

Form ND

No Discharge Operational Permit for Closed Loop and Spray Irrigation Systems

Permit Application

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 Item II)

I. FACILITY AND CONTACT INFORMATION

Name of business, municipality, company, etc. requesting permit:	
Primary Mailing Name:	
Primary Mailing Address (Street):	
Primary Mailing Address (City, State, Zip)	
Contact Name and Telephone Number:	
Contact Email Address:	

II. FACILITY DESCRIPTION

Provide a brief description of activities, products, etc.:	
Principal SIC Code and description:	
Other SIC Codes	
Reason for modifying existing permit	

III. FACILITY LOCATION

Facility Location (street, road, highway, etc.):	
Facility City, State, Zip Code:	
Facility Site Latitude (Decimal Degrees):	
Facility Site Longitude (Decimal Degrees):	

Attach a site location map with the facility clearly marked. Provide either an aerial map, topographic map, or other map that identifies the site location and significant features within an area of at least 1 mile beyond the property boundaries.

IV. OPERATOR INFORMATION

Name of Treatment Plant Operator:		Telephone Number:	
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Operator Mailing Address		Operator Email	
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Is the operator the owner?
Yes
No

Is the operator certified?
Yes
No
If yes, list certification class and number below.

Certification Class:		Certification Number	
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V. EXISTING ENVIRONMENTAL PERMITS

Kentucky DOW Permit Number		Issue Date of Current Permit:	
Expiration Date of Current Permit		Date of Original Permit Issuance	

Other Environmental Permits (list):	
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VI. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (See instructions)

Operation(s) Contributing Flow (list)	Wastewater Type	Avg Flow (units)	Design Flow (units)	Treatment Description

VII. GIVE THE BASIS OF DESIGN FOR SIZING OF THE WASTEWATER FACILITY (See instructions)

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VIII. DESTINATION OF WASTEWATER (Check one below and complete information)

If land application is used, complete the following.

Owner of Property	
Total Number of acres available for land application	

If subsurface injection is used, check one of the following and identify location on map.

Lateral field
Deep Well

If destination is other than land, check one of the following.

Holding Tank
Mechanical Evaporation
Waste Impoundment
Evapotranspiration
Other (specify)

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:		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.

KNDOP Form ND – Instructions

This form is for facilities (other than individual family residences or agricultural wastes handling systems) that do not have and do not intend to have a point source discharge to surface waters. Individual family residences must submit form NOI-IFR. Agricultural wastes handling systems that do not propose to discharge must submit Short Form B.

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

Provide your facility's official or legal name and KNDOP permit number. Do not use a nickname or short name. Be sure to provide the county in which the facility is located.

Identify if the application is for a new permit, reissuance of an expiring permit, or modification of an existing permit. If the application is for the modification of an existing permit, provide a detailed reason for the modification under Section II.

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.

The primary mailing address 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.

II. FACILITY DESCRIPTION

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

III. 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 in 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 including the facility's intake/discharge structures, treatment system, and disposal area. 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.

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. EXISTING ENVIRONMENTAL PERMITS

List any existing environmental permits for this facility and identify any permits for which the facility will apply.

VI. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

For each source of wastewater provide (1) a description of all operations contributing to the wastewater, including sanitary wastewater and storm water runoff; (2) the average and design flows contributed by each operation; and (3) the treatment received by the wastewater.

Operations may be described in general terms for storm water. You may use any reasonable measure of duration, volume, or frequency. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes. List the treatment units in order of occurrence.

If you are applying for a permit for a privately owned treatment works, you must also identify all of your contributors in an attached listing.

VII. GIVE THE BASIS OF DESIGN FOR SIZING OF THE WASTEWATER FACILITY

Basis of design for sizing wastewater treatment facilities should include number of people served, number of homes, number of students, number of square feet of floor space, etc.

VIII. DESTINATION OF WASTEWATER

Destination refers to the final destination at the facility.

Land application refers to application of effluent onto land surface. Indicate the owner of the land in the space to the right. Agricultural applicants must use Short Form B for land application of animal waste.

Subsurface injection applies to lateral fields (other than from Health Department approved septic tanks) and to deep well injection. Federal permits are also required for subsurface injection systems.

If destination is other than land (i.e. land application or subsurface injection), indicate one of the more detailed descriptions. Do not mark one of the detailed descriptions unless the destination is other than land.

Waste Impoundment also refers to lagoons, holding ponds, etc. Select this choice only if it is the final destination at the facility.

Evapotranspiration refers to a combination of atmospheric evaporation and plant uptake, typically via spray irrigation. Check this box only if the evapotranspiration process is other than surface application. An example would be rooftop vegetation.

Specify the final destination of effluent at the site if it does not fit any of the listed categories.

IX. 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.