

**Thank you for submitting your information via the Kentucky Energy and Environment Cabinet eForms website. Please save a copy of this submittal for your records. We recommend saving a copy as a .mht, .html, or .htm file. Your Submittal ID and Transaction ID will be included in an email after EEC Staff have reviewed your submittal. The Submittal ID for this transaction is 562784 and was submitted by EECPPC\megan.mcgaughey on .**

**If you need to contact EEC regarding your submission, please reference your Submittal ID. The eForm Submittal ID allows you to use the data from this form as a template. In addition, you may download a copy of your submittal by returning to the details page.**

# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

## RCRA SUBTITLE C ACTIVITIES FORMS

[Click here for General Instructions \(Controls/KY%20DWM%20RCRA%208700-12%20eForm%20Instructions%20DRAFT.htm\)](#)

(\*) indicates a required field; (âœ“) indicates a field may be required based on user input or is an optionally required field

|                                                  |                                                                 |
|--------------------------------------------------|-----------------------------------------------------------------|
| Agency Interest ID Number                        | 58789                                                           |
| Purpose of the application(*)                    | Annual Report / Assessment <span style="float: right;">▼</span> |
| Select the Year for Reporting(*)                 | 2025 <span style="float: right;">▼</span>                       |
| EPA ID Number(*)                                 | KYD985085240                                                    |
| Do you wish to fill out Waste Generation Form(*) | Yes <span style="float: right;">▼</span>                        |
| Do you wish to fill out Waste Received Form(*)   | No <span style="float: right;">▼</span>                         |
| Start Page comments:                             |                                                                 |
| Applicant Comment:                               |                                                                 |
| EEC Reviewer Comment:                            |                                                                 |
| Corrected assessment emailed in                  |                                                                 |

## RCRA SUBTITLE C SITE IDENTIFICATION FORM

**Site Name (\*)**

Ohio County Hospital

**Site Location Address**

**Street Address(\*)**

1211 Main St

**Latitude(decimal (\*) degrees)**

DMS to DD Converter  
(<https://www.fcc.gov/media/radio/dms>)  
Please enter coordinates of latitude of most expensive office requested  
37.337813

**Longitude(decimal (\*) degrees)**

Please enter coordinates of longitude of most expensive practice tested  
-86.994442

**City, Town, or Village(\*)**

Hartford

**County(\*)**

Ohio

**State(\*)**

Kentucky

**Country(\*)**

United States

**Zip Code(\*)**

42347

**Site Mailing Address**

**Same as Location Address**

**Street Address or P.O.Box(\*)**

1211 Main St

**City, Town, or Village(\*)**

Hartford

**State(\*)**

Kentucky

**Country(\*)**

United States

**Zip Code(\*)**

42347

**Site Land Type (\*)**

County

**North American Industry Classification System (NAICS) Codes(s) for the Site (at least 5-digit codes) (\*)**

62 - Health Care and Social Assistance

NAICS Code comments:

Applicant Comment:

EEC Reviewer Comment:

**Site Contact Information** Same as Site Mailing Address

|                           |         |                          |
|---------------------------|---------|--------------------------|
| First Name(*)<br>Jennifer | MI<br>C | Last Name(*)<br>Schrader |
|---------------------------|---------|--------------------------|

Title  
Director of Environment of Care

Street Address(\*)  
1211 Main St

City, Town, or Village(\*)  
Hartford

|                      |                             |                      |
|----------------------|-----------------------------|----------------------|
| State(*)<br>Kentucky | Country(*)<br>United States | Zip Code(*)<br>42347 |
|----------------------|-----------------------------|----------------------|

Email(\*)  
jschrader@ochcares.com

|                                 |             |                     |
|---------------------------------|-------------|---------------------|
| Phone Number(*)<br>270-298-7411 | Ext<br>5234 | Fax<br>###-###-#### |
|---------------------------------|-------------|---------------------|

**Legal Owner and Operator of the Site**

**A. Site's Legal Owner**  
Please provide Site Owner Organization Name (or) provide First Name and Last Name of Site's Legal Owner.  
  
Same as Location Address

Site Owner Organization Name(✓)  
Ohio County Fiscal Court

|                                           |                                 |                                          |
|-------------------------------------------|---------------------------------|------------------------------------------|
| First Name(✓)<br>Ohio County Fiscal Court | MI<br>Site Owner Middle Initial | Last Name(✓)<br>Ohio County Fiscal Court |
|-------------------------------------------|---------------------------------|------------------------------------------|

|                                                                                                               |                                                    |              |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------|
| Date Became Owner(*)                                                                                          |                                                    |              |
| 01/01/1956                                                                                                    |                                                    |              |
| Owner Type(*)                                                                                                 |                                                    |              |
| County <span style="float: right;">▼</span>                                                                   |                                                    |              |
| Street Address(*)                                                                                             |                                                    |              |
| 130 E Washington Ave Suite 215                                                                                |                                                    |              |
| City, Town, or Village(*)                                                                                     |                                                    |              |
| Hartford                                                                                                      |                                                    |              |
| State(*)                                                                                                      | Country(*)                                         | Zip Code(*)  |
| Kentucky <span style="float: right;">▼</span>                                                                 | United States <span style="float: right;">▼</span> | 42347        |
| Email                                                                                                         |                                                    |              |
| ocjudge@ohiocoountyky.gov                                                                                     |                                                    |              |
| Phone Number(*)                                                                                               | Ext                                                | Fax          |
| 270-298-4400                                                                                                  | Ext                                                | ###-###-#### |
| <b>B. Site's Legal Operator</b>                                                                               |                                                    |              |
| Please provide Site Operator Organization Name (or) provide First Name and Last Name of Site's Legal Operator |                                                    |              |
| Same as Site's Legal Owner Address                                                                            |                                                    |              |
| Site Operator Organization Name(✓)                                                                            |                                                    |              |
| Ohio County Hospital                                                                                          |                                                    |              |
| First Name(✓)                                                                                                 | MI                                                 | Last Name(✓) |
| Shellie                                                                                                       | Site Operator Middle Initial                       | Shouse       |
| Date Became Legal Operator(*)                                                                                 |                                                    |              |
| 07/01/2022                                                                                                    |                                                    |              |
| Operator Type(*)                                                                                              |                                                    |              |
| County <span style="float: right;">▼</span>                                                                   |                                                    |              |
| Street Address(*)                                                                                             |                                                    |              |
| 1211 Main St                                                                                                  |                                                    |              |
| City, Town, or Village(*)                                                                                     |                                                    |              |
| Hartford                                                                                                      |                                                    |              |

