KPDES PERMIT APPLICATION CHECKLIST

Before returning your permit application forms, please check the items below to Determine if all necessary information has been included. Submittal of all of the requested information will expedite the processing or your application.

✓	Have appropriate forms been completed? Form 1 is required to be submitted with each application. (See General Instructions to determine the additional form that should be submitted.)
✓	Have all sections of the forms been completed according to form instructions?
✓	Has a USGS topographic map been attached noting facility site and discharge point(s)?
	Has the appropriate permit fee been enclosed (if applicable)? Checks should be made payable to: ***Kentucky State Treasurer***
	Have application forms been signed by the proper authority?

No Fee Required for School Systems, IB 7-30-09

FORM A AND C ONLY

	Has a schematic been included?

FORM A ONLY

	Has section regarding biomonitoring and revised local limits been completed?
	Has a written technical re-evaluation of pretreatment program local limits been submitted?

Applications should be returned to:

Division of Water
Surface Water Permits Branch
Permit Support Section
200 Fair Oaks Lane
Frankfort, KY 40601

Mailed on 7-30-09
Due Aug 4, 2009

For additional information call: (502) 564-8158, extension 4893

KPDES FORM 1

AI# 77

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

RECEIVED AUG 03 2009 By

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☑ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	2	4	0	0	7

A. Name of business, municipality, company, etc. requesting permit: Christian County Board of Education

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner mailing address on a separate sheet if different.**
Facility Location Name: Lacy Elementary School	Facility Contact Name and Title: Mr. ☑ Ms. ☐ Ivan Baker, Director of Facilities
Facility Location Address (i.e. street, road, etc., **not PO Box**): Jct. of Highway 189 and Hwy 107	Mailing Address: P.O. Box 609
Facility Location City, State, Zip Code: Fearsville KY 42217	Mailing City, State, Zip Code: Hopkinsville KY 42240
	Facility Contact Telephone Number: 270-887-7000

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:
Furnishing academic courses and instruction for elementary age students in a public school setting.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	8211 Elementary and Secondary Schools		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Christian	City where facility is located (if applicable): Fearsville, KY
C. Body of water receiving discharge: Unnamed tributary (mile 0.5) to Buck Creek (mile 17.2)	
D. Facility Site Latitude (degrees, minutes, seconds): 36° 59' 08"	Facility Site Longitude (degrees, minutes, seconds): 87° 21' 26"
E. Method used to obtain latitude & longitude (see instructions): USGS topographic map coordinates	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☑ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: Dean Durham	Telephone Number: (270) 821-7375
Operator Mailing Address (Street): McCoy and McCoy Laboratories, Inc. P.O. Box 907	
Operator Mailing Address (City, State, Zip Code): Madisonville KY 42431	
Is the operator also the owner? Yes ☐ No ☑	Is the operator certified? If yes, list certification class and number below. Yes ☑ No ☐
Certification Class: Class III	Certification Number: 14656

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number: KY0024007	Issue Date of Current Permit: 1-1-2006	Expiration Date of Current Permit: 1-31-2010
Number of Times Permit Reissued:	Date of Original Permit Issuance: 9-18-1980	Sludge Disposal Permit Number: N/A
Kentucky DOW Operational Permit #: N/A	Kentucky DSMRE Permit Number(s): N/A	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Ivan Baker
DMR Official Telephone Number:	270-887-7000

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	McCoy and McCoy Laboratories, Inc.
DMR Mailing Address:	P.O. Box 907
DMR Mailing City, State, Zip Code:	Madisonville KY 42431

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
None Required	NA

VIII. 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, 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.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☑ Ms. ☐ Ivan Baker, Director of Facilities	270-887-7000
SIGNATURE Ivan Baker	DATE: 7-30-09

KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please **contact Division of Water, KPDES Branch at (502) 564-3410.**

I. Facility Location and Contact Information

A. Use the official or legal name of the business, company, municipality, etc. requesting permit.

B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).

