# Short Form B

# KENTUCKY NO DISCHARGE OPERATIONAL PERMIT

Permit Application



FOR AGRICULTURAL WASTES HANDLING SYSTEM

NAME OF FACILITY: AGENCY USE ONLY PERMIT NO.: COUNTY: This is an application to: (check one) Apply for a new operational permit. Apply for reissuance of expiring permit. Apply for a construction permit. Attach design criteria. Modify an existing permit.\* (Give reason for modification under Item II.) I. FACILITY AND CONTACT INFORMATION Name of facility, business, company, etc. requesting permit: Owner/Applicant Name: Owner/Applicant Mailing Address (Street, etc.): Owner/Applicant City, State, Zip: Owner/Applicant Telephone Number: Owner/Applicant Email Address: Contact Name and 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): II. FACILITY LOCATION AND DESCRIPTION Facility Location (Street, road, highway, etc.): Facility City, State, Zip Code: Facility Site Latitude (Decimal Degrees): Facility Site Longitude (Decimal Degrees): Provide a brief description of activities, products, etc.: \*Reason for modifying existing permit: 0241 – Dairy Farm 0213 - Hog Farm SIC Code and description: 0212 - Beef Farm 0251 or 0252 - Poultry Farm 0291 – Other (specify):

III. ADDITIONAL INFORMATION								
Is this a large feeding operation? Yes □	☐ If yes, attach Nutrient Management Plan.							
Comments:								
IV. SOURCE OF WASTES (maximum number of animals currently or planning to support)								
Type of Animal	Approximate Live Weight of Animal		Number of Animals					
TOTAL NUMBER OF ANIMALS								
V. DESTINATION OF WASTES (Current or planned method of land application or waste storage)								
☐ If land application is used, complete the following.								
Owner of Property:								
Total number of acres available for land application:								
☐ If destination is other than land, check one of the following.								
☐ Holding Tank								
☐ Holding Pond								
☐ Stack Pad								
☐ Other (specify):	☐ Other (specify):							
VI. ATTACHMENTS								
Attach a site location map with the facility clearly marked. Provide either a U.S. Geological Survey 7 ½- minute quadrangle map, aerial map, topographic map, or other map that identifies the site location and significant features within an aerial of at least 1 mile beyond the property boundaries.								
Attach design criteria if applying for construction permit.								
Attach Nutrient Management Plan if large AFO.								
☐ Attach payment.								

Form 7033-B-ND 2 Revised 3/2018

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

VII. CERTIFICATION

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

#### KNDOP SHORT FORM B - INSTRUCTIONS

Not all animal feeding operations or fish farms are required to obtain KPDES discharge permits. The size of the operation and the absence of discharge determine exclusions. Short Form B is for feeding operations that <u>do not discharge</u> to waters of the Commonwealth.

See 401 KAR 5:002 for the definition of "animal feeding operation." Please note that an animal feeding operation that discharges or intends to discharge is a "concentrated animal feeding operation" that requires a discharge application on Form 1 and Form B.

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

#### I. Facility and Contact Information

The applicant name is the official or legal name of the individual, business, or company requesting the permit. The mailing address is the address of the applicant requesting the permit. The Division of Water mails communication to this address unless otherwise indicated.

The Division will correspond with the facility using either the email address provided or the primary mailing address unless otherwise indicated.

## II. Facility Location and Description

The facility location should be for the actual physical 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 using decimal degrees.

Briefly describe the nature of the business and the conducted activities that require a Kentucky No Discharge Operational Permit (KNDOP).

The Standard Industrial Classification (SIC) codes are 4 digit numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. SIC Codes are available from the United States Department of Labor at: <a href="https://www.osha.gov/pls/imis/sicsearch.html">https://www.osha.gov/pls/imis/sicsearch.html</a>.

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

## III. Additional Information

Indicate whether the facility is a large feeding operation as defined in 401 KAR 5:002. If the facility is a large feeding operation, attach the site-specific nutrient management plan.

Comments are optional. For example, use this area to clarify that the operation is a liquid waste handling system when the type of operation commonly uses a dry waste handling system.

# IV. Source of Wastes

Provide the maximum number of each type of animal, including approximate live weight per animal, in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period. If the application involves new construction, indicate the number of animals that the facility plans to support.

Use the following categories for types of animals:

•	Mature Dairy Cattle (milked or dry)	•	Veal Calves	•	Cattle (other than mature dairy cattle or veal calves)
•	Swine (each weighing over 55 pounds)	•	Swine (each weighing 55 pounds or less)	•	Horses
•	Sheep	•	Lambs	•	Turkeys
•	Laying Hens	•	Broilers	•	Ducks

#### V. Destination of Wastes

Indicate the destination of wastes as land application or waste storage by type. Do not include any area used for growing feed in the total land area available for land application of waste.

#### VI. Attachments

Attach either a US Geological Survey 7 ½ minute quadrangle map, aerial map, topographic map, or other map with an area of at least 1 mile beyond the property boundaries. Depict or mark the facility and its intake structure, treatment system and disposal area. Also, mark the locations of the 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.

Permit Fees are established in 401 KAR 5:310 and outlined in the General Instructions for KPDES Individual Permits.

#### VII. Certification

The permit application shall be signed as follows:

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