|                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| State(*)<br>Kentucky ▼                                                                                                                                                                              | Country(*)<br>United States ▼                                                                                                                                                                                                                                                                                                                                                                                           | Zip Code(*)<br>42347 |
| Email<br>sshouse@ochcares.com                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| Phone Number<br>270-298-5434                                                                                                                                                                        | Ext<br>5495                                                                                                                                                                                                                                                                                                                                                                                                             | Fax<br>###-###-####  |
| <b>10. Type of Regulated Waste Activity {at your site} (*)</b><br>Check 'Yes' or 'No' for all current activities (as of the date submitting the form); complete any additional boxes as instructed. |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| <b>A. Hazardous Waste Activities</b>                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| 1. Generator of hazardous Waste - If 'Yes', check only one of the following - a,b,c(*)                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| Yes ▼                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| a. LQG                                                                                                                                                                                              | Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material |                      |
| b. SQG                                                                                                                                                                                              | 100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material                                                                                                                                                                                                                |                      |
| c. VSQG                                                                                                                                                                                             | Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.                                                                                                                                                                                                                                                                                                                                               |                      |
| If 'Yes' above, indicate other generator activities in 2 and 3, as applicable (*).                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| 2. Short-Term Generator (generates from a short-term or one-time event and not from on-going process). If 'Yes', provide an explanation in the Comments section                                     |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| No ▼                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| 3. Mixed Waste (hazardous and radioactive) Generator                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| No ▼                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| 4. Treator, Storer or Disposer of Hazardous Waste - Note: A hazardous waste Part B permit is required for (*) these activities.                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| Yes ▼                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| 5. Receives Hazardous Waste from Off-site(*)                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| No ▼                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| 6. Recycler of Hazardous Waste(*)                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |

No



a. Recycler who stores prior to recycling

b. Recycler who does not store prior to recycling

7. Exempt Boiler and/or Industrial Furnace - If 'Yes', check all that apply(\*)

No



a. Small Quantity On-site Burner Exemption

b. Smelting, Melting, and Refining Furnace Exemption

Please enter number of Off-site streams

**B. Waste Codes for Federally Regulated Hazardous Wastes**

Please List the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D002, D003, F007, U112).

D001 - Ignitable, D005 - Ba

Selected Federally Regulated Hazardous Wastes are:

D001, D005, D007, D008, D010, D011, D012, D013, D018, F003, U122

**C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes**

Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations.

Type of Regulated Waste Activities comments:

Applicant Comment:

EEC Reviewer Comment:

**11. Additional Regulated Waste Activities (æ)**

(Note: Refer to your State regulations to determine if a separate permit is required.)

**A. Other Waste Activities**

|                                                                                                                                                                                             |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1. Transporter of Hazardous Waste - If 'Yes', check all that apply<br>No                                                                                                                    | ▼ |
| a. Transporter                                                                                                                                                                              |   |
| b. Transfer Facility (at your site)                                                                                                                                                         |   |
| 2. Underground Injection Control<br>No                                                                                                                                                      | ▼ |
| 3. United States Importer of Hazardous Waste<br>No                                                                                                                                          | ▼ |
| 4. Recognized Trader - If 'Yes', check all that apply<br>No                                                                                                                                 | ▼ |
| a. Importer                                                                                                                                                                                 |   |
| b. Exporter                                                                                                                                                                                 |   |
| 5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G - If 'Yes', check all that apply<br>No                                                                 | ▼ |
| a. Importer                                                                                                                                                                                 |   |
| b. Exporter                                                                                                                                                                                 |   |
| <b>B. Universal Waste Activities</b>                                                                                                                                                        |   |
| 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If 'Yes', check all that apply. Note: Refer to your State regulations to determine what is regulated<br>No | ▼ |
| a. Batteries                                                                                                                                                                                |   |
| b. Pesticides                                                                                                                                                                               |   |
| c. Mercury containing equipment                                                                                                                                                             |   |

d. Lamps

e. Aerosol Cans

f. Other (specify)

Specify the reason

2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity

No



**C. Used Oil Activities**

1. Used Oil Transporter - If 'Yes', check all that apply

No



a. Transporter

b. Transfer Facility (at your site)

2. Used Oil Processor and/or Re-refiner - If 'Yes', check all that apply

No



a. Processor

b. Re-refiner

3. Off-Specification Used Oil Burner

No



4. Used Oil Fuel Marketer - If 'Yes', check all that apply

No



a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

b. Marketer Who First Claims the Used Oil Meets the Specifications

Regulated Waste Activities comments:

Applicant Comment:

EEC Reviewer Comment:

**D. Pharmaceutical Activities**

1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals - If 'Yes', check only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.

Yes



a. Healthcare Facility

b. Reverse Distributor

2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

No



**12. Eligible Academic Entities with Laboratories (âœ“)**

Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories - If 'Yes', check all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities

No



1. College or University

2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university

3. Non-Profit Institute that is owned by or has a formal written affiliation with a college or university

B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

No



**13. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required) (✓)**

LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.  
 No ▼

A.  
 Central Accumulation Area (CAA)  
 Entire Facility

B. Name of Facility(\*)  
 Name

C. Expected closure date  
 MM/DD/YYYY

D. Requesting new closure date  
 MM/DD/YYYY

E. Date Closed  
 MM/DD/YYYY

In compliance with the closure performance standards 40 CFR 262.17(a)(8) ▼

**14. Notification of Hazardous Secondary Material (HSM) Activity (✓)**

A.  
 Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If 'Yes', you must fill out the Addendum to the Site Identification Form for managing Hazardous Secondary Material.  
 No ▼

**15. Electronic Manifest Broker (✓)**

Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?  
 No ▼

**16.**

**Comments (Include item number for each comment)**

Comments

**17.  
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 fines and imprisonment for knowing violations.

Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).

|                                                                                          |                      |
|------------------------------------------------------------------------------------------|----------------------|
| Signature of legal owner, operator or authorized representative (*)<br>Jennifer Schrader | Date(*)<br>2/16/2026 |
|------------------------------------------------------------------------------------------|----------------------|

|                            |            |                           |                               |
|----------------------------|------------|---------------------------|-------------------------------|
| First Name:(*)<br>Jennifer | M.I.:<br>C | Last Name:(*)<br>Schrader | Title<br>Director of Environr |
|----------------------------|------------|---------------------------|-------------------------------|

|                                    |
|------------------------------------|
| Email(*)<br>jschrader@ochcares.com |
|------------------------------------|

Site Identification comments:

Applicant Comment:

EEC Reviewer Comment:

**ADDENDUM TO THE SITE IDENTIFICATION FORM  
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**

Only fill out this form if:

- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(30), 261.4(a)(23), (24), or (27) (or state equivalent; See <https://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; AND

- You are or will be managing excluded HSM in compliance with 40 CFR 260.30, 261.4(a) (23), (24), or (27) (or state equivalent) or have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year.
- Do not include any information regarding your hazardous waste activities in this section.

