**Facility Name:** Click here to enter text.

**EPA ID:**Click here to enter text.

**Agency Interest ID:**Click here to enter text.

**Instructions:** *The applicant must include the following statement at the beginning of the Part B section of the permit application: “The Code of Federal Regulations (CFRs) cited in this permit application shall be as established in 401 KAR Chapter 39”*

In order to help expedite the review process, please submit the following with the permit application: Part B – Facility Description Checklist. Columns “Submitted” and “Location in Application” must be completed by the applicant. Failure to do so may result in an Administrative Notice of Deficiency by the Division. The “Technically Adequate” column is for use by KDWM staff.

*\*Notes: Y for Yes. N for No. NA for Not Applicable.*

| ***Section and Requirement*** | ***Regulation******(Federal or State)*** | ***Submitted****(Y/N/NA)\** | ***Location in Application*** | ***Technically Adequate****(Y/N)\** | ***Comments*** |
| --- | --- | --- | --- | --- | --- |
| **B.1** | **General Description**A general description of the facility. Please identify the nature of the business, when it began or will begin operating, the size of the site, and whether the site history has changed (business sales shift or buyout by other investors, etc.). Facilities should briefly describe the process(es) involved in the generation of hazardous waste. Facilities accepting waste generated off-site should identify the types of industry served and briefly describe the waste generation process. | 270.14(b)(1) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | **B.1.1 Solid Waste Management Unit (SWMU) and/or Area of Concern (AOC)**Provide the following information for SWMU unit(s) and/or AOC(s) located at the facility:  | 270.14(d); 264.101 | *A SWMU is any discernible unit at which solid wastes have been placed at any time, irrespective of whether the unit was intended for the management of solid or hazardous waste. Such units include any area at a facility at which solid wastes have been routinely and systematically released.*  |
|  | 1. Designation of type of unit.
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. General dimensions and structural description (supply any available drawings).
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. When the unit will be or was operated.
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Specification of all wastes that will be or have been managed at the unit, to the extent available.
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. The location of the unit on the topographic map.
 |  | Click here to enter text. | Click here to enter text. |  | *See Checklist B.2.xiii below.* |
|  | 1. Any available information pertaining to any release of hazardous wastes or hazardous constituents from such unit or units.
 |  | Click here to enter text. | Click here to enter text. |  | *This section should essentially provide a brief overview of the current or historical corrective action process for the unit.* |
|  | 1. Specify schedule of compliance for each corrective action (where such corrective action cannot be completed prior to issuance of the permit) and assurances of financial responsibility for completing such corrective action.
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **B.2** | **Topographic Map** |  |  |  |  |  |
|  | Show a distance of 1,000 feet around the facility at a scale of 1 inch to not more than 200 feet (multiple maps may be submitted at this scale). Contours must be shown on the map. The topographic map shall clearly show the following: | 270.14(b)(19) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Map Scale and Date;
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. 100-year floodplain area
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Surface waters including intermittent streams;
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Surrounding land use (residential, commercial, agricultural, recreational);
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. A wind rose (*i.e.*, prevailing wind-speed and direction);
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Orientation of the map (north arrow);
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Legal Boundaries of the hazardous waste management facility site;
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Access control (fences, gates);
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Injection and withdrawal wells both on-site and off-site;
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Buildings; treatment, storage, or disposal operations; or other structure (recreation areas, runoff control systems, access and internal roads, storm, sanitary, and process sewerage systems, loading and unloading areas, fire control facilities, etc.);
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Barriers for drainage or flood control;
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Location of operational units within the HWM facility site, where hazardous waste is (or will be) treated, stored, or disposed (include equipment cleanup areas); and
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Location of Solid Waste Management Units.
 | 270.14(d)(1)(i) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **B.3** | **Facility Location Information** | 270.14(b)(11);264.18 |  |  |  |  |
|  | **B.3.1 Seismic Requirements** | 270.14(b)(11)(i), (ii); 264.18(a) |  |  |  | *Seismic Requirements are applicable only to new facilities.* |
|  | Identify the political Jurisdiction in which the facility is proposed to be located.  | 270.14(b)(11)(i) | Click here to enter text. | Click here to enter text. |  | *e.g., County, Township or Election District.* |
|  | Identify if the proposed facility is listed in Appendix VI of 264. | 270.14(b)(11)(i) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | If the proposed facility is located in an area listed in Appendix VI of 264, demonstrate compliance with the seismic standards of 40 CFR Part 270.14(b)(11)(ii). | 270.14.(b)(11)(ii) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | State or demonstrate that the facility is located at least 200 feet from a Fault which has had Displacement in Holocene Time. | 270.14(b)(11)(ii); 264.18(a) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | **B.3.2 Subsurface Geology and Karst Features** Demonstrate that the facility is not underlain by soluble limestone. This demonstration can be made by using commercially available geologic maps, and/or other geologic reports through the Kentucky Geologic Survey or any other established authority. If the site is in a region where limestone may be present, then a comprehensive site-specific evaluation prepared by a professional geologist may be necessary.ORDemonstrate compliance with the requirements of 39:060 Section 5(15)(b). | 39:060 Section 5(15) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | **B.3.3 Floodplain Requirements** | 270.14(b)(11)(iii),(iv); 264.18(b) |  |  |  | *Applicant may go to FEMA’s website at* [*https://msc.fema.gov/portal/search*](https://msc.fema.gov/portal/search) *to obtain the latest 100-year floodplain map. A colored copy that clearly shows the facility and the flood zones shall be submitted to the Division.*  |
