



Energy and Environment Cabinet
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 Fair Oaks Lane
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 5-64 - 6716

**NOTICE OF INTENT
TO APPLY FOR A
LANDFARMING OR COMPOSTING PERMIT
DEP 7021A (3/92)**

GENERAL INSTRUCTIONS

1. **APPLICABILITY** - Persons who wish to landfarm or compost Type A sludge or other special waste or Type B sludge or other special waste that exceeds the 250,000 gallon or 250 ton limitation pursuant to 401 KAR 45:100, must submit a notice of intent to apply to the Cabinet as the first step in the application for a permit. Upon review of the Notice of Intent, the Division will notify the applicant as to the determination of the waste classification and how to proceed.
2. **PREPARATION ASSISTANCE** - Questions regarding this form should be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address provided above, or by calling (502)564-6716.
3. **SUBMISSION** - **Submit** One (1) original and three (3) copies individually bound, to the Division of Waste Management at the address listed above. If an item does not appear to be applicable to your notice, write "N/A" for not applicable. Prepare and submit a cover letter with this notice briefly describing the proposed operation.
4. **FILING FEES** - Applicants, except publicly owned facilities, must submit filing fees, at the time of application submittal in accordance with 401 KAR 45:250.
5. **LAWS AND REGULATIONS** - The applicant is expected to understand and comply with all laws and regulations regarding special waste facilities.

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6. TOXICITY CHARACTERISTIC LEACHING PROCEDURE (TCLP) - Special Waste to be landfarmed shall have passed the toxicity characteristic leaching procedure (TCLP). A copy of the analysis shall be submitted as an attachment to the application.

NOTE: You may omit this analysis or specific parameters of the analysis based upon your knowledge of the waste pursuant to 401 KAR 32:010 Section 2. Should you elect to do this a certified statement accepting responsibility will be required. Polychlorinated biphenyls (PCB's) may also be omitted from the standard sludge analysis under the same conditions.

ATTACHMENTS

ATTACHMENT NUMBER	DESCRIPTION	PAGE NUMBER
1.	USGS Topographic Map	_____
2.	Soil Conservation Service Soils Map	_____
3.	Groundwater Users Survey	_____
4.	Surface Water Survey	_____
5.	Wastewater Treatment Process Narrative	_____
6.	Wastewater Treatment Process Diagram	_____
7.	Industrial Pretreatment Information	_____
8.	Industrial Effluent Analyses	_____
9.	TCLP Analysis	_____

NOTICE OF INTENT TO APPLY

APPLICATION NO. _____ (LEAVE BLANK ON FIRST SUBMISSION)

FEE SUBMITTED \$ _____ COUNTY _____ DATE _____

METHOD OF PAYMENT: _____ CHECK _____ CERTIFIED CHECK _____

MONEY ORDER _____ NO. _____

1. Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Contact Person/Process Agent _____

Phone Number (____) ____ - _____

2. List the name, address, and telephone number of the waste producer(s).

Waste Producer(s)	Address	Telephone Number	KPDES Permit Number

3. List the name, address, latitude/longitude, and telephone number of the landowner(s) of the proposed landfarming site(s).

Landowner	Latitude/Longitude	Address	Telephone Number
	Lat. ___ Deg ___ Min ___ Sec Long. ___ Deg ___ Min ___ Sec		
	Lat. ___ Deg ___ Min ___ Sec Long. ___ Deg ___ Min ___ Sec		
	Lat. ___ Deg ___ Min ___ Sec Long. ___ Deg ___ Min ___ Sec		
	Lat. ___ Deg ___ Min ___ Sec Long. ___ Deg ___ Min ___ Sec		
	Lat. ___ Deg ___ Min ___ Sec Long. ___ Deg ___ Min ___ Sec		
	Lat. ___ Deg ___ Min ___ Sec Long. ___ Deg ___ Min ___ Sec		

4. Sludge Analysis:

Parameter	Concentration	
	(Wet Weight)	(Dry Weight Conversion)
pH		
Total Solids Content	_____ %	
Volatile Solids Content	_____ %	
Total Phosphorus	_____ (PPM)	_____ (PPM dry wt.)
Total Potassium	_____ (PPM)	_____ (PPM dry wt.)
Total Kjeldahl Nitrogen(TKN)	_____ (PPM)	_____ (PPM dry wt.)
Ammonium Nitrogen(NH ₄ -N)	_____ (PPM)	_____ (PPM dry wt.)
Nitrate Nitrogen(NO ₃ -N)	_____ (PPM)	_____ (PPM dry wt.)
Cadmium	_____ (mg/l)	_____ (mg./kg.dry wt)
Copper	_____ (mg/l)	_____ (mg./kg.dry wt)
Lead	_____ (mg/l)	_____ (mg./kg.dry wt)
Nickel	_____ (mg/l)	_____ (mg./kg.dry wt)
Zinc	_____ (mg/l)	_____ (mg./kg.dry wt)
Chromium	_____ (mg/l)	_____ (mg./kg.dry wt)
Polychlorinated Biphenyls (PCBs)		_____ (mg./kg.dry wt)

NOTE: The results reported above must be an average of at least two (2) recent analyses taken no closer than thirty (30) days apart. Attach a copy of the actual laboratory analysis.

Sludge should be analyzed wet with dry weight (mg/kg), derived using the following equation:

$$\text{mg/l} \div (\% \text{ solids} / 100) = \text{mg/kg Dry Weight}$$

5. Provide as Attachments the following items:

- An original, current seven and one-half (7.5) minute United States Geologic Survey Quadrangle Topographic Map with each proposed landfarming site boundary clearly marked. Label as Attachment 1.
- A Soil Conservation Service Soils Map with each proposed landfarming site boundary clearly marked. Label as Attachment 2.
- A survey of all groundwater wells and springs within a one-half (1/2) mile radius of each proposed landfarming site boundary. Complete Attachment 3.
- A survey of all surface water bodies within a one-half (1/2) mile radius of each proposed landfarming site boundary. Complete Attachment 4.
- A narrative description of the wastewater treatment process including design capacity, current hydraulic operating conditions, and the sludge treatment systems. All chemicals used in the treatment process shall be listed by type and amount used. Label as Attachment 5.
- A schematic diagram showing the treatment plant process. Label as Attachment 6.
- For publicly owned treatment works with pretreatment programs, a list of facilities that discharge waters to the treatment system and the quantities and characteristics of the wastes that are discharged to the facility. Use Attachment 7 and 8.
- Special waste to be landfarmed shall have passed the toxicity characteristic leaching procedure (TCLP). Provide, as Attachment 9, a copy of the TCLP analysis. If this analysis is omitted pursuant to General Instruction Number 6 of this form, provide, as Attachment 9, your certified statement accepting responsibility.

6. "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 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 such violations."

Signature and title (Mayor or Corporate Officer per 401 KAR 45:030 Section 10)

(Type or Print) Name and Title

Date

Subscribed and sworn before me by _____

This the _____ day of _____, 19 _____

Notary Public Signature _____

My Commission Expires _____