Note: If your facility was granted a solid waste variance under 40 CFR 260.30 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulations and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.

**Reason for notification (Include dates where requested)**

Facility will begin managing excluded HSM

Begin managing excluded HSM as of MM/DD/YYYY

Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year

Facility has stopped managing excluded HSM and is notifying as required

Stopped managing excluded HSM as of MM/DD/YYYY

**Description of Excluded HSM activity.**

Please list the appropriate codes (see Code List section of the instructions) and quantities, in short tons, to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes)

Number of Hazardous Waste Secondary Material Streams(\*)

Please enter the number of Hazardous Secondary Waste Streams.

HSM comments:

Applicant Comment:

EEC Reviewer Comment:

**ADDENDUM TO THE SITE IDENTIFICATION FORM**

### EPISODIC GENERATOR

Only fill out this form if:

- You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moved the generator to a higher generator category pursuant to 40 CFR 262 Subpart L.  
 Note: Only one planned and one unplanned episodic event are allowed within one year; you must follow the requirements of the higher generator category.

**Episodic Event (\*)**



Emergency Contact Phone(\*)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact Name(\*)

Emergency Contact Name

Beginning Date(\*)

Beginning Date

End Date(\*)

End Date

Number of Waste streams(\*)

Please enter the number of Waste Streams.

Episodic Generator comments:

Applicant Comment:

EEC Reviewer Comment:

### ADDENDUM TO THE SITE IDENTIFICATION FORM LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE

Only fill out this form if:

- You are an LQG receiving hazardous waste from VSQGs under the control of the same person.

Number of VSQG Streams(\*)

Please enter the number of VSQG Streams.

LQG Consolidation of VSQG Hazardous Waste comments:

Applicant Comment:

EEC Reviewer Comment:

### HAZARDOUS WASTE REPORT

2025

(reporting cycle)

### WASTE GENERATION AND MANAGEMENT (GM) FORM

| <b>Waste Characteristics</b>                                                                                                                     |                                                                                                                  |                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Waste Description(*)<br>Waste Alcohols                                                                                                           | Type of Waste(*)<br>Liquid <span style="float: right;">▼</span>                                                  | Is this waste both hazardous (*) and radioactive?<br>No <span style="float: right;">▼</span> |
| EPA Hazardous Waste Code(s)(*)<br>D001 - Ignitable <span style="float: right;">select</span>                                                     |                                                                                                                  | State Hazardous Waste Code(s)<br><span style="float: right;">select</span>                   |
| The EPA Hazardous Waste Code(s) are:<br>D001                                                                                                     |                                                                                                                  |                                                                                              |
| Source Code(*)<br>G11 - Discarding Off-Spec or Out of Date Cr <span style="float: right;">▼</span>                                               | Management Method Code (Source Code G25 only)<br><span style="float: right;">▼</span>                            |                                                                                              |
| Form Code(*)<br>W203 - Concentrated Non-Halogenated e.g. <span style="float: right;">▼</span>                                                    | Waste Minimization Code(*)<br>B Continued initiatives to recycle waste eith <span style="float: right;">▼</span> |                                                                                              |
| Quantity(*)<br>2740                                                                                                                              | Density<br>Density                                                                                               | Density Unit of Measure<br>lbs/gal <span style="float: right;">▼</span>                      |
| <b>On-site Generation and Management of Hazardous Waste (✓)</b>                                                                                  |                                                                                                                  |                                                                                              |
| No <span style="float: right;">▼</span>                                                                                                          |                                                                                                                  |                                                                                              |
| Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System |                                                                                                                  |                                                                                              |

Number of Process Systems

**Off-site Shipment of Hazardous Waste (✓)**

Yes ▼

Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site

Number of Sites

1

**Site**

| EPA ID of facility to (*)<br>which waste was<br>shipped | Receiving Facility (*)<br>Name | Management (*)<br>Method Code | Total Quantity(*) |
|---------------------------------------------------------|--------------------------------|-------------------------------|-------------------|
| OHD093945293                                            | Veolia ES, Technic:            | H061-Fuel Blen ▼              | 2740              |

Total Quantity Treated On-site

0

Total Quantity under Off-site Shipment of Hazardous Waste

2740

**Comments**

Comments

**Waste Characteristics**

| Waste Description(*)      | Type of Waste(*) | Is this waste both hazardous (*)<br>and radioactive? |
|---------------------------|------------------|------------------------------------------------------|
| Flammable/Toxic Pharmacei | Solid ▼          | No ▼                                                 |

|                                                                                                                                                                                                                       |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <p>EPA Hazardous Waste Code(s)(*)</p> <p>D001 - Ignitable, D005 - Ba <input type="text" value="select"/></p> <p>The EPA Hazardous Waste Code(s) are:<br/>D001, D005, D007, D008, D010, D011, D012,<br/>D013, D018</p> | <p>State Hazardous Waste Code(s)</p> <p><input type="text" value="select"/></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                                                                                                                                                          |                              |                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------|--|
| Source Code(*)<br>G11 - Discarding Off-Spec or Out of Date Ct ▼                                                                                          |                              | Management Method Code (Source Code G25 only)<br>▼                          |  |
| Form Code(*)<br>W409 - Other Organic Solids ▼                                                                                                            |                              | Waste Minimization Code(*)<br>X No waste minimization efforts were impler ▼ |  |
| Quantity(*)<br>336                                                                                                                                       | Density<br>Density           | Density Unit of Measure<br>lbs/gal ▼                                        |  |
| <b>On-site Generation and Management of Hazardous Waste (✓)</b>                                                                                          |                              |                                                                             |  |
| No ▼<br>Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System |                              |                                                                             |  |
| Number of Process Systems                                                                                                                                |                              |                                                                             |  |
| <b>Off-site Shipment of Hazardous Waste (✓)</b>                                                                                                          |                              |                                                                             |  |
| No ▼<br>Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site       |                              |                                                                             |  |
| Number of Sites                                                                                                                                          |                              |                                                                             |  |
| Total Quantity Treated On-site<br>0                                                                                                                      |                              |                                                                             |  |
| Total Quantity under Off-site Shipment of Hazardous Waste<br>0                                                                                           |                              |                                                                             |  |
| <b>Comments</b>                                                                                                                                          |                              |                                                                             |  |
| Waste was generated in 2025, but pick up by Off-site shipment group has not yet occurred yet.                                                            |                              |                                                                             |  |
| <b>Waste Characteristics</b>                                                                                                                             |                              |                                                                             |  |
| Waste Description(*)<br>Xylene                                                                                                                           | Type of Waste(*)<br>Liquid ▼ | Is this waste both hazardous (*) and radioactive?<br>No ▼                   |  |
| EPA Hazardous Waste Code(s)(*)                                                                                                                           |                              | State Hazardous Waste Code(s)                                               |  |

