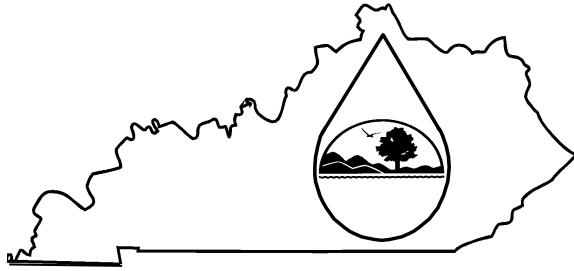


FORM NOI-IFR

KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM (KPDES)



Permit Application for General Permit Coverage For Individual Family Residence (Construction and Wastewater Permits)

This application is for:

- a new treatment system renewal of coverage
 replacement of a failing system modification of a system

In order to qualify for coverage under the *General Permit for Individual Family Residence*, the treatment system that serves the residence must meet the requirements of the currently effective KYG400000 General Permit and the associated Kentucky Administrative Regulations.

**For additional information contact: Surface Water Permits Branch
at (502) 564-3410**

Permit No. (Leave Blank Unless Renewing)	K	Y	G	4					
--	----------	----------	----------	----------	--	--	--	--	--

Facility: Latitude _____ Longitude _____

Reason for Modification

SECTION I – OWNER INFORMATION

Owner Name:

Mailing Address:

City, State, Zip Code:

Telephone Number: Home # () - Work # () - E-mail Address

Is the residence occupied by the owner? Yes No If No, indicate type of occupancy:

SECTION II – TREATMENT SYSTEM INFORMATION

Treatment System Location:
(St./Rd/Hwy, City, Zip.) PO Box not accepted.

Nearest Community:

County:

Is the lot a part of subdivision? Yes No

Name of the subdivision:

Number of lots in subdivision:

Lot Number:

Is this for a home that is already constructed or in place? Yes No If yes, is the home currently occupied? Yes No

Does this replace an existing disposal system? Yes No

What is the design treatment capacity in gallons per day?

Number of
Bedrooms:

Lot size (acres):

List each component of the sewage treatment system in order of occurrence:

How is wastewater to be disposed?

Discharged to waters of the Commonwealth Spray field

Body of Water Receiving Discharge:

Spray Field Characteristics

Area (acres):

Current Slope (%):

Proposed Slope (%)

Soil Depth (in):

Soil Infiltration Rate (in/hr):

Vegetative Cover (%):

Type (ex. Trees):

1. Brand name and model # of aerator:

2. Brand name and model # of chlorinator:

3. Brand name and model # of pump:	
4. Brand name and model # of sprinklers:	

SECTION III – ENCLOSURES

Checklist of items that must be submitted with the application: (Your application is not complete without these.)

- USGS Topographic Map [or equivalent] marked to accurately identify facility location and discharge point.
USGS Topo Map: Attach an unreduced original or 8½ X 11 copy of a USGS 7½ minute quadrangle map for the site and mark the treatment plant location and discharge location. The map should indicate Quad name and extend at least one mile beyond property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone number (859) 257-3896.
- Specifications of Treatment System, including drawings of all components of the WWTP including if applicable spray field.
- Site Plan showing layout of residence, components of treatment system in conjunction with dwelling, property boundaries, spray field, and receiving stream. The plan must show the positions of all dwellings within 200 feet of the treatment system (include measurements and distance from residence), and location of drinking water line or potable water source.
- Copies of the Department for Public Health On Site Sewage Disposal System Site Evaluation (Form DFS-321) and Onsite Sewage Agency Referral (Form DFS-405).
- Maintenance Agreement or Operation and Maintenance (O&M) Plan
- If the property is located within regional facility planning area, submit a letter from the planning authority (municipality, sanitation district, etc.) stating that connection to a regional facility is not available and the proposed treatment system is compatible with the regional facility plan.
- \$450 Construction Permit Fee (Your check must be made payable to **KENTUCKY STATE TREASURER**)

SECTION IV – CERTIFIED OPERATOR INFORMATION

Is the owner the operator? Yes No (If marked "Yes" proceed to Section III. If marked "No" fill in the rest of this section)
 Fill in this section only for operators who hold a certificate to operate a wastewater treatment facility from the Division of Compliance Assistance. For information concerning operator certification requirements, contact the Division of Compliance Assistance, Certification and Licensing Branch at (502) 564-0323.

