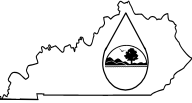


<b>Form KISOP</b>	<b>KENTUCKY INTER-SYSTEM OPERATIONAL PERMIT</b> Permit Application	 <b>Division of Water</b>
NAME OF FACILITY:		AGENCY USE ONLY
PERMIT NO.:		COUNTY:
This is an application to: (check one) <input type="checkbox"/> Apply for a new permit. <input type="checkbox"/> Apply for reissuance of an expiring permit. <input type="checkbox"/> Modify an existing permit.* (Give reason for modification under Section II.)		
<b>I. KISOP CONTACT INFORMATION (Collection system where wastewater originates)</b>		
Name of business, municipality, company, etc. requesting permit:		
Owner Name and Title:		
Owner Mailing Address (Street, etc.):		
Owner City, State, Zip:		
Owner Telephone Number:		
Owner Email Address:		
Contact Name and Official Title (if different than Owner):		
Contact Mailing Address (if different):		
Contact City, State, Zip (if different):		
Contact Telephone Number (if different):		
Contact Email Address (if different):		
<b>II. KISOP LOCATION AND DESCRIPTION</b>		
Collection system location (Street, road, highway, etc.):		
Collection system City, State, Zip:		
Collection system Latitude (Decimal Degrees):		
Collection system Longitude (Decimal Degrees):		
Total length of collection system (in feet):		
Total length of combined sewer system (in feet):		
Total length of separate sewer system (in feet):		
Population served by system (number of people, not connections):		
Total average daily flow received by KISOP (in gallons per day):		
*Reason for modifying existing permit:		

**III. KISOP OPERATOR INFORMATION**

KISOP Operator Name:

Operator Mailing Address (Street, etc.):

Operator City, State, Zip:

Operator Telephone Number:

Operator Email Address:

Operator Certification Class:	Operator Certification Number:
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**IV. INDUSTRIAL CONTRIBUTORS TO KISOP**

Industry	Mailing Address (Street, city, state, zip)	Contact Name & Phone Number	Email Address	Gallons Per Day

**V. CONVEYANCE FACILITY INFORMATION** (Collection system receiving and conveying wastewater to WWTP. Complete this Section if Conveyance Facility is different than KISOP identified in Section I.)

Name of Facility:

Facility Mailing Address (Street, road, highway, etc.):

Facility City, State, Zip:

Contact Name and Official Title:

Contact Telephone Number:

Contact Email Address:

**VI. TRANSFER POINTS** (Location where wastewater is transferred from KISOP to Conveyance Facility identified in Section V or WWTP identified in Section VII.)

Name of Transfer Point	Volume Transferred (gallons per day, gpd)	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)

**VII. WASTEWATER TREATMENT PLANT (WWTP) RECEIVING WASTEWATER**

Name of WWTP:

KPDES Permit Number of WWTP:	
WWTP Contact Name and Official Title:	
WWTP Contact Phone Number:	
WWTP Contact Email Address:	
<b>VIII. MAPS</b>	
<input type="checkbox"/> Attach a site location map with the KISOP clearly marked. Provide either an aerial map, topographic map, or other map that identifies the site location and significant features.	
<input type="checkbox"/> Indicate on site location map or another map the transfer points relative to streets, roads, etc. (A transfer point is the point where the wastewater is transferred from KISOP to the conveyance facility or WWTP.)	
<input type="checkbox"/> Provide a schematic showing the complete collection system of the contributing facility(ies) including size of lines and pumping stations. Also differentiate combined sewers and separate sanitary sewers.	
<b>IX. CERTIFICATION</b>	
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, 3<sup>rd</sup> Floor  
 Frankfort, KY 40601

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

# KISOP FORM – INSTRUCTIONS

## GENERAL INSTRUCTIONS

A Kentucky Inter-System Operational Permit (KISOP) is a permit to transfer wastewater from one collection system to another system for treatment. This permit is appropriate for municipalities, other publicly owned collection systems, and private collection systems that transfer wastewater to a treatment plant owned by another party. KISOP is a revision of the former Kentucky Inter-Municipal Operational Permit. This permit is not a substitute for entities requiring coverage under a pretreatment permit.

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

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

Fees: As of March 2018, there have been no KISOP fees established.

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.”

## COMPLETING THE KISOP FORM

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

### **I. KISOP Contact Information**

Use the official or legal name of the business, company, municipality, etc. requesting permit. Do not use a colloquial name. Provide the legal name of the person, firm, public organization, or any other entity that owns the collection facility. Provide the owner’s postal delivery mailing address, telephone number, and email address.

Provide the name, title, mailing address, work telephone number, and email address of a contact 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.

### **II. KISOP Location and Description**

Provide the location of the collection system.

Provide the total length, in feet, of the collection system, the combined sewer system, and the separate sewer system. Originating systems with a total collection system length of 5,000 or more feet of sewer line are required to have an operating permit pursuant to 401 KAR 5:005. Additionally, and regardless of whether an operating permit is required, each collection system transporting wastewater shall be under the primary responsibility of a certified operator pursuant to 401 KAR 5:010.

Provide the actual population served by the originating collection system. Do not use the number of connections. The population served may be estimated by using census data for a given year, by use of average or known number of individuals per connection, or by other reasonable methods.

Provide the total average daily flow, in gallons per day, received by the KISOP.

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

### **III. KISOP Operator Information**

Provide the name, mailing address, telephone number, and email address of the operator of the KISOP collection system. Also, provide the operator's Certification Class (I, II, III, or IV) and the operator's certification number.

### **IV. Industrial Contributors to KISOP**

If a contributor has industrial process wastewater, identify the industrial facility and provide the average gallons per day of industrial wastewater contributed by the facility. Industrial facilities are those that have a Standard Industrial Classification (SIC) code. Do not include waste streams that are solely sanitary wastewater typical of restrooms and showers. Certain categories of industrial contributors must be covered under a pretreatment program if discharging to a public collection system.

Add an attachment entitled "Industrial Contributors" if additional space is needed.

### **V. Conveyance Facility Information**

Complete this section only if the Conveyance Facility is different from the KISOP to receive and convey wastewater to the WWTP.

### **VI. Transfer Points**

Provide the name and any identifying number associated with the transfer point. Provide the volume transferred in gallons per day and the latitude and longitude in decimal degrees for each transfer point. Add an attachment entitled "Transfer Points" if additional space is needed.

### **VII. Wastewater Treatment Plant (WWTP) Receiving Wastewater**

Provide the name and KPDES Permit Number of the WWTP receiving the wastewater from the KISOP. Provide the name and title, telephone number, and email address for the contact at the WWTP.

### **VIII. Maps**

Provide a site location map which clearly shows the KISOP collection system. The map may be either an aerial map, topographic map, or other map that clearly identifies the site location and significant features. Identify on the site location map, or another map if necessary, the location of all transfer points relative to streets, roads, or other readily identifiable features. A transfer point is the point where the wastewater is transferred from the KISOP to the Conveyance Facility or WWTP. On each map, include the map scale and a meridian arrow showing north.

Provide a schematic showing the primary components of the originating collection system. Identify any portions of the system designed as a combined sewer. Identify pumping stations and sewer sizes.

### **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.