|                                                                                                                                                          |                                                   |                                                                               |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------|---------------------------|
| <input type="text" value="D001 - Ignitable, F003 - Ther select"/>                                                                                        |                                                   | <input type="text" value="select"/>                                           |                           |
| The EPA Hazardous Waste Code(s) are:<br>D001, F003                                                                                                       |                                                   |                                                                               |                           |
| Source Code(*)<br>G22 - Laboratory Analytical Wastes ▼                                                                                                   |                                                   | Management Method Code (Source Code G25 only)<br>▼                            |                           |
| Form Code(*)<br>W203 - Concentrated Non-Halogenated e.g. ▼                                                                                               |                                                   | Waste Minimization Code(*)<br>B Continued initiatives to recycle waste eith ▼ |                           |
| Quantity(*)<br>1920                                                                                                                                      | Density<br>Density                                | Density Unit of Measure<br>lbs/gal ▼                                          |                           |
| <b>On-site Generation and Management of Hazardous Waste (✓)</b>                                                                                          |                                                   |                                                                               |                           |
| No ▼<br>Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System |                                                   |                                                                               |                           |
| Number of Process Systems                                                                                                                                |                                                   |                                                                               |                           |
| <b>Off-site Shipment of Hazardous Waste (✓)</b>                                                                                                          |                                                   |                                                                               |                           |
| Yes ▼<br>Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site      |                                                   |                                                                               |                           |
| Number of Sites<br>1                                                                                                                                     |                                                   |                                                                               |                           |
| <b>Site</b>                                                                                                                                              |                                                   |                                                                               |                           |
| EPA ID of facility to (*) which waste was shipped<br>OHD093945293                                                                                        | Receiving Facility (*) Name<br>Veolia ES, Technic | Management (*) Method Code<br>H061-Fuel Blen ▼                                | Total Quantity(*)<br>1920 |
| Total Quantity Treated On-site<br>0                                                                                                                      |                                                   |                                                                               |                           |
| Total Quantity under Off-site Shipment of Hazardous Waste                                                                                                |                                                   |                                                                               |                           |

1920

**Comments**

Comments

**Waste Characteristics**

|                                  |                            |                                                         |
|----------------------------------|----------------------------|---------------------------------------------------------|
| Waste Description(*)<br>Formalin | Type of Waste(*)<br>Liquid | Is this waste both hazardous (*) and radioactive?<br>No |
|----------------------------------|----------------------------|---------------------------------------------------------|

|                                                              |                                         |
|--------------------------------------------------------------|-----------------------------------------|
| EPA Hazardous Waste Code(s)(*)<br>U122 - Formaldehyde select | State Hazardous Waste Code(s)<br>select |
| The EPA Hazardous Waste Code(s) are:<br>U122                 |                                         |

|                                                      |                                               |
|------------------------------------------------------|-----------------------------------------------|
| Source Code(*)<br>G22 - Laboratory Analytical Wastes | Management Method Code (Source Code G25 only) |
|------------------------------------------------------|-----------------------------------------------|

|                                                          |                                                                           |
|----------------------------------------------------------|---------------------------------------------------------------------------|
| Form Code(*)<br>W203 - Concentrated Non-Halogenated e.g, | Waste Minimization Code(*)<br>X No waste minimization efforts were impler |
|----------------------------------------------------------|---------------------------------------------------------------------------|

|                     |                    |                                    |
|---------------------|--------------------|------------------------------------|
| Quantity(*)<br>1500 | Density<br>Density | Density Unit of Measure<br>lbs/gal |
|---------------------|--------------------|------------------------------------|

**On-site Generation and Management of Hazardous Waste (✓)**

|                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes                                                                                                                                              |
| Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System |

|                                |
|--------------------------------|
| Number of Process Systems<br>1 |
|--------------------------------|

|                |                                                         |                     |
|----------------|---------------------------------------------------------|---------------------|
| Process System | Management Method Code(*)<br>H121 - Neutralization Only | Quantity(*)<br>1500 |
|----------------|---------------------------------------------------------|---------------------|

**Off-site Shipment of Hazardous Waste (✓)**

|    |
|----|
| No |
|----|

Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site

Number of Sites

Total Quantity Treated On-site

1500

Total Quantity under Off-site Shipment of Hazardous Waste

0

**Comments**

Comments

Waste Generation and Management comments:

Applicant Comment:

EEC Reviewer Comment:

**HAZARDOUS WASTE REPORT**

2025

(reporting cycle)

**WASTE RECEIVED FROM OFF-SITE (WR) FORM**

Total Quantity under Waste Received From Off-Site (WR) Form

Total Quantity

**Comments**

Comments

Waste Received comments:

Applicant Comment:

EEC Reviewer Comment:

HAZARDOUS WASTE REPORT  
OFF-SITE IDENTIFICATION (OI) FORM

Number of Sites(\*)

5

Please enter the number of Generators, Receiving Facilities and Transporters.