|  | A copy of the latest Federal Insurance Administration or other Flood Map. | 270.14(b)(11)(iii) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | Identify if the facility is located within the 100-year floodplain.  | 270.14(b)(11)(iii) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | If the facility is located within the 100-year floodplain, demonstrate compliance with 39:090 Sections 5.  | 39:090 Section 5 | Click here to enter text. | Click here to enter text. |  | *Existing facilities located within the 100-year floodplain that do not comply with the requirements of 39:090 Section 5 shall provide a plan showing how the facility will be brought into compliance and a schedule for compliance.* |
|  | **B.3.4 Traffic Information**Explain how the hazardous waste will be transported into and out of the facility (i.e., rail, highway, etc.). Facilities that accept waste generated off-site should also trace the transportation route from the nearest major highway exit to the facility. Show turns across traffic lanes and stacking lanes, if appropriate. | 270.14(b)(10) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | Estimate of number and types of vehicle around the facility. | 270.14(b)(10) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | Traffic control signs and signals. | 270.14(b)(10) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | Road surface composition and load-bearing capacity. | 270.14(b)(10) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **B.4** | **Requirements for Construction Permit**All applicants for construction permits shall submit to the Cabinet an alternative analysis plan in accordance with KRS 224.46-520(1). This plan shall include the following: | 39:060 Section 5(8) |  |  |  | *With possible exceptions in Checklist B.4.1 below, the requirements for Construction Permit are only applicable to new facilities.*  |
|  | i. An evaluation of alternative site locations and other treatment, storage, and disposal approaches.  |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | ii. An evaluation of the public health, safety and environmental aspects on the affected community.  |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | iii. An evaluation of the social and economic impacts of the proposal on the affected community. |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | iv. An evaluation of the relationship of the proposal to the local planning and existing development. |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | v. In support of the above evaluations, please include letters from the local police department, local hospital, local fire department and local emergency response team. These letters should state that the respective agencies are aware of the proposed facility’s location and will be able to respond to any emergencies arising at the facility |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | vi. Provide a letter from the local planning and zoning authority stating that the applicant has either fulfilled their requirements or that the site is not subject to local planning and zoning ordinances. |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | For regional integrated waste treatment and disposal demonstration facilities, show that the applicant has been issued a certificate of environmental safety and public necessity. |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | **B.4.1**For a unit or facility that meets any of the criteria below, show that the applicant has obtained local government approval:i. A new or proposed hazardous waste landfill, incinerator, or other site or facility for the land disposal of hazardous waste.ii. An existing hazardous waste landfill, incinerator, or other site or facility for the land disposal of hazardous waste that requests a permit modification that does not meet the criteria of a Class 1 or 2 modifications.iii. A new or existing hazardous waste treatment facility or hazardous waste storage facility that requests a permit modification to include a disposal facility instead of or in addition to any permitted hazardous waste activity already conducted by the applicant.  | 39:060 Section 5(9) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **B.5** | **Financial Responsibility to Construct and Operate**Provide, in detail, documentation demonstrating the financial ability to operate and construct the waste facility. This must include: | 401 KAR 39:090 Section 7; KRS 224.46-520(3) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. A construction cost estimate.
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. An operation cost estimate for the first year.
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | 1. Resources allocated such as a line of credit, allocations per the Chief Financial Officer, an annual report, or a commitment statement showing the dollar amount to construct and operate and signed by the company Board of Directors, owner, etc.
 |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **B.6** | **Past Compliance Record and Background Information**Provide the following information: | 39:060 Section 5(14) |  |  |  | *The requirements in this Checklist are not applicable to facilities regulated under interim status unless the Cabinet specifies otherwise in writing.* |
|  | i. Organizational Structure. Refer to 39:060 Section 5(14)(a) for specific information to be submitted. | 39:060 Section 5(14)(a) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | ii. For each individual or other entity listed in *Checklist B.6.i* above, a current financial statement prepared by a certified public accountant.  | 39:060 Section 5(14)(c) | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | iii. A completed Form 7087H – Applicant Compliance Record. The form can be found at <https://eec.ky.gov/Environmental-Protection/Waste/hazardous-waste/Pages/hazardous-waste-forms.aspx> |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **B.7** | **Pre-application Public Meeting and Notice**Applicants must check 40 CFR Part 124.31(a) to determine the applicability of this requirement. If applicable, provide: | 124.31 |  |  |  |  |
|  | i. A summary of the pre-application public meeting. |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | ii. A list of attendees and their addresses. |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  | iii. Copies of written comments or materials submitted at the meeting. |  | Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **B.8** | **Fees***All checks or money orders shall be made payable to the Kentucky State Treasurer, and must be submitted with the permit application to the Hazardous Waste Branch.*The following is a list of references to be used when calculating the applicable fees:Part A Filing Fee: * 401 KAR 39:120 Section 2.

Part B Review Fee: * 401 KAR 39:120 Section 3.
* KRS 224.46-016.
* KRS 224.46-018.
 | 39:120 | Click here to enter text. | Click here to enter text. |  | *The total amount submitted by the applicant is:* *$*  |
|  |  |  |  |  |  |  |