C. The primary mailing address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated. The owner mailing address is to be provided on a separate sheet if different from the primary mailing address.

II. Facility Description

A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.

B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

III. Facility Location

A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those 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. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.

B. List the county and, if applicable, city where facility is located.

C. List the body of water receiving discharge.

D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.

E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)

F. List the facility's Dun and Bradstreet Number if applicable.

IV. Owner/Operator Information

A. Place a check in the applicable type ownership as listed.

B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.

List the Operator's Certification Class and Certification Number.

V. List any existing environmental permits which the facility has or will be applying for.

VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. **(Your check must be made payable to "Kentucky State Treasurer." For permit renewals, to ensure your account is properly credited, please include the KPDES permit number on the check.)** This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	$3,200	$640
Minor Industry	$2,100	$420
Non-Process Industry	$1,000	$200
Large Non-POTW	$1,700	$340
Intermediate Non-POTW	$1,500	$300
Small Non-POTW	$1,000	$200
Agriculture	$1,200	$240
Surface Mining Operation	$1,200	$240
501(c)(3)	$100	$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.
A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed.
Make your check payable to "Kentucky State Treasurer."

VIII. Certification

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.

KPDES FORM SC

AI # 777

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Lacy Elementary

I. FACILITY DISCHARGE FREQUENCY — AGENCY USE: 0 0 2 4 0 0 7

A. Do discharge(s) occur all year? Yes ☐ No ☑ Facility has not discharged for several years.
(Complete Item IX for intermittent discharges.)

B. How many days per week? None currently

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):
Designed for a student population of 400

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: MGD 0.008

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	59	08	87	21	26	U/T to Buck Creek

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.): USGS topographic map coordinates

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary wastewater from sinks, restrooms, kitchen	0.008 MGD design	Slow sand filtration	1-V
			*Disinfection (chlorine)	2-F

* In the event of flow

V. Check the type(s) of wastewater discharged.

- [x] Domestic (60% or more sanitary sewage)
- [ ] Oil field waste
- [ ] Noncontact cooling water
- [ ] Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? [x] **Yes** [ ] **No**

VII. Discharge to other than surface waters. Check appropriate location:

- [ ] Publicly-owned lake or impoundment — Name of lake:
- [ ] Publicly-owned treatment works (POTW). — Name of POTW:
- [ ] Land application of Effluent
- [ ] Surface injection (Check term and identify on map) [ ] lateral field; [ ] sinkhole; [ ] sinking stream; [ ] deep well
- [ ] Closed Circuit (Check appropriate term) [ ] Holding tank; [ ] Mechanical evaporation; [ ] Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

[ ]	Antimony		[ ]	Copper		[ ]	Silver	
[ ]	Arsenic		[ ]	Lead		[ ]	Thallium	
[ ]	Beryllium		[ ]	Mercury		[ ]	Zinc	
[ ]	Cadmium		[ ]	Nickel		[ ]		
[ ]	Chromium		[ ]	Selenium		[ ]		

1

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Lacey Elementary School building(s)	268 students + faculty
TOTAL POPULATION SERVED	268