Site

1

Name of Off-site Installation or Transporter(\*)

Ohio County Hospital

EPA ID Number(\*)

KYD985085240

Handler Type (Check all that apply)

Generator

Transporter

Receiving Facility

Address of Off-site installation

Street Address(\*)

1211 Main St

City(\*)

Hartford

State(\*)

Kentucky

Zip Code(\*)

42347

Country(\*)

United States

Total Number of Manifested Shipments

29

Total Pounds Shipped for Reporting Year

4660

|                                                                                   |                                                 |                                  |
|-----------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|
| <b>Site 2</b>                                                                     |                                                 |                                  |
| Name of Off-site Installation or Transporter(*)<br>Veolia Technical Solutions LLC |                                                 | EPA ID Number(*)<br>NJD080631369 |
| Handler Type (Check all that apply)                                               |                                                 |                                  |
| Generator                                                                         |                                                 |                                  |
| Transporter                                                                       |                                                 |                                  |
| Receiving Facility                                                                |                                                 |                                  |
| <b>Address of Off-site installation</b>                                           |                                                 |                                  |
| Street Address(*)<br>1 Eden Ln                                                    |                                                 |                                  |
| City(*)<br>Flanders                                                               |                                                 |                                  |
| State(*)<br>New Jersey                                                            | Zip Code(*)<br>07836                            | Country(*)<br>United States      |
| Total Number of Manifested Shipments<br>29                                        | Total Pounds Shipped for Reporting Year<br>4660 |                                  |
| <b>Site 3</b>                                                                     |                                                 |                                  |
| Name of Off-site Installation or Transporter(*)<br>Tri State Motor Transit        |                                                 | EPA ID Number(*)<br>MOD095038998 |
| Handler Type (Check all that apply)                                               |                                                 |                                  |
| Generator                                                                         |                                                 |                                  |
| Transporter                                                                       |                                                 |                                  |
| Receiving Facility                                                                |                                                 |                                  |
| <b>Address of Off-site installation</b>                                           |                                                 |                                  |

|                                                                                                                                                                              |                      |                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------|
| Street Address(*)<br>8141 E 7th St                                                                                                                                           |                      |                                                |
| City(*)<br>Joplin                                                                                                                                                            |                      |                                                |
| State(*)<br>Missouri ▼                                                                                                                                                       | Zip Code(*)<br>64801 | Country(*)<br>United States                    |
| Total Number of Manifested Shipments<br>2                                                                                                                                    |                      | Total Pounds Shipped for Reporting Year<br>240 |
| <b>Site</b><br>4                                                                                                                                                             |                      |                                                |
| Name of Off-site Installation or Transporter(*)<br>Basin Transportation, LLC                                                                                                 |                      | EPA ID Number(*)<br>OKR000031492               |
| Handler Type (Check all that apply)<br><br><input type="checkbox"/> Generator<br><br><input type="checkbox"/> Transporter<br><br><input type="checkbox"/> Receiving Facility |                      |                                                |
| <b>Address of Off-site installation</b>                                                                                                                                      |                      |                                                |
| Street Address(*)<br>130 Express Lane                                                                                                                                        |                      |                                                |
| City(*)<br>McAlester                                                                                                                                                         |                      |                                                |
| State(*)<br>Oklahoma ▼                                                                                                                                                       | Zip Code(*)<br>74501 | Country(*)<br>United States                    |
| Total Number of Manifested Shipments<br>3                                                                                                                                    |                      | Total Pounds Shipped for Reporting Year<br>300 |
| <b>Site</b><br>5                                                                                                                                                             |                      |                                                |
| Name of Off-site Installation or Transporter(*)                                                                                                                              |                      | EPA ID Number(*)                               |

Veolia ES, Technical Solutions LLC

OHD093945293

Handler Type (Check all that apply)

Generator

Transporter

Receiving Facility

**Address of Off-site installation**

Street Address(\*)

4301 Infirmery Rd

City(\*)

West Carrollton

State(\*)

Ohio



Zip Code(\*)

45449

Country(\*)

United States

Total Number of Manifested Shipments

29

Total Pounds Shipped for Reporting Year

4660

Total Pounds from Off-site Identification (OI) Form

4660

**Comments**

Comments

Off-Site Identification comments:

Applicant Comment:

EEC Reviewer Comment:

## HAZARDOUS WASTE PERMIT PART A FORM

**Facility Permit Contact**

First Name(\*)

Middle Initial

Last Name(\*)

First Name

Middle Initial

Last Name

Title

Title

Email Address

username@domain.type

Phone(\*)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Ext

Ext

Fax

###-###-####

**Facility Permit Contact Mailing Address**

Street Address(\*)

Street Address

City, Town, or Village(\*)

City, Town, or Village

State(\*)



Country(\*)



Zip Code(\*)

#####

**Facility Existence Date**

mm/dd/yyyy

**Other Environmental Permits**

Permit Type

Permit Number

Description

**Nature of Business**

Nature of Business

**Process Codes and Design Capacities (\*)**

Process Code

Amount

Unit of Measure

Unit Name

**Description of Hazardous Waste (Enter codes for Items A, C and D(1)) (\*)**

Number of Waste Streams(\*)

|  |
|--|
|  |
|--|

|            |
|------------|
| <b>Map</b> |
|------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all sprin, rivers, and other surface water bodies in the map area. See instructions for precise requirements. | <input type="button" value="Upload file"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

|                         |
|-------------------------|
| <b>Facility Drawing</b> |
|-------------------------|

|                                                                                                         |                                            |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------|
| All existing facilities must include a scale drawing of the facility. See instructions for more detail. | <input type="button" value="Upload file"/> |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------|

|                    |
|--------------------|
| <b>Photographs</b> |
|--------------------|

|                                                                                                                                                                                                                                                                        |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail | <input type="button" value="Upload file"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

|                 |
|-----------------|
| <b>Comments</b> |
|-----------------|

|          |
|----------|
| Comments |
|----------|

|                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <h2 style="margin: 0;">CLAIM FOR EXCLUSION FROM THE HAZARDOUS WASTE ASSESMENT</h2> <p style="margin: 10px 0 0 0;">Return to Hazardous Waste Branch, 300 Sower Blvd., 2nd Floor, Frankfort KY 40601 BEFORE March 1, 2026</p> <p style="margin: 10px 0 0 0;">with the Hazardous Waste Assesment Return and Annual Report</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                  |                   |
|------------------|-------------------|
| County<br>County | AI #<br>AI number |
|------------------|-------------------|

|                        |
|------------------------|
| Site Name<br>Site Name |
|------------------------|

|                                  |                           |                  |
|----------------------------------|---------------------------|------------------|
| Contact Person<br>Contact Person | Phone Number<br>_ - _ - _ | Extension<br>Ext |
|----------------------------------|---------------------------|------------------|

|                                    |              |
|------------------------------------|--------------|
| Mailing Address<br>Mailing Address | City<br>City |
|------------------------------------|--------------|

|       |          |
|-------|----------|
| State | Zip Code |
|-------|----------|



#####

**Identify the specific exclusion described under KRS 224.46-580 (7) and (8) for which approval is sought (\*)**

select

**Complete this section for the hazardous waste you are seeking exclusion**

Number of Exclusion Forms(\*)

