



STEVEN L. BESHEAR
GOVERNOR

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION|
DIVISION OF WATER
200 FAIR OAKS LANE
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

LEONARD K. PETERS
SECRETARY

July 27, 2013

Re: KPDES Permit No.:
AI No.:
County, Kentucky

Dear Permittee:

You are receiving this letter because you have coverage under the previous KPDES General Permit (KYG400000) for individual family residences (expired December 31, 2012) or have a Kentucky No Discharge Operational Permit for your individual family residence spray field.

The Division of Water reissued the KPDES General Permit for On-Site Wastewater Treatment System (OSWTS) serving Individual Family Residences. The permit becomes effective on August 1, 2013.

One major change impacting existing OSWTS was made to the KYG400000. The permittee has been relieved of the requirement to collect, analyze, and report the results of effluent samples on Discharge Monitoring Reports (DMRs). This relief is dependent upon the permittee entering into a maintenance agreement with a certified operator or developing and implementing an operation and maintenance plan if the permittee is the certified operator. The contract operator list is maintained by the Division of Compliance Assistance. To find a nearby Contract Operator, visit <http://dca.ky.gov/certification/Pages/Employment-Opportunities.aspx>.

In order to show compliance with this new requirement the permittee shall submit annually the results of the inspection(s) and any maintenance performed by the certified operator on an Individual Family Residence OSWTS Inspection Report.

Submittal of a partial Notice of Intent (NOI) is required no later than October 31, 2013 in order to continue to have coverage under the new KYG400000.

Copies of both the Individual Family Residence OSWTS Inspection Report and the NOI-IFR have been included with this letter. Additional copies of each are available on KDEP's forms library site at: <http://dep.ky.gov/formslibrary/Pages/default.aspx>. A copy of the fact sheet for KYG400000 can be downloaded from the Division of Water (DOW) website at <http://water.ky.gov/permitting/Pages/GeneralPermits.aspx>.

If you have any questions regarding this matter, please contact Mark Fogleman, of the Surface Water Permits Branch, at mark.fogleman@ky.gov or by phone at (502) 564-3410, extension 4851.

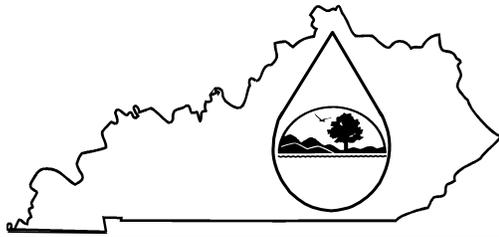
Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Hokanson".

Shawn Hokanson
Surface Water Permits Branch
Division of Water

Enclosures: Notice of Intent
Inspection Report Form

FORM MODIFIED NOI-IFR FOR RENEWALS



KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM (KPDES)

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

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 include the following minimum treatment technology: extended aeration plus sand filtration plus disinfection.

For Agency Use	Permit No.	K	Y	G	4				
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Facility: Latitude _____ Longitude _____

SECTION I – OWNER INFORMATION

Owner Name:			
Mailing Address:			
City, State, Zip Code:			
Telephone Number:	Home #() -	Work #() -	Email address
Is the residence privately owned? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, indicate type of ownership:		

SECTION IV – CERTIFIED OPERATOR INFORMATION

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.

Is the owner the operator? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Operator Name:	Operator Phone #: () -		
Operator Address:			
City, State, Zip Code:			
Certification Class:	Certification Number:	Expiration Date:	

SECTION V – 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 email me a copy of the permit as soon as it is available. Email address: _____
 Copies of your permit may be downloaded from http://dep.gateway.ky.gov/eSearch/Search_Issued_Approvals.aspx

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

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

Please email a copy to the preparer. Email address: _____
 Copies of your permit may be downloaded from http://dep.gateway.ky.gov/eSearch/Search_Issued_Approvals.aspx

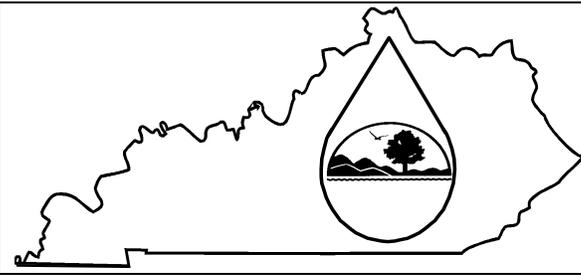
Name:		
Mailing Address:		
City, State, Zip Code:	Telephone Number: (Area Code and Number)	() -

This completed application form and attachments should be sent to: Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, 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
For Agency Use	NA	DO NOT FILL IN
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.
	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.
	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	i.e. rental property, development property, etc.
	Transfer of ownership	
IV Operator Information	Definition	Describes what information goes in this section.
	Operator is owner	Check this box if the operator is also the owner.
	Operator Name	The name of 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 Certification	Certification Statement	Sign the application if you do not agree with this statement.
	Fax Information	Check the box and fill in the fax number if the owner wishes to have a copy of the permit faxed as soon as it is available. A copy will always be mailed.
	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	Fax Information	Check the first box if the owner wishes to have a copy mailed to the preparer as soon as it is available. Check the second box and fill in the fax number if the owner wishes to have a copy of the permit faxed as soon as it is available.
	Name	The name of the preparer.
	Preparer is installer	Check this box if the preparer is also the owner. If the preparer of the application is 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 mailed copies of the permit.
	City, State, Zip code	City, State, Zip code of the preparer. This address is used in mailed copies of the permit.
	Telephone Number	The telephone number for the preparer. This number is called when questions arise during review of the application.



INDIVIDUAL FAMILY RESIDENCE OSWTS INSPECTION REPORT

PART 1: ADMINISTRATIVE INFORMATION

Permittee:		Permit No:	
Address:		AI No.	33380
City, State, Zip Code:		Inspection Date:	

PART 2 TREATMENT PLANT

Extended Aeration Unit	N/A	YES	NO	Maintenance performed	Performed by
Receiving power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Control panel alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blower motor running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Aerator dispensing air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discharging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sludge depth acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Overall Condition: Satisfactory Unsatisfactory

Comments:

Filtration Unit (if installed)	N/A	YES	NO	Maintenance performed	Performed by
Receiving Influent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surface clear of scum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Filter media clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discharging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Overall Condition: Satisfactory Unsatisfactory

Comments:

Disinfection Unit	N/A	YES	NO	Maintenance performed	Performed by
Chlorinator installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Need tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
De-chlorinator installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Need tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ultraviolet installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tubes clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discharging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Overall Condition: Satisfactory Unsatisfactory

Comments:

PART 3 DISCHARGE OR SPRAY IRRIGATION

Discharge	N/A	YES	NO	Maintenance performed	Performed by
Occurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Free of scum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Free of floating solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Odorless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Path unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Overall Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory					
Comments:					
Spray Irrigation	N/A	YES	NO	Maintenance performed	Performed by
Sprinkler heads clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spray field free of trenching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spray field vegetated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vegetation alive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Overall Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory					
Comments:					

PART 4 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.

Operator Name:(Type or Print)		Certification No.	
Signature:		Date	
Permittee Name:(Type or Print)		Telephone No.:	
Signature		Date	