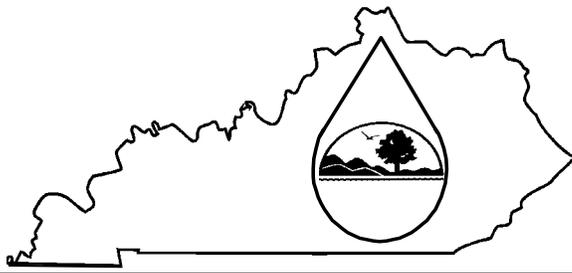


**KENTUCKY NO DISCHARGE  
OPERATIONAL  
PERMIT APPLICATION**

**(KNDOP)**



This is an application to: (check one)

- Apply for a new permit.
- Apply for a construction permit.
- Apply for reissuance of expiring permit.
- Modify an existing permit.

**For additional information contact:  
Surface Water Permits Branch (502) 564-3410**

Give reason for modification under Item II.A.

<b>I. FACILITY CONTACT INFORMATION</b>	AGENCY USE								
<b>Name of business, municipality, company, etc. requesting permit:</b>									
<b>Facility Mailing Address</b>									
Primary Mailing Name:									
Primary Mailing Address:									
Primary Mailing City, State, Zip Code:									
Contact Name & Telephone Number:									

<b>II. FACILITY DESCRIPTION</b>			
Provide a brief description of activities, products, etc:			
Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:			
Other SIC Codes:			

<b>III. FACILITY LOCATION</b>	
Attach a 7 ½ minute U.S. Geological Survey quadrangle map for the site. (See instructions)	
Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
Facility Location (street, road, highway, etc.)	
Facility Location City, State, Zip Code:	
County Facility is Located in:	

<b>IV. EXISTING ENVIRONMENTAL PERMITS</b>	
Kentucky DOW Operational Permit Number:	Issue Date of Current Permit:
Expiration Date of Current Permit:	Date of Original Permit Issuance:
Other Environmental Permits (list):	

<b>V. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (See instructions)</b>				
<b>Operation(s) Contributing Flow</b>				<b>Treatment Description</b>
<b>Operation(s) (list)</b>	<b>Wastewater Type</b>	<b>(Indicate Units)</b>		
		<b>Avg Flow</b>	<b>Design Flow</b>	

<b>VI. GIVE THE BASIS OF DESIGN FOR SIZING OF THE WASTEWATER FACILITY (See instructions)</b>

<b>VII. DESTINATION OF WASTEWATER (Check appropriate location(s)).</b>
<input type="checkbox"/> Surface application of effluent (identify on map)      Owner of Property: <input type="checkbox"/> Subsurface injection (Check one term and identify on map) <input type="checkbox"/> Lateral field <input type="checkbox"/> Deep Well <input type="checkbox"/> Destination other than land (check one) <input type="checkbox"/> Holding Tank <input type="checkbox"/> Mechanical Evaporation <input type="checkbox"/> Waste Impoundment <input type="checkbox"/> Evapo-transpiration <input type="checkbox"/> Other (specify):

<b>VIII. CERTIFICATION</b>	
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):	PHONE NUMBER:
	EMAIL:
SIGNATURE	DATE:

If someone different from the permittee prepared this form, indicate name, address, and telephone number of the preparer.

NAME:	TELEPHONE NO:
ADDRESS:	

# KENTUCKY NO DISCHARGE OPERATIONAL PERMIT INSTRUCTIONS FOR FORM ND

This form is for facilities (other than individual family residences or agricultural wastes handling systems) that do not have and do not intend to have a point source discharge to surface waters. Individual family residences must submit form NOI-IFR. Agricultural wastes handling systems that do not propose to discharge must submit Short Form B.

Listed below are explanations of select Form ND questions. If further information is needed concerning any questions, please contact the Surface Water Permits Branch of the Division of Water at (502) 564-3410.

## **I. Facility Contact Information**

Use the official or legal name of the individual, business, or corporation requesting the application.

The Division will mail correspondence for this facility to the primary mailing address unless otherwise indicated.

## **II. Facility Description**

Briefly describe the nature of the business and the conducted activities that require a Kentucky No Discharge Operational Permit (KNDOP).

The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. The 1987 Edition of the *Standard Industrial Classification Manual* contains these codes. List the SIC code(s) that best describe the products or services provided by the facility in descending order of importance.

## **III. Facility Location**

Attach an unreduced original or reproduction of a 7 ½ minute USGS Topographic Map (minimum size 8 ½ X 11) indicating Quadrangle name and extending at least one mile beyond the property boundary. Depict or mark the facility and its intake structure, treatment system and disposal area. 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 104, Lexington, Kentucky 40506. Phone (859) 257-3896.

Indicate the actual facility location (street, highway, road, etc. -- but not a P.O. Box).

## **IV. Existing Environmental Permits**

Indicate permit numbers for any existing environmental permits for this facility.

## **V. Flows, Sources of Pollution, and Treatment Technologies**

For each source of wastewater provide (1) a description of all operations contributing to the wastewater, including sanitary wastewater and storm water runoff; (2) the average and design flows contributed by each operation; and (3) the treatment received by the wastewater.

Operations may be described in general terms for storm water. You may use any reasonable measure of duration, volume, or frequency. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes. List the treatment units in order of occurrence.

If you are applying for a permit for a privately owned treatment works, you must also identify all of your contributors in an attached listing.

## **VI. Basis of Design for Sizing the Wastewater Treatment Facility**

Basis of design for sizing wastewater treatment facilities should include number of people served, number of homes, number of students, number of square feet of floor space, etc.

## **VII. Destination of Wastewater**

Destination refers to the final destination at the facility.

Surface application refers to application of effluent onto land surface. . Indicate the owner of the land in the space to the right. Agricultural applicants must use Short Form B for land application of animal waste.

Subsurface injection applies to lateral fields (other than from Health Department approved septic tanks) and to deep well injection. Federal permits are also required for subsurface injection systems.

Mark "Destination Other Than Land" if the facility does not apply the effluent to land surface or does not do subsurface injection. Indicate one of the more detailed descriptions. Do not mark one of the detailed descriptions unless the destination is other than land.

Waste Impoundment also refers to lagoons, holding ponds, etc. Select this choice only if it is the final destination at the facility.

Evapotranspiration refers to a combination of atmospheric evaporation and plant uptake, typically via spray irrigation. Check this box only if the evapotranspiration process is other than surface application. An example would be rooftop vegetation.

Specify the final destination of effluent at the site if it does not fit any of the listed categories.

## **VIII. Certification**

The permit application shall be signed as follows:

1. Corporation: by a principal executive officer of at least the level of vice-president.
2. Partnership or sole proprietorship: by a general partner or the proprietor respectively.
3. Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.