Total Quantity of waste seeking exclusion

Total Quantity

**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

Title

Signature Date

Name

Title

mm/dd/yyyy

Claim for Exclusion comments:

Applicant Comment:

EEC Reviewer Comment:

Kentucky Department for Environment Protection  
Division of Waste Management  
Hazardous Waste Branch  
300 Sower Boulevard, Frankfort, KY 40601  
(502) 564-6716

DWM-7037A (June 2017)  
401 KAR 39:080

# REGISTRATION OF HAZARDOUS WASTE ACTIVITY ADDENDUM

EPA Form 8700-12

### ID Numbers

Agency Interest #()

Please enter either AI number for registration

AI number

### Legal Landowner of the Real Property

Name of Landowner(\*)

Name of Legal Owner

Date Become Owner(\*)

MM/DD/YYYY

Landowner Type(\*)



Phone Number(\*)

\_\_-\_\_-\_\_

Ext

Ext

Street Address or P.O. Box(\*)

Street Address or P.O. Box

City(\*)

City

State(\*)



Country(\*)



Zip Code(\*)

#####

Latitude(decimal degrees)()

DMS to DD Converter

(<https://www.fcc.gov/media/radio/dms-decimal>)

Range must be between 36.490000 and 39.150000

Longitude(decimal degrees)()

Range must be between -89.580000 and -81.960000

### Type of Regulated Waste Activity

Check the appropriate check-boxes for waste activities not included in the EPA Form 8700. Complete any additional spaces as instructed.

If Marked on EPA Form 8700 as a Transporter of Hazardous Waste, then check all boxes that apply

Transporter for Hire

Transfer Facility

Transporter for Self

If Marked on EPA Form 8700 as a Recycler of Hazardous Waste, then check all boxes that apply

Recycler of Lead Acid Batteries

Recycler of Precious Metals

Other Recycler

Specify the type of recycler

If Marked on EPA Form 8700 as an Off-Specification Used Oil Burner, then check all boxes that apply

Utility Boiler

Industrial Boiler

Industrial Furnace

Used Oil Collection Center

a. Storage capacity of facility

Gallons

Laboratory Conducting Treatability Studies

Used Oil Recycler

a. Amount recycled in previous calendar year

Gallons

E-Scrap Collection Center

Publicly Owned Treatment Works (POTW) Receiving Hazardous Waste

Household Collection

Generator Treating Hazardous Waste On-Site\*

Provide a brief description

Description

Other (describe)

Description

**Description of Current Hazardous Waste Streams (\*)**

Complete one add on per waste stream.

**NOTE:**For modifications, all current waste streams must be listed in addition to any new ones.

Number of Waste streams(\*)

Please enter the number of Hazardous Waste Streams.

Total Max Amount of Waste Monthly

Total Estimated Annual Amount

Please provide a comment below if the waste streams are not all generated each month

Total Estimated Annual Amount

Total Max Amount of Waste

**Waste Streams Being Deleted ("X")**

Refer to your previous registration and list any waste streams this facility is no longer generating. This section is NOT APPLICABLE to first time applicants.

Number of Waste streams to be deleted(✓)

Please enter the number of Hazardous Waste Streams to be deleted.

**Comments**

Comments

Registration of Hazardous Waste Activity comments:

Applicant Comment:

EEC Reviewer Comment:

Commonwealth of Kentucky

# HAZARDOUS WASTE ASSESSMENT RETURN FROM January - December, 2025

**Return BEFORE March 1,  
2026**

**. Late fees apply to Assessments date stamped by the Branch after March 1,  
2026**

.

Do you wish to fill out Claims For Exclusion Form

|                                     |                           |                                       |                  |
|-------------------------------------|---------------------------|---------------------------------------|------------------|
| County<br>Ohio                      |                           | Agency Interest Number (AI#)<br>58789 |                  |
| Site Name<br>Ohio County Hospital   |                           |                                       |                  |
| Contact Person<br>Jennifer Schrader | Phone No.<br>270-298-5234 |                                       | Extension<br>Ext |
| MailingAddress<br>1211 Main St      |                           | City<br>Hartford                      |                  |
| State<br>Kentucky                   |                           | Zip Code<br>42347                     |                  |

| <b>ASSESSMENT CATEGORIES List</b><br><b>waste generated and/or Received from out-of-state from January 1 - December 31, 2025</b> | <b>Column A QUANTITY</b><br><b>(List quantity in pounds)</b> | <b>Column B RATE</b> | <b>Column C AMOUNT DUE</b><br><b>Multiply Column A x B</b> |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------|------------------------------------------------------------|
| 2a. Solid hazardous waste generated and destined for disposal off site                                                           | Pounds                                                       | \$0.002              | \$                                                         |
| 2b. Solid hazardous waste burned off site for energy recovery in an industrial boiler or furnace (H050 Only)                     | Pounds                                                       | \$0.001              | \$                                                         |
| 3a. Solid hazardous waste generated and treated, recycled, or disposed of on site                                                | Pounds                                                       | \$0.001              | \$                                                         |
| 3b. Solid hazardous waste burned on site for energy recovery in an industrial boiler or furnace (H050 Only)                      | Pounds                                                       | \$0.0005             | \$                                                         |
| 4a. Liquid hazardous waste generated and destined for disposal off site                                                          | Pounds                                                       | \$0.012              | \$                                                         |
| 4b. Liquid hazardous waste burned off site for energy recovery in an industrial boiler or furnace (H050 Only)                    | Pounds                                                       | \$0.006              | \$                                                         |
| 5a. Liquid hazardous waste generated and treated, recycled, or disposed of on site                                               | 1500                                                         | \$0.006              | 9                                                          |
| 5b. Liquid hazardous waste burned on site for energy recovery in                                                                 | Pounds                                                       | \$0.003              | \$                                                         |

|                                                                                        |        |  |     |
|----------------------------------------------------------------------------------------|--------|--|-----|
| an industrial boiler or furnace (H050 Only)                                            |        |  |     |
| 6. Waste excluded from all Exclusion Forms                                             | Pounds |  |     |
| 7. SUBTOTAL                                                                            |        |  | 9.0 |
| 8. Interest on late submittals calculated from January 1 to Branch receipt date stamp  |        |  | \$  |
| 9. Penalties on late submittals calculated from January 1 to Branch receipt date stamp |        |  | \$  |
| 10. Adjustments from over payments And under payments                                  |        |  | \$  |
| <b>11. TOTAL AMOUNT DUE (ASSESSMENT WAIVED IF UNDER \$50.00)</b>                       |        |  | 9.0 |

