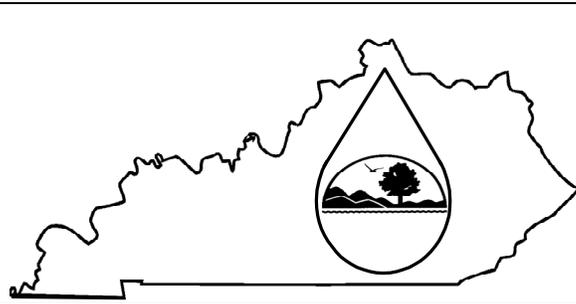


FORM NOI-KYG04



KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM (KPDES)

Notice of Intent (NOI) for coverage of Coal Mining, Processing and Associated Activities in Kentucky Under the KPDES General Permit KYGE40000 and KYGW40000

Agency Interest ID:		KPDES Permit ID:		SMCRA ID & DNR Action: (*)	
Reason for Submittal: (*) Application for New Permit Coverage		If change to existing permit coverage is requested, describe the additions, changes in operations, deletions, etc for which modification of coverage is being sought:			
(*) denotes required fields					
ELIGIBILITY: Only those coal mining and/or processing operations meeting the following requirements are eligible for coverage under KYGE40000 (KYGE4) and KYGW40000 (KYGW4):					
<ol style="list-style-type: none"> 1) are within the physical and political boundaries of the Commonwealth of Kentucky, and 2) have obtained a Surface Mining Control and Reclamation Act (SMCRA) permit from Department for Natural Resources (DNR) or are in the process of obtaining a SMCRA permit. 3) do not have continuous discharges (for KYGW4 only) 					
For the purposes of KYGW4, continuous discharge is defined as a discharge that occurs without interruption or has an average discharge duration of 96 hours or more.					
EXCLUSIONS: The following are excluded from coverage under this general permit:					
<ol style="list-style-type: none"> 1) Coal mining and/or processing operations that directly discharge to or propose to directly discharge to a receiving water body that has been categorized as an "Impaired Water" for a pollutant or pollutants of concern that may be associated with such activities and for which an approved Total Maximum Daily Load (TMDL) has been developed; 2) Coal mining and/or processing operations that directly discharge to or propose to directly discharge to a receiving water body that has been designated as Coldwater Aquatic Habitat (CAH) as listed in Table C of 401 KAR 10:030, Section 5; 3) Coal mining and/or processing operations that directly discharge to or propose to directly discharge to a receiving water body that has been designated as an Outstanding State Resource Water (OSRW) as listed in Table C of 401 KAR 10:030, Section 5; 4) Coal mining and/or processing operations that directly discharge to or propose to directly discharge to a receiving water body that has been classified as an Outstanding National Resource Water (ONRW) as listed in 401 KAR 10:030, Section 1; or 5) Coal mining and processing activities that Division of Water (DOW) has determined would be more appropriately addressed by an individual permit or an alternate general permit. 					
SECTION I – FACILITY OPERATOR INFORMATION					
Company Name: (*)			Mailing Address: (*)		
City: (*)		State: (*)		Zip Code: (*)	
Company Contact: First Name: (*)		Middle Initial:	Last Name: (*)		
eMail Address: (*)		Business Phone: (*)		Alternate Phone:	
SECTION II – GENERAL SITE LOCATION INFORMATION					
Facility Name: (*)			Physical Address: (*)		
County: (*)			Nearest Community: (*)		
Latitude (decimal degrees): (*)			Longitude (decimal degrees): (*)		

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SECTION III – SPECIFIC SITE ACTIVITY INFORMATION

Type of Operation: (*)

ACREAGE (*)

DNR Permit Number: (*)

Activity	Current	Additions	Deletions	Re-designation	Total (*)
Coal Preparation Plant and Associated Areas					
Active Surface Mining Areas					
Reclamation Areas					
Underground Workings					
Auger/Highwall					
Other Areas					

Describe other areas:

HOLLOW FILL INVENTORY

Number of Hollow Fills (HF):

HF ID Number:	Status: Existing
Current HF size: acres	Proposed expanded HF size: acres
KPDES Outfall Number:	

SECTION IV – OUTFALL INFORMATION

Number of Outfalls: (*)

KPDES Outfall Number: (*)	DNR Permit Number: (*)	DNR Pond Number: (*)
Status: (*) Existing	Pond Certification Date:	Type of Outfall: Bench
Latitude (decimal degrees): (*)	Longitude (decimal degrees): (*)	
Current drainage area: (*) acres	Proposed expanded drainage area: acres	
Type of Drainage Received: (*) UGNC	Additional Type of Drainage Received: UGNC	Additional Type of Drainage Received: UGNC

If sanitary discharge is selected, is treated sanitary wastewaters discharged to : Other treatment system

Does outfall enter an unnamed tributary prior to entering a named receiving water? (*) No	Receiving water name: (*)
Current or proposed treatment: (*) Sedimentation	If Sedimentation & Other is selected, describe treatment:

List all chemicals used in processing, and for treatment:

Does outfall have an average discharge duration of 96 hours or more? (*) Yes

**SUBSTANTIALLY IDENTICAL / REPRESENTATIVE OUTFALLS (RO)

For the purposes of RPA for this application: Is this outfall used as a RO: Yes Are you submitting a sample from this outfall: Yes

If RO, list associated outfalls:

If this outfall is being represented by another outfall for RPA, provide the outfall number of that RO:

