Energy and Environment Cabinet

Department for Environmental Protection
Division of Waste Management
200 Fair Oaks Lane
Frankfort, KY 40601
Phone # (502) 564-6716
Fax (502) 564-4049

Application for a Minor Modification To a Formal Solid Waste Permit DEP Form 7017 (1/05)

General Instructions

1. USE OF THIS APPLICATION – This form is to be used to apply for a minor modification of a formal permit. A minor modification does not require a notice to the public about the permitting action being sought. A list of minor modifications may be found starting on page 2.

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

3. SUBMISSION – Submit the original application to the Division of Waste Management at the address above. If an item does not appear to be applicable to your application, write "N/A" for not applicable. The Cabinet may require additional information upon review of the application.

4. FILING FEES – Applicants, except publicly owned facilites, must submit filing fees at the time of application submittal in accordance with regulatory and statutory requirements.

5. LAWS AND REGULATIONS – Applicants are expected to understand and comply with all laws and regulations applicable to the proposed facility.

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To be assigned by the Cabinet

County _____
Facility _____ Fees Submitted _____
I.D. and AI# _____ Date _____
Section _____ Initials _____

A. General Information

1. Applicant Name
   Address
   City State Zip Code
   Facility Name Agency Interest #
   Facility Permit No. Phone Number
   Contact Person

2. Mailing Address (If different from Above)
   Address
   City State Zip Code
   Phone Number
   Contact Person

3. Correction to the application are to be made by:
   Applicant
   Consultant
   Address
   City State Zip Code

4. Type of Modification you are seeking:
   ☐ vertical expansion of less than two (2) years
   ☐ change in the cap design or closure plan
   ☐ change in the groundwater or surface water monitoring plan
   ☐ change in the sediment pond design
   ☐ change in the closure or post closure cost estimate
   ☐ change in the permit boundary other than waste boundary
   ☐ changing the name of the facility
   ☐ other (describe):
   In a narrative form provide as attachment(s), starting with attachment 1, a description of the permitting action you are seeking from the Cabinet. Include appropriate drawings, calculations, maps, cross-sections, etc. Please reference the appropriate regulation and current permit application attachment number(s) for the revision.

5. For a vertical expansion application please provide as Attachment A the documentation that demonstrates that this permitting action will be consistent with the solid waste plan for the host county (local determination)

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B. Certification 401 KAR 47:160, Section 6(4)

"I certify under penalty of law that this documentation 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."

_____ _____

Original Signature of Responsible Official Date

_____ _____

Type the Name of the Responsible Official Title

_____

Name of Applicant, e.g. Corporation or Unit of Government

Subscribed and sworn before me by _____

this the _____ day of _____, 20_____.

Notary Public Signature _____

My commision expires _____