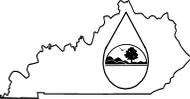


Form 1	KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM Permit Application	 Division of Water
---------------	--	---

NAME OF FACILITY:	AGENCY USE ONLY
-------------------	-----------------

PERMIT NO.:	COUNTY:
-------------	---------

This is an application to: (check one)

Apply for a new permit.

Apply for reissuance of expiring permit.

Modify an existing permit.* (Give reason for modification under Section III)

A complete application consists of this form (Form 1), and one or more of the following: Form A, Form B, Form C, Form F, or Form SC.

I. FACILITY AND CONTACT INFORMATION

Name of business, municipality, company, etc. requesting permit:

Owner Name (and Title if applicable):

Owner Mailing Address (Street, etc.):

Owner City, State, Zip:

Owner Telephone Number:

Owner Email Address:

Type of Ownership:	<input type="checkbox"/> Publicly Owned	<input type="checkbox"/> Privately Owned	<input type="checkbox"/> State Owned	<input type="checkbox"/> Both Publicly and Privately Owned	<input type="checkbox"/> Federally Owned
--------------------	---	--	--------------------------------------	--	--

Contact Name and Title (if different):

Contact Mailing Address (if different):

Contact City, State, Zip (if different):

Contact Telephone Number (if different):

Contact Email Address (if different):

NetDMR Official Contact for Facility:

NetDMR Official Contact Telephone Number:

NetDMR Official Contact Email Address:

II. FACILITY LOCATION

Facility Location (street, road, highway, etc.):

Facility City, State, Zip:

Facility Latitude (Decimal Degrees):

Facility Longitude (Decimal Degrees):

Attach a site location map with the facility and outfalls clearly marked. Provide either an aerial map, topographic map, or other map that identifies the site location and significant features.

III. FACILITY DESCRIPTION	
Provide a brief description of activities, products, etc.:	
* Reason for modifying existing permit, if applicable:	
Principal SIC Code and description:	
Other SIC Codes:	
IV. OPERATOR INFORMATION	
Treatment Plant Operator Name:	
Operator Mailing Address (Street, etc.):	
Operator City, State, Zip:	
Operator Telephone Number:	
Operator Email Address:	
Operator Certification Class:	Operator Certification Number:
V. ENVIRONMENTAL PERMITS/REGISTRATIONS FOR THIS FACILITY	
KPDES Permit Number:	Issue Date of Current Permit:
Expiration Date of Current Permit:	Date of Original Permit Issuance:
<input type="checkbox"/> Other DOW Permits (list):	
<input type="checkbox"/> Sludge Disposal Permit Number:	
<input type="checkbox"/> Air Emission Source Control Permit Number:	
<input type="checkbox"/> Solid Waste or Special Waste Permit Number:	
<input type="checkbox"/> Hazardous Waste Registration or Permit Number:	
<input type="checkbox"/> Surface Mine or Underground Mine Permit Number:	
<input type="checkbox"/> Other (specify):	
VI. PERMIT FEE (See instructions)	
Select the type of permit being requested. See instructions for applicable fees and methods of payment. Additional information can be found in "General Instructions" at Water.Ky.Gov/Permitting/WastewaterDischarge	
<input type="checkbox"/> Major Industry	<input type="checkbox"/> Large Non-POTW
<input type="checkbox"/> Minor Industry	<input type="checkbox"/> Intermediate Non-POTW
<input type="checkbox"/> Non-Process Industry	<input type="checkbox"/> Small Non-POTW
<input type="checkbox"/> Surface Mining Operation	<input type="checkbox"/> 501(c)(3)
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Exempt Publicly Owned Facility

<input type="checkbox"/> Total Amount Enclosed \$	
---	--

IX. 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 who manage the system, or those 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 knowing violations.	
PRINTED NAME AND TITLE:	
SIGNATURE:	DATE:
TELEPHONE NO.	EMAIL:

Return completed application form and attachments to:
 Division of Water
 Surface Water Permits Branch
 300 Sower Boulevard, 3rd Floor
 Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

KPDES FORM 1 – INSTRUCTIONS

Section A: GENERAL INSTRUCTIONS

The facility name should be the official or legal name by which the facility is commonly known and/or uniquely identified. Do not use a colloquial name. List the county where the facility is located.

With the exceptions described in Section C of these instructions, Federal and State laws prohibit you from the discharge of pollutants into the waters of the United States or waters of the Commonwealth.

Where to File: Return completed application form and attachments to:
Division of Water
Surface Water Permits Branch
300 Sower Boulevard, 3rd Floor
Frankfort, KY 40601

When to File: File the application at least 180 days prior to expiration of your current KPDES permit or at least 180 days prior to startup of a new facility.

Fees: Permit Fees are listed in Section B of these instructions.

Completion of Form: Unless otherwise specified in the detailed instructions, you must answer each item in the form. To indicate that you have considered each item, enter “NA,” for not applicable, if a particular item does not fit the circumstances of your facility or activity. If more space is necessary to answer a question, attach a separate sheet entitled “Additional Information.”

Section B: COMPLETING FORM 1

Listed below are explanations of select Form 1 questions. If further information is needed concerning any section, **please contact Division of Water, Surface Water Permits Branch at (502) 564-3410.**

I. Facility and Contact Information

Use the official or legal name of the business, company, municipality, etc. requesting permit. Do not use a colloquial name. Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity that operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility’s operation rather than the plant or site manager. This use of “operator” in many cases is not the same as the treatment plant Certified Operator.

