) Municipal (M) District (D)
 Private (P) Other (O) Specify:

X. Operator Mailing Address (3)

Operator 3 Street Address or P.O. Box:

City: _____ State: _____ County: _____ Zip Code: _____

Facility Operator 3 Telephone Number: _____ Phone Number Extension: _____

New Operator Assumed Responsibility for Facility on this Date: (mm/dd/yyyy) _/ _/ _

EPA ID Number: KY_ ___ - ___ - ___ Agency Interest Number: ___

XI. PROCESS DESCRIPTION: (See Instructions)

a. Commercial Indicator	b. Unique Unit or Group Name	c. Legal Status Code	d. Operating Status Code(s)	e. Description of Process

EPA ID Number: KY _ _ - _ - _ - _		Agency Interest Number: _____
XIII. Facility Status	<input type="checkbox"/> Waste is NOT received from off-site <input type="checkbox"/> Accepts waste from any off-site source(s) [A] <input type="checkbox"/> Accepts waste from only a restricted group of off-site sources [R]: Specify:	
XIV. Facility Owner Certification	<p>If the facility owner is also the facility operator, please skip this section and complete item XV below.</p> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p> <hr/> <div style="display: flex; justify-content: space-between;"> NAME (PRINT OR TYPE) SIGNATURE DATE </div>	
XV. Operator Certification	<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p> <hr/> <div style="display: flex; justify-content: space-between;"> NAME (PRINT OR TYPE) SIGNATURE DATE </div>	
XVI. Land Owner Certification	<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p> <hr/> <div style="display: flex; justify-content: space-between;"> NAME (PRINT OR TYPE) SIGNATURE DATE </div>	