ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

Application For A Special Waste Composting Facility Permit DEP 7094D (5/92)

GENERAL INFORMATION

1. **USE OF THIS APPLICATION** - This application form must be completed and submitted to the Cabinet by persons who compost special waste for distribution.

2. **PREPARATION ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.

3. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and three (3) copies of the completed form to the Division of Waste Management at the address listed above. If an item is not applicable to your facility write "N/A" in the space provided.

4. **LAWS AND REGULATIONS** - Applicants are expected to understand and comply with all laws and regulations applicable to special waste composting. Reference 401 KAR 45:100.

Type of permit application: ____ New Application ____ Modification

Kentucky UNBRIDLED SPIRIT

APPLICATION FOR A
SPECIAL WASTE COMPOSTING
FACILITY PERMIT

DEP 7094D (5/92)

A. *General Information*

B. *Ownership and Past Performance*

C. *Waste Information*

D. *Facility and Operating Information*

E. *Surface Water, Groundwater, and Corrective Action*

F. *Public Notices*

G. *Certification*

DEP 7094D (5/92)

PERMIT NUMBER: _____ (FOR AGENCY USE ONLY)

A. GENERAL INSTRUCTIONS

WASTE CLASSIFICATION: TYPE A _____ TYPE B _____

1. Name of Applicant _____

   Address _____

   City _____ State _____ Zip Code _____

   Telephone Number (____) _____ - _____

   Contact Person _____

2. Location of Facility _____

   Address _____

   City _____ State _____ Zip Code _____

   Telephone Number (____) _____ - _____

   Contact Person at Facility _____

3. Provide the following information concerning the person preparing this application if different from above:

   Name _____

   Address _____

   City _____ State _____ Zip Code _____

   Telephone Number (____) _____ - _____

4. Designate the individual to whom correspondence concerning this application should be addressed:

   Name _____

   Address _____

   City _____ State _____ Zip Code _____

B. OWNERSHIP AND PAST PERFORMANCE INFORMATION

1. Indicate by checking the appropriate blank, the legal organizational structure of the applicant.

   _____ Proprietorship

   _____ Partnership _____ General _____ Limited

   _____ Corporation

   _____ Joint venture

   _____ Governmental agency. Type _____ (City, County, State, Federal)

   _____ Other. Describe: _____

   _____

2. If the owner is a corporation, is it registered with the Kentucky Secretary of State?

   _____ Yes _____ No

3. For the applicant and each person meeting the definition of key personnel, provide a Past Performance Information form as required by KRS 224.40-330 (1) and (3). The Cabinet has developed form DEP 7094J for submittal of this information. Complete this form and include it as part of this application as Attachment 9.

NOTE: DEP Form No. 7094J may be obtained by contacting the Division of Waste Management at the address specified on the "General Instructions" page of this application.

C. WASTE INFORMATION

1. Indicate waste source if differenct from above, or additional sources:

a. Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____-_____

Contact Person _____

Waste to be Received _____

b. Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____-_____

Contact Person _____

Waste to be Received _____

c. Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____-_____

Contact Person _____

Waste to be received _____

d. Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____-_____

Contact Person _____

Waste to be Received _____

2. State the daily design capacity of the waste source if a wastewater treatment plant:

a. _____ (MGD)

b. _____ (MGD)

c. _____ (MGD)

d. _____ (MGD)

3. State the approximate amount of waste generated each year:

a. _____ Tons

b. _____ Tons

c. _____ Tons

d. _____ Tons

4. Does the wastewater treatment plant(s) have an approved pretreatment program?

a. Yes_____ No_____

b. Yes_____ No_____

c. Yes_____ No_____

d. Yes_____ No_____

5. List the current method of sludge disposal below:

	TYPE OF PERMIT	PERMIT NUMBER	DATE APPROVED
a.			
b.			
c.			
d.			

6. Special waste to be composted shall be classified as either Type A or Type B, in accordance with 401 KAR 45:100. Analyses must include the following parameters: pH, % Total Solids, % Volatile Solids, Total Kjeldahl, Nitrogen, Ammonium Nitrogen, Total Phosphorus, Total Potassium, Cadmium, Copper, Lead, Nickel, Zinc, and PCBs. Provide the actual laboratory analysis as Attachment 1.