The owner mailing address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated. This often is not the address used to designate the location of the facility or activity. Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by reviewing offices if necessary. The contact mailing address is to be provided if different from the owner mailing address. The name, telephone number, and email address of the facility’s official contact for netDMR (Discharge Monitoring Reports) is to be provided.

II. Facility Location

The facility location should be for the actual location of the facility (i.e. road name, highway number, not the P.O. Box address). If there is no street address, identify the facility by the most accurate alternative geographic information such as direction and distance to the nearest intersection or permanent landmark (e.g., ½ mile east of intersection of KY 70 and US 127).

List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.

Attach a site location map with the facility and outfalls clearly marked. Provide either an aerial map, topographic map, or other map that identifies the site location and significant features including the facility’s intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary.

III. Facility Description

Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.

Identify the principal 4-digit standard industrial classification (SIC) code and other applicable SIC codes that best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the discharge. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the latest edition of the Standard Industrial Classification (SIC) Manual.

If the application is for the modification of an existing permit, please provide the specific reason(s) for modifying the existing permit.

IV. Operator Information

For those facilities that require a Certified Operator, enter the name of a Certified Operator who will operate the treatment plant, or enter the name of an operator who will be certified before commencement of discharge. The operator of the treatment plant is often someone other than the operator of the facility identified in Section I.

List the Certified Operator's mailing address, telephone number, and email address. Also, provide the Certified Operator's Certification Class and Certification Number.

The operator must be currently certified with the Division of Water. For information concerning those requirements, please contact the Division of Compliance Assistance at (502) 564-0323.

V. Environmental Permits/Registrations for This Facility

List any existing environmental permits for this facility and identify any permits for which the facility will apply. KPDES permits use an NPDES generated number.

VI. Permit Fee

The payment of the permit fee, as listed below, must accompany the application for a new KPDES Permit or for reissuance of an expiring KPDES Permit in order for the permit application to be processed. For an application to modify an existing permit, the Division of Water will notify the applicant of the required permit fee to be paid prior to issuance of the permit modification. Your check must be made payable to "Kentucky State Treasurer." For permit renewals, to ensure proper credit to your account, please include the KPDES permit number on the check. The permit fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories and associated base five-year permit fees. (See the separate "General Instructions" for definitions of facility categories.)

<u>Facility Category</u>	<u>Five-Year Permit Fee</u>
Major Industry	\$7,000
Minor Industry	\$4,500
Non-Process Industry	\$2,200
Large Non-POTW	\$3,700
Intermediate Non-POTW	\$3,200
Small Non-POTW	\$2,200
Agriculture	\$1,200
Surface Mining Operation	\$3,300
501(c)(3)	\$100

If this application is for a new project, see separate General Instructions for the applicable Construction Permit fee.

VII. Certification

The permit application must be signed as follows:

- **Corporation:** by a principal executive officer of at least the level of vice president.
- **Partnership or sole proprietorship:** by a general partner or the proprietor respectively.
- **Municipality, state, federal, or other public agency:** by either a principal executive officer or ranking elected official.

Section C: ACTIVITIES WHICH DO NOT REQUIRE KPDES PERMITS

You are not required to obtain a KPDES permit if your discharge is one of the following categories, as provided by the Clean Water Act (CWA) and KPDES regulations (401 KAR Chapter 5).

1. Dredged or Fill Material: Discharges of dredged or fill material as defined at 33 CFR 323.2 into waters of the Commonwealth do not need KPDES permits if the dredging or filling is authorized by a permit issued by the U.S. Army Corp of Engineers.
2. Discharges into Publicly Owned Treatment Works (POTW): The introduction of sewage, industrial wastes, or other pollutants into a POTW does not need a KPDES permit. You must comply with all applicable pretreatment standards promulgated under Section 307 (b) of the CWA, which may be included in the permit issued to the POTW. If you have a plan or an agreement to switch to a POTW in the future, this does not relieve you of the obligation to apply for and receive a KPDES permit until you have stopped discharging pollutants into waters of the Commonwealth.
3. Dischargers into Privately Owned Treatment Works: Dischargers into privately owned treatment works do not have to apply for or obtain KPDES permits except as otherwise required by the Cabinet. The owner or operator of the treatment works itself, however, must apply for a permit and identify all users in its application.
4. Discharges from Agricultural and Silvicultural Activities: Most discharges from agricultural and silvicultural activities to waters of the Commonwealth do not require KPDES permits. These include runoff from orchards, cultivated crops, pastures, range lands, and forest lands. However, the discharge listed below DO require KPDES permits.
 - a. Discharges from Concentrated Animal Feeding Operations.
 - b. Discharges from Concentrated Aquatic Animal Production Facilities.
 - c. Discharges associated with approved Aquaculture Projects.
 - d. Discharges from Silvicultural Point Sources. Nonpoint source silvicultural activities are excluded from KPDES permit requirements. However, some of these activities, such as stream crossings for roads, may involve point source discharge of dredged or fill material which may require a Section 404 permit. See 33 CFR 209.120.
5. Underground Injection Control Permits Under the Safe Drinking Water Act