**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(*)<br>Jennifer Schrader | Title<br>Director of Environment of Ca | Signature Date(*)<br>02/16/2026 |
|------------------------------|----------------------------------------|---------------------------------|

**FEE SCHEDULE**

**REGISTRATION FEES**

|                                                       |   |
|-------------------------------------------------------|---|
| Select one of the following Registration Fee Options: | ▼ |
|-------------------------------------------------------|---|

Change in Ownership of the company requires submittal of registration fee, use schedule 1

**SCHEDULE 1**

|                                                                                                                                                                                                                                              |                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Number of Waste Streams                                                                                                                                                                                                                      | ▼                                                                                                                |
| Fees                                                                                                                                                                                                                                         |                                                                                                                  |
| <p>* For VSQGs, if multiple registrations are sent together, the first one is \$200, and all others are \$150</p> <p>* VSQG generators may receive a \$50 deduction for each registration beyond the first registration in the same day.</p> | <p>Select here to claim deduction; note that improperly claimed discounts may result in delays in processing</p> |

**MODIFICATION FEES**

For any modifications, use Schedule 2

However, any modifications made during the renewal registration do not require modification fees, see Schedule 1. When filing a modification at any other time, then follow schedule 2.

Change in ownership of the company requires submittal of the registration fee - see Schedule 1

**SCHEDULE 2**

Check all the appropriate checkboxes that are applicable

| Modification                                                         | Fee              | (“) | Amount Applied: |
|----------------------------------------------------------------------|------------------|-----|-----------------|
| Add or delete 1 - 5 waste streams                                    | \$50             |     |                 |
| Add or delete 6 - 10 waste streams                                   | \$100            |     |                 |
| Add or delete 11 - 15 waste streams                                  | \$150            |     |                 |
| Add or delete 16 - 20 waste streams                                  | \$200            |     |                 |
| Add or delete 21 - 25 waste streams                                  | \$250            |     |                 |
| Add or delete 26 - 30 waste streams                                  | \$300            |     |                 |
| Add or delete 31 or more waste streams                               | \$350            |     |                 |
| Change information (such as contract person, mailing address, etc)   | \$50 each change |     |                 |
| Change ONLY the company name                                         | No Fee           |     |                 |
| Any change from one status to another (SQG to VSQG, LQG to SQG, etc) | \$50             |     |                 |

|                                                                   |                |  |  |
|-------------------------------------------------------------------|----------------|--|--|
| Add any activity (such as recycling or treatment on-site, etc)    | See Schedule 3 |  |  |
| Delete any activity (such as recycling or treatment on-site, etc) | \$50           |  |  |

**OTHER ACTIVITY FEES**

For any activities below, use Schedule 3

**SCHEDULE 3**

Check all the appropriate checkboxes that are applicable

| Activity                                         | Fee                                                      | (âœ“) | Amount Applied: |
|--------------------------------------------------|----------------------------------------------------------|-------|-----------------|
| One Time Only Generator                          | See Schedule 1                                           |       |                 |
| On-Site Treatment by Generator                   | \$300 annual fee                                         |       |                 |
| Ky Based Transporter                             | \$300 annual fee                                         |       |                 |
| Non Ky Based Transporter                         | \$300 one time fee                                       |       |                 |
| Lead Acid Battery Recycler                       | \$300 annual fee                                         |       |                 |
| Other Recycler**                                 | \$300 per activity                                       |       |                 |
| Hazardous Waste Fuel Burner                      | \$300 annual fee                                         |       |                 |
| Non-Hazardous Used Oil Activities                | \$300 one time fee (covers all non-hazardous activities) |       |                 |
| Used Oil Processor, Refiner, Burner, or Marketer | \$300 annual fee                                         |       |                 |
| Large Quantity Handler of Universal Waste        | \$300 one time fee                                       |       |                 |
| Underground Injection Well                       | No fee                                                   |       |                 |
| Laboratory Conducting Treatability Studies       | No Fee                                                   |       |                 |
| Household Collection                             | No Fee                                                   |       |                 |
| POTW Receiving Hazardous Waste                   | No Fee                                                   |       |                 |

**\*\*VSQGs who are also recyclers are exempt from other activity fees, see Schedule 1 only.**

**Total Fee**

Total Fee Calculated Based On  
The Selection

Recalculate

Registration Fees comments:

Applicant Comment:

EEC Reviewer Comment:

**FEE CALCULATION EXAMPLES**

If your company is a Large Quantity Generator with seven hazardous waste streams and operates a precious metals recycling facility, the annual fee would be \$350 (schedule 1) + \$300 (schedule 3) = \$650.

If your company is a Small Quantity Generator with eight waste streams and is also registered as a Kentucky based transporter, the annual fee would be \$350 (schedule 1) + \$300 (schedule 3) = \$650.

If your company is a Very Small Quantity Generator with two waste streams and operates a solvent distillation unit (Other Recycler), the annual fee would be \$200 (schedule 1) + \$0 (schedule 3\*\*) = \$200, if an EPA ID number is needed.

If your company is a Small Quantity Generator with two waste streams and operates a solvent distillation unit (Other Recycler), the annual fee would be \$300 (schedule 1) + \$300 (schedule 3) = \$600.

If your company is filing a modification to add two new waste streams and change the contact person, the fee would be \$50 (schedule 2) + \$50 (schedule 2) = \$100.

If your company is filing a modification to change the name of the company, with no change in ownership, the fee would be \$0 (schedule 2)

If your company is filing a change of ownership and subsequent name change, the annual fee in Schedule 1 will apply

*If you are still unsure of what your fee should be, please contact the registration program coordinator at (502) 564-6716.*

Reason for Submittal(\*)