7. Provide a copy of the actual TCLP laboratory analysis of the waste as Attachment 2, showing the waste will pass the Toxicity Characteristic Leaching Procedure.

   Note: You may omit this analysis or specific parameters of this analysis based on your knowledge of the waste pursuant to 40 CFR 262.11. If you elect to do this a certified statement accepting responsibility is required. Polychlorinated Biphenyls (PCBs) may also be omitted from this standard sludge analysis under a similar certification. Label the certified statement as Attachment 2.

D. FACILITY AND OPERATING INFORMATION

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1. Provide, as Attachment 3, an enlarged topographic map of a scale one (1) inch equals four hundred (400) feet clearly marking the proposed layout and the boundary of the composting site.

2. Provide, as Attachment 4, a detailed narrative describing the following:

   (a) The proposed composting system including the manufacturer's performance data for mechanical systems;

(b) The process design that describes the following:

1. Use of bulking agents, moisture control, or feed amendments;

2. Temperature ranges and residence times;

3. Storage of compost during curing after the primary composting operation; and

4. Provisions for additional drying and screening;

(c) Description of closure procedures for the site.

3. Provide, as Attachment 5, a marketing and distribution plan; and specifications for the final product.

Note: If any fertilizer value or soil conditioning claims are made concerning the final product, you must notify the Division of Regulatory Services, College of Agriculture, University of Kentucky, Regulatory Services Building, Lexington, Kentucky 40546, in accordance with KRS Chapter 250.

4. Provide, as Attachment 6, a description of the methods that will be employed to ensure compliance with the environmental performance standards of 401 KAR 30:031.

5. Provide, as Attachment 7, (if Type A Facility) a description of the closure plan including a cost analysis for the posting of financial assurance in accordance with 401 KAR 45:080.

6. Provide, as Attachment 8, a groundwater quality assurance plan for the proposed facility.

7. Applicants requesting a Type A permit shall comply with the public information procedures as required in 401 KAR 45:050.

8. Describe how the composting process qualifies as a "Process to Further Reduce Pathogens" in accordance with 401 KAR 45:100.

_____

_____

_____

_____

_____

_____

_____

_____

E. SURFACE WATER, GROUNDWATER, AND CORRECTIVE ACTION

1. Submit as Attachment 9, a Surface Water Monitoring Plan as required by 401 KAR 45:110 and 401 KAR 45:160. At a minimum, the plan must include:

   a. The proposed locations of the monitoring points shown on the site plans.

   b. A written description of how the monitoring point locations ensure that sampling will characterize the quality of water unaffected by the composting facility, as well as determining if water leaving the composting facility as surface drainage is contaminated with leachate.

   c. A description of sampling protocol and analytical parameters.

   d. A monitoring schedule and list of analytical parameters.

   e. A sample form for reporting results of the analyses to the Division.

   f. Documentation that the applicant currently holds or has applied for a K.P.D.E.S. permit for all structures to be used to control stormwater run-off and all point source discharges.

g. Provide the information requested in Attachment 9A, concerning location of the monitoring points.

2. Submit as Attachment 10, a Groundwater Monitoring Plan that meets the requirements of 401 KAR 45:110 and 401 KAR 45:160. At a minimum that plan must provide the following information:

a. A list and description of the specific aquifer(s) proposed for monitoring.

b. The number, location, and depth of proposed monitoring points. Show the locations of the monitoring points on the site plans.

c. Provide a brief discussion of the groundwater quality that currently exists based on the Groundwater Quality Characterization required in 401 KAR 45:160.

d. Provide a Groundwater Sampling and Analysis Plan which describes the procedures and techniques designed to accurately measure groundwater quality upgradient and downgradient of the waste disposal area. Include a discussion regarding the chain of custody, as well as field and lab quality assurance and quality control.

e. Provide a monitoring schedule and list of analytical parameters in accordance with 401 KAR 45:160 Section 8.

f. Provide monitoring well construction sepcifications which meet the requirements of 401 KAR 45:160 Section 3.

g. Is the proposed special waste disposal site located in karst terrain? _____Yes _____No

If yes, the groundwater monitoring plan must include dye trace studies to determine the nature and extent of karst drainage beneath the site and proposed monitoring locations.

h. Provide the information requested in Attachment 10A, concerning proposed well locations and depth.

