FORM MODIFIED NOI-IFR FOR RENEWALS

KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM (KPDES)

Permit Application for General Permit Coverage For Individual Family Residence (Permit Renewals)

This application is for: ☒ renewal of coverage

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

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 Agency Use	Permit No. (Provide if Known)	K	Y	G	4					

Facility: Latitude_____ Longitude_____

SECTION I – OWNER INFORMATION

Owner Name:			
Mailing Address:		Facility (WWTP) Address	
City, State, Zip Code:		City, State, Zip Code:	
Telephone Number:	Home # ( ) - Work # ( ) - E-mail Address		
Is the residence privately owned? Yes ☐ No ☐	If No, indicate type of ownership:		

SECTION IV – CERTIFIED OPERATOR INFORMATION

Is the owner the operator? Yes ☐ No ☐ (If marked "Yes" include a copy of your Operation and Management Plan and proceed to Section V. If marked "No" fill in the rest of this section and attach a copy of the maintenance contract.

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.

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. E-mail Address:

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

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES) INSTRUCTIONS

This is an abridged Notice of Intent for permit coverage renewal. This shortened NOI is solely for renewal of a previously issued KPDES permit for an individual family residence. Some section numbers are intentionally missing from this version. Applications for a new or modified permit must use the full version.

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
For Agency Use	Permit Number	DO NOT fill in unless you are sure of your permit coverage number.
I OWNER INFORMATION	Owner name	The permit will be issued in this person's name.
	Address	The address used to mail correspondence including the mailing of the permit if an e-mail address is not provided.
	City, state, zip code	The address used to mail correspondence including the mailing of the permit if an e-mail address is not provided.
	Telephone numbers	These numbers are used by the DOW to contact the applicant for issues related to the application.
	E-mail Address	If provided, the permit will sent to this e-mail address.
	Private ownership	The person applying for the permit owns and occupies the home that will be served by the treatment system
	Type of ownership	i.e. rental property, development property, etc.
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.
	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.
	Name	The name of the preparer.
	Address	The mailing address of the preparer. This address is used to mail copies of the permit if no email address is provided.t.
	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.