Certified Operator Name:				Operator Phone #:	() -
Operator Address:					
City, State, Zip Code:					
Certification Class:		Certification Number:		Expiration Date:	

SECTION V – OWNER 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 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.

Please e-mail me a copy of the permit as soon as it is available. E-mail Address:

NAME AND OFFICIAL TITLE (Type or Print)		Telephone Number: (Area Code and Number)	() -
SIGNATURE:		DATE:	

PREPARER

If this form was prepared by someone different than the owner indicate the name, address and telephone number of the preparer.

- Please mail a copy to the preparer.
- Please e-mail a copy of the permit to the preparer. E-mail Address:
- Check box if Preparer is also the installer of the treatment system.

If the preparer is not the installer, please name the installer: _____

Name:			
Mailing Address:			
City, State, Zip Code:		Telephone Number: (Area Code and Number)	() -

This completed application form and attachments should be sent to: Surface Water Permits Branch, Division of Water, 300 Sower Boulevard, Frankfort, Kentucky 40601. Questions should be directed to: Surface Water Permits Branch, Permit Support Section at (502) 564-3410.

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES) INSTRUCTIONS

If further information is needed concerning any question, please **contact the Division of Water, Surface Water Permits Branch at (502) 564-3410.**

Section	Type of Information	Description
Top of NOI-IFR	Permit Number	DO NOT FILL IN unless you are sure you have a previously issued permit for this location. Do not fill in for a first time permit at this location.
	Latitude & Longitude	Fill out using Decimal Degrees for WWTP Facility Location
PRELIMINARY INFORMATION	Single Family Residence?	If you answer NO, do not use this form. Contact Division of Water, Surface Water Permits Branch at (502) 564-3410 to obtain Forms 1 and SC.
	Permit Type	This application form is primarily for new systems. This form is also acceptable for renewals or modifications. Renewal applications may skip sections other than I, IV and V. If your application is for a new discharge permit to construct a new treatment plant or for a modification to an existing treatment plant complete all items. Check only one box. <u>Renewal</u> applicants are allowed to submit an alternate abridged version of this form.
	Reason for Modification	Fill this section out if you checked "Modification".
I OWNER INFORMATION	Owner name	The permit will be issued in this person's name as the permittee
	Address	The postal address used to mail correspondence including the mailing of the permit.
	City, state, zip code	The address used to mail correspondence including the mailing of the permit.
	Telephone numbers	These numbers are used by the DOW to contact the applicant for issues related to the application or permit.
	E-mail Address	If provided, the permit will sent to this e-mail address.
	Private ownership	The person applying for the permit owns <u>and</u> occupies the home that will be served by the treatment system
	Type of ownership	Rental property, development property, etc.
II TREATMENT SYSTEM INFORMATION	Treatment system location	This information will be used by the DOW to locate the property on existing maps and drawings and to verify the permitted site. You may enter "same as above" if the physical location of the treatment plant is the same as the mailing address of the owner.
	Nearest Community	The nearest incorporated or non-incorporated city, town, or community – preferably as shown on a USGS topographic map.
	County	The county within which the plant will be constructed.
	Body of Water ...	The receiving stream is the body of water receiving the discharge. Enter the name of the river, lake, creek, branch, or brook if known. Otherwise, enter "Unknown."
	Subdivision?	If the residential lot is a part of a subdivision, check "Yes". Otherwise, check "NO."
	Subdivision Name	If the residential lot is a part of a subdivision, give the name of the subdivision.
	Number of Lots	If the residential lot is a part of a subdivision, give the number of lots in the subdivision.
	Lot Number	If the residential lot is a part of a subdivision, give the lot number.
	Is home constructed?	For the first question, check "Yes" if the residence already exists. For the second question, check "Yes" if someone currently lives in the residence.
	Status of disposal system	Check "No" only if there is currently no disposal system.
	Design Treatment Capacity	You should consult with the manufacturer for information on the design capacity for the treatment plant. The treatment plant should have a minimum capacity of 500 gallons per day. For homes that have more than four bedrooms, the minimum capacity is 120 gallons per bedroom per day.
	Bedrooms	Include all rooms designed or currently used as bedrooms. This number is used to check the design capacity for the treatment plant.
	Lot size	All lots shall have a minimum size of 1 acre. Any lots smaller than 1 acre will be denied if part of a residential subdivision. The lot size should be given in the deed for the residential lot. (see 401 KAR 5:005 Section 22(1))
	Treatment System Components	List each unit of the treatment plant in the order that wastewater flows through it from the residence to the outflow.
	1. Aerator	All treatment plants must have an aeration unit. Give the manufacturer's name and the model number of the aerator.
	2. Chlorinator	All treatment plants must have a chlorinator. This chlorinator shall follow any proposed filtration units. Give the manufacturer's name and the model number of the chlorinator.
Easements	The discharge must have access to a stream that is identified on a USGS topographic map. If such a stream is not located on the property then it is required that the applicant obtains easements from all property owners whose property the discharge will cross to reach the stream. Indicate all types of easements that will be needed.	