F. PUBLIC NOTICES

Public notices are required for a new site or a significant expansion to an existing site in accordance with KRS 224.40-310. Draft notices are found in Attachments 11 and 12. Complete the public notice forms; however, only those applicants notified by correspondence from the Cabinet may publish the notices.

G. CERTIFICATION

"I certify that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, tru, accurate, and complete."

Signature of Authorized Agent _____ Date _____

Name of Authorized Agent _____
(TYPE OR PRINT)

Title _____

Subscribed and sworn to before me by _____

this the _____ day of _____, 19____.

Notary Public Signature _____

My Commission Expires _____

ATTACHMENT 9A

SURFACE WATER MONITORING PLAN

Provide the information requested below:

Monitoring Station I.D.	Location Description	Latitute	Longitude

Attachment 10A

GROUNDWATER MONITORING WELL

LOCATION AND DEPTH

Provide the information requested in the chart below:

MONITORING STATION I.D.	LATITUDE	LONGITUDE	STATION TYPE WELL OR SPRING	AQUIFER	ELEVATION OF SPRING OR TOP OF WELL CASING	DEPTH OF WELL	DEPTH OF WATER

DEP 7094D (5/92)

Attachment 11

PUBLIC NOTICE

Pursuant to application no. _____

The Energy and Environment Cabinet, Division of Waste Management has received a special waste composting facility permit application from:

Name of Applicant _____

Name of Facility _____

Address _____

City _____ State ____ Zip Code _____

This application, if approved, would allow the construction of the composting facility to accept the following types of waste and the following activities: _____

_____

_____

_____

The proposed facility may be accessed from _____

by traveling _____

_____

_____

Additional information regarding this application may be obtained from:

Contact Person _____

Address _____

City _____ State ____ Zip Code _____

Phone No. (____) _____ - _____

DEP 7094D (5/92)

The permit application is being processed at the following location:

Division of Waste Management
Solid Waste Branch
200 Fair Oaks
Frankfort, KY 40601

Within thirty (30) days of the publication of this notice, any person who wishes to comment on the application may submit written comments, and, if desired, request from the Cabinet a public meeting.

Please refer to Application No. _____ on all correspondence.

Publication pursuant to KRS 224.40-310.

DEP 7094D (5/92)

Attachment 12

PUBLIC NOTICE

Pursuant to application no. _____

The Energy and Environment Cabinet, Division of Waste Management has received a special waste composting facility permit application from, and has prepared a draft permit for:

Name of Applicant _____

Name of Facility _____

Address _____

City _____ State ____ Zip Code _____

This application, if approved, would allow the construction of the composting facility to accept the following types of waste and the following activities: _____

_____

_____

_____

The proposed facility may be accessed from _____

by traveling _____

_____

_____

Additional information regarding this application may be obtained from:

Contact Person _____

Address _____

City _____ State ____ Zip Code _____

Phone No. (____) _____ - _____

DEP 7094D (5/92)

All data submitted by the applicant and other documents concerning this application are available for public inspection during normal business hours at the following location:

Office _____

Address _____

City _____ State ____ Zip Code _____

The permit application is being processed at the following location:

Division of Waste Management

Solid Waste Branch

200 Fair Oaks

Frankfort, KY 40601

A public hearing has been scheduled to receive public comments and will be conducted at the following location and time:

Place _____

Address _____

City _____ State ____ Zip Code _____

From _____ to _____

Any person who wishes to comment on the draft permit decision for this special waste site or facility may file comments with the Cabinet and, if desired, request a public hearing with thirty (30) days of the publication of this notice pursuant to Section 6 of 401 KAR 45:050.

Please refer to Application No. _____ on all correspondence.

Publication pursuant to KRS 224.40-310.