** See Instructions for explanation

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Pollutant or Pollutant Characteristic (*)		RRL (*)	Pollutant or Pollutant Characteristic (*)		RRL (*)
Flow:	MGD		Total Recoverable Copper:	µg/l	
Total Suspended Solids:	mg/l		Total Recoverable Chromium:	µg/l	
pH:	S U		Total Recoverable Lead:	µg/l	
Hardness (as CaCO ₃):	mg/l		Total Recoverable Mercury:	µg/l	
Sulfate (as SO ₄):	mg/l		Total Recoverable Nickel:	µg/l	
Specific Conductance:	µS/cm		Total Recoverable Selenium:	µg/l	
Total Recoverable Iron:	mg/l		Total Recoverable Silver:	µg/l	
Total Recoverable Manganese:	mg/l		Total Recoverable Thallium:	µg/l	
Total Recoverable Antimony:	µg/l		Total Recoverable Zinc:	µg/l	
Total Recoverable Arsenic:	µg/l		Free Cyanide:	µg/l	
Total Recoverable Beryllium:	µg/l		Total Phenols:	µg/l	
Total Recoverable Cadmium:	µg/l				
For the purposes of permit compliance: Is this outfall used as a CRO: Yes					
If CRO, list associated outfalls:					
If this outfall is being represented by another CRO, provide the outfall number of that CRO:					
SECTION V – OTHER EFFLUENT DATA					
To provide a sample for RPA when there are no existing discharges on the proposed activity, the permittee may use data from an adjacent existing activity which is substantially identical. If there are no existing discharges or substantially identical adjacent activities, then the permittee shall estimate the expected discharge levels. If submitting a substantially identical RO sample from an adjacent existing activity or an estimated effluent sample, complete this section.					
Number of samples:					
Are you submitting data from an adjacent existing activity which is substantially identical? Yes					
KPDES Outfall No.:		DNR Pond No.:		Date sample taken:	
Receiving Water Name:		Latitude (decimal degrees):		Longitude (decimal degrees):	
If RO list associated outfalls:					
Are you submitting an estimate of the expected discharge levels? Yes					
If estimated, list associated outfalls:					
Pollutant or Pollutant Characteristic		RRL	Pollutant or Pollutant Characteristic		RRL
Flow:	MGD		Total Recoverable Copper:	µg/l	
Total Suspended Solids:	mg/l		Total Recoverable Chromium:	µg/l	
pH:	S U		Total Recoverable Lead:	µg/l	
Hardness (as CaCO ₃):	mg/l		Total Recoverable Mercury:	µg/l	
Sulfate (as SO ₄):	mg/l		Total Recoverable Nickel:	µg/l	
Specific Conductance:	µS/cm		Total Recoverable Selenium:	µg/l	
Total Recoverable Iron:	mg/l		Total Recoverable Silver:	µg/l	
Total Recoverable Manganese:	mg/l		Total Recoverable Thallium:	µg/l	
Total Recoverable Antimony:	µg/l		Total Recoverable Zinc:	µg/l	
Total Recoverable Arsenic:	µg/l		Free Cyanide:	µg/l	
Total Recoverable Beryllium:	µg/l		Total Phenols:	µg/l	
Total Recoverable Cadmium:	µg/l				

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SECTION VI – IN-STREAM MONITORING LOCATIONS – Eastern KY Only

Number of In-Stream Monitoring Locations:

In-Stream Monitoring Identifier:	Latitude (decimal degrees):	Longitude (decimal degrees):
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Stream Name:	Associated KPDES Outfalls:
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BACKGROUND WATER QUALITY

Flow:	MGD	Turbidity:	NTU
Total Suspended Solids:	mg/l	Alkalinity (as CaCO ₃):	mg/l
Total Recoverable Iron:	mg/l	Dissolved Oxygen:	mg/l
pH:	SU	Temperature:	°F
Specific Conductivity:	µS/cm	Total Hardness (as CaCO ₃):	mg/l
Total Sulfate (as SO ₄):	mg/l	Biological Index Score:	
Total Recoverable Selenium:	µg/l		

SECTION VII – OTHER ENVIRONMENTAL APPROVALS AND PERMIT INFORMATION

CATEGORY	EXISTING PERMIT WITH NUMBER	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Clean Water Act Section 404 Permit		
Underground Injection Control UIC		

SECTION VIII – DISCHARGE MONITORING REPORT (DMR) CONTACT INFORMATION

KPDES permit holders are required to submit DMRs electronically 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 contact information of the DMR official.

First Name: (*)	Middle Initial:	Last Name: (*)
Mailing Address: (*)	City: (*)	State: (*) Zip Code: (*)
eMail Address: (*)	Business Phone: (*)	Alternate Phone:

SECTION IX – NOI PREPARER INFORMATION

First Name: (*)	Middle Initial:	Last Name: (*)	Company Name: (*)
Mailing Address: (*)	City: (*)	State: (*)	Zip Code: (*)
eMail Address: (*)	Business Phone: (*)	Alternate Phone:	

SECTION X – ATTACHMENTS

Mine Reclamation Plan (MRP) Map: (*) Upload File

KPDES Map: (*) Upload File

Full color USGS 7½-minute quadrangle map with the facility site clearly marked: (*) Upload File

Socioeconomic Demonstration and Alternatives Analysis (SDAA): Upload File

Effluent Data Lab Sheets: Upload File

Justification Statements: Upload File

Other File(s): Upload File

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SECTION XI – 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.

Signature: (*)		Title: (*)	
First Name: (*)		Middle Initial:	Last Name: (*)
eMail Address: (*)	Business Phone: (*)	Alternate Phone:	Signature Date: (*)
Click to Save Values for Future Retrieval		Click to Submit to DEP	

Preliminary Draft