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES) INSTRUCTIONS

If further information is needed concerning any question, please **contact the Division of Water, Surface Water Permits Branch at (502) 564-3410.**

Section	Type of Information	Description
III ENCLOSURES	Topographic Map	An 8.5 by 11 inch copy of an original topographical map from the USGS marked with an "X" to signify the treatment plant location and an arrow pointing to the plant location is all that is required here. Larger maps can be submitted but are not required. An equivalent proximity map may be submitted if the alternate map includes sufficient feature detail to accurately locate the site.
	Specifications of Treatment System	These are unit descriptions and drawings usually obtained from the manufacturer for each unit in the treatment plant to include aerator, filter units, chlorine contact chambers, and chlorinator. Drawings shall include dimensions, capacity, model number, and manufacturer's name.
	Site Plan	These are drawings for the layout of the treatment plant. Both plan and elevation profile views shall be provided. The drawings shall show the dimensions between units, the dimensions of the units (length and width), and elevations for the inlet and outlet points for each unit.
	County Health Department Site Evaluation	This is a copy of the evaluation by the Department for Public Health entitled "ON SITE SEWAGE DISPOSAL SYSTEMS SITE EVALUATION" (Form DFS-321). Your site must be evaluated as (U) UNSUITABLE for any site treatment option before it can be considered for a treatment plant.
	Easements	Copies of any and all easements to allow discharge to cross the property of other property owners, state highways, county roads, or other private and public property before reaching a stream shown on a USGS topographic map.
	Regional Planning Authority Approval Letter	These are the Regional Facility Planning Area Authorities that have the right to object to the construction of a treatment plant in an area where a regional collection system is being considered, under construction, already planned, or existing.
	\$450	Without a check for \$450 made payable to the Kentucky State Treasurer , your application will not be processed.
IV CERTIFIED OPERATOR INFORMATION	Operator is owner	Check this box if the operator is also the owner.
	Certified Operator	The name of the operator if the owner is not the operator.
	Operator Phone	The telephone number of the operator.
	Operator Address	The mailing address for the operator.
	City, State, Zip Code	City, State, Zip Code for the above.
	Operator Certification	This is the certification information for the operator.
V OWNER CERTIFICATION	Certification Statement	DO NOT sign the application if you do not agree with this statement. Unsigned application cannot be processed.
	E-mail Information	Check the box and fill in the e-mail address if the owner wishes to have a copy of the permit e-mailed as soon as it is available. A copy will always be mailed if no e-mail address has been provided.
	Name and Official Title	The name and title of the owner.
	Telephone Number	The telephone number of the owner.
	Signature	The owner's signature.
	Date	The date when the owner signed the application.
PREPARER	E-mail Information	Check the first box if the owner wishes to have a copy e-mailed to the preparer as soon as it is available.
	Name	The name of the preparer.
	Preparer is installer	Check this box if the preparer is also the installer. If the preparer of the application is not the installer, please check the appropriate box and provide the name of the installer.
	Address	The mailing address of the preparer. This address is used to mail copies of the permit if no email address is provided.
	City, State, Zip code	City, State, Zip code of the preparer. This address is used to mail copies of the permit if no email address is provided.
	Telephone Number	The telephone number for the preparer. This number is called when questions arise during review of the application.