**ID Numbers**

EPA ID Number

EPA ID Number starts with KY

Agency Interest Number

AI Number

|                                                                                                                                    |            |                                                                       |                   |
|------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------|-------------------|
| <b>Existing and New Facilities</b>                                                                                                 |            |                                                                       |                   |
| Existing Facilities, the date operation began or construction commenced<br>MM/DD/YYYY                                              |            | New Facilities, the date operation is expected to begin<br>MM/DD/YYYY |                   |
| Facility Contact Email Address<br>username@domain.type                                                                             |            |                                                                       |                   |
| <b>Facility Operator (2)</b>                                                                                                       |            |                                                                       |                   |
| Name of Facility Operator 2<br>Name of Facility Operator                                                                           |            | Type of Operator 2<br>▼                                               |                   |
| Operator 2 Street Address or P.O.Box<br>Street Address or P.O.Box                                                                  |            |                                                                       |                   |
| City<br>City                                                                                                                       | State<br>▼ | County<br>County                                                      | Zip Code<br>##### |
| Facility Operator 2 Telephone Number<br>__-__-__                                                                                   |            | Phone Number Extension<br>Ext                                         |                   |
| New Operator Assumed Responsibility for Facility on this Date<br>MM/DD/YYYY                                                        |            |                                                                       |                   |
| <b>Facility Operator (3)</b>                                                                                                       |            |                                                                       |                   |
| Name of Facility Operator 3<br>Name of Facility Operator                                                                           |            | Type of Operator 3<br>▼                                               |                   |
| Operator 3 Street Address or P.O.Box<br>Street Address or P.O.Box                                                                  |            |                                                                       |                   |
| City<br>City                                                                                                                       | State<br>▼ | County<br>County                                                      | Zip Code<br>##### |
| Facility Operator 3 Telephone Number<br>###-###-####                                                                               |            | Phone Number Extension<br>Ext                                         |                   |
| New Operator Assumed Responsibility for Facility on this Date<br>MM/DD/YYYY                                                        |            |                                                                       |                   |
| <b>Process Description (*)</b> <a href="#">Click here for Instructions (Controls/DEP_HazWaste_PermitAddendum_Instructions.htm)</a> |            |                                                                       |                   |

Commercial Indicators    Unique Unit or Group Name    Legal Status Code    Operating Status Code    Description Process

**Waste Stream Description (\*)**

Line Number    Waste Stream Number    Legal Status Code

Facility Status



**Facility Owner Certification**

If the facility owner is also the facility operator, please skip this section and complete item XV below.  
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                             |                           |                           |                                 |
|-----------------------------|---------------------------|---------------------------|---------------------------------|
| First Name(*)<br>First Name | Last Name(*)<br>Last Name | Signature(*)<br>Signature | Signature Date(*)<br>MM/DD/YYYY |
|-----------------------------|---------------------------|---------------------------|---------------------------------|

**Operator Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                             |                           |                           |                                 |
|-----------------------------|---------------------------|---------------------------|---------------------------------|
| First Name(*)<br>First Name | Last Name(*)<br>Last Name | Signature(*)<br>Signature | Signature Date(*)<br>MM/DD/YYYY |
|-----------------------------|---------------------------|---------------------------|---------------------------------|

**Land Owner Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|                             |                           |                           |                                 |
|-----------------------------|---------------------------|---------------------------|---------------------------------|
| First Name(*)<br>First Name | Last Name(*)<br>Last Name | Signature(*)<br>Signature | Signature Date(*)<br>MM/DD/YYYY |
|-----------------------------|---------------------------|---------------------------|---------------------------------|

Part A Application comments:

Applicant Comment:

EEC Reviewer Comment:

## PERMIT FEE SCHEDULE

### Fees for permit to construct or operate hazardous waste treatment, storage, or disposal facility. Per KRS 224.46-016 & 401 KAR 39:120

- An applicant for a permit to construct or operate a treatment, storage, or disposal facility shall be subject by the cabinet to a review fee equal to the sum of the unit fees charged for each type of hazardous waste management unit at the facility.
  
- An applicant for a permit to construct or operate a hazardous waste treatment, storage, or disposal facility shall be subject to a filing fee by the cabinet in the amount of twenty percent (20%) of the permit review fee

The container unit fee shall apply once for each different container type. Container types shall include: drums, tote bins, bottles, and roll-off boxes. The unit fees shall be:

| Container Unit                         | Fee                                           | (âœ“) | Amount Applied: |
|----------------------------------------|-----------------------------------------------|-------|-----------------|
| Incinerator/Boiler/Industrial Furnace  | \$19,400                                      |       |                 |
| Waste Pile/Miscellaneous Disposal Unit | \$12,200                                      |       |                 |
| Surface Impoundment                    | \$14,000                                      |       |                 |
| Tank (>7,500 gal)                      | \$7,400<br>(\$4,400 per additional tank)      |       |                 |
| Tank (<7,500 gal)                      | \$3,700<br>(\$1,850 per additional tank)      |       |                 |
| Container (>5,000 gal)                 | \$6,000<br>(\$3,000 per additional container) |       |                 |
| Container (<5,000 gal)                 | \$3,000<br>(\$1,500 per additional container) |       |                 |
| Land Treatment                         | \$15,800                                      |       |                 |

|                                      |          |  |  |
|--------------------------------------|----------|--|--|
| Landfill                             | \$15,000 |  |  |
| Containment Building                 | \$7,400  |  |  |
| Drip Pads/Miscellaneous Storage Unit | \$3,700  |  |  |
| Miscellaneous Treatment Unit         | \$15,800 |  |  |

The assessment fee for an applicant seeking a permit to construct or operate a treatment, storage or disposal facility

| Number of Solid Waste Management Units | Fee      | (“) | Amount Applied: |
|----------------------------------------|----------|-----|-----------------|
| <20                                    | \$4,000  |     |                 |
| 20 - 59                                | \$6,500  |     |                 |
| 60 - 99                                | \$9,000  |     |                 |
| 100+                                   | \$11,500 |     |                 |

The cabinet may require an applicant seeking a permit to construct or operate a treatment, storage, or disposal facility to submit an investigation fee or corrective action fee, or both, if the facility includes a facility investigation or corrective action study or plan:

| Corrective Action                 | Fee      | (“) | Amount Applied: |
|-----------------------------------|----------|-----|-----------------|
| Facility Investigation            | \$14,500 |     |                 |
| Corrective Action                 | \$29,000 |     |                 |
| Corrective Action Management Unit | \$3,700  |     |                 |
| Temporary Containers              | \$3,000  |     |                 |
| Temporary Tanks                   | \$3,700  |     |                 |

**Fees for modification of permit to construct or operate hazardous waste treatment, storage, or disposal facility. Per KRS 224.46-018 & 401 KAR 39:120**

- An applicant seeking to modify a permit to construct or operate a hazardous waste treatment, storage, or disposal facility shall be subject to a fee by the cabinet of three hundred dollars (\$300) if the cabinet determines that the modification is minor.
- An applicant seeking to modify a hazardous waste treatment, storage, or disposal facility permit to add one (1) or more waste streams, and a waste stream with the same characteristic is already permitted,

shall be subject to a review fee of three hundred dollars (\$300) per waste stream proposed to be added.

All other applicants to add one (1) or more waste streams shall be subject by the