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

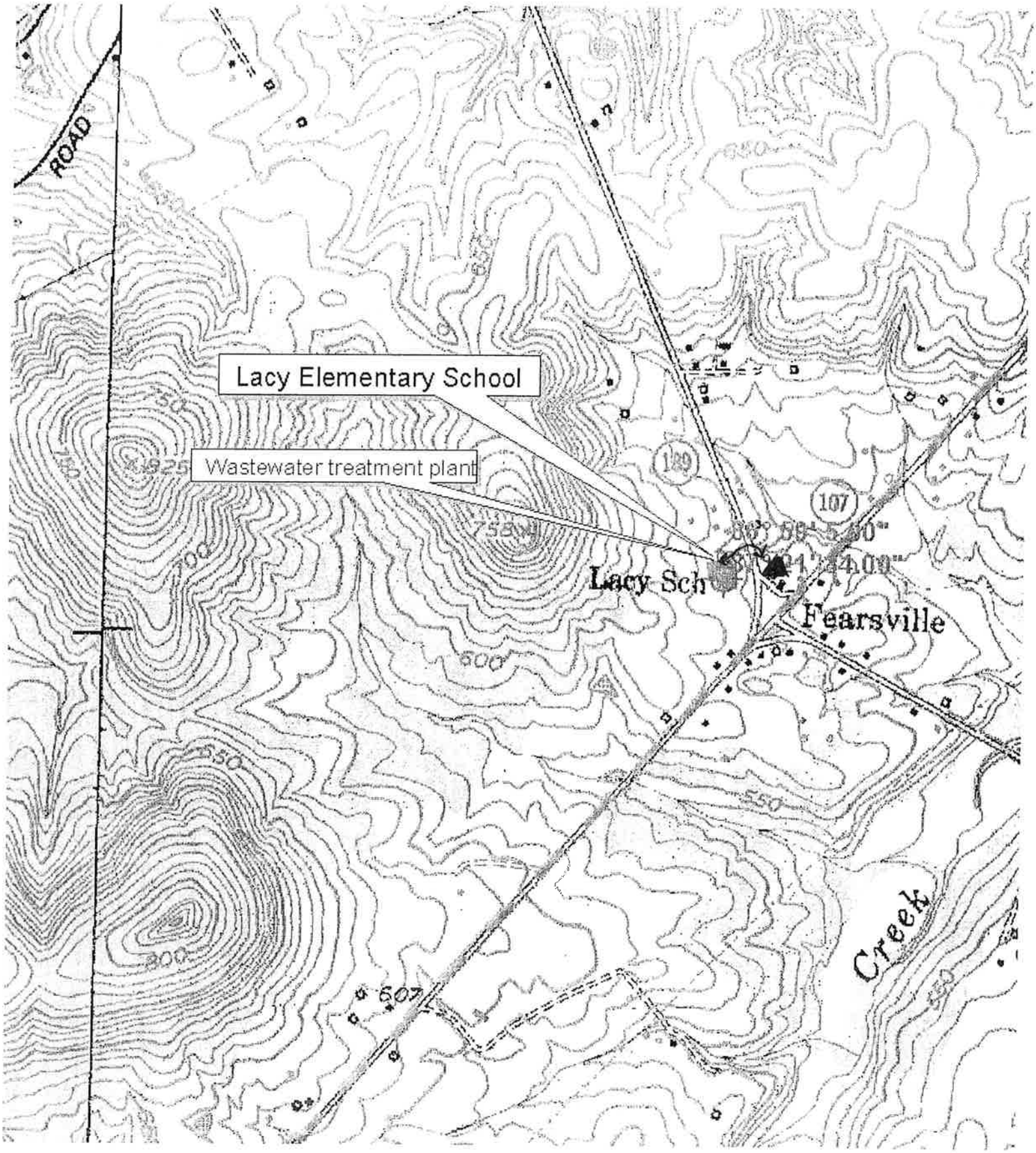
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD_5			
TOTAL SUSPENDED SOLIDS	Due to the type of system		
FECAL COLIFORM	(sandbed filtration)		and
TOTAL RESIDUAL CHLORINE	the low flow nature		of
OIL AND GREASE	the discharge to the filter		
CHEMICAL OXYGEN DEMAND	bed, no flow has been		
TOTAL ORGANIC CARBON	noted to the U/T to Buck		
AMMONIA	Creek for several years now.		
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	None, since approximately 2003.

XIII. 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, 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.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Ivan Baker, Director of Facilities	270-887-7000
SIGNATURE: Ivan Baker	DATE: 7-30-09


ROAD
Lacy Elementary School
Wastewater treatment plant
Lacy Sch
Fearsville
Creek
189
107
600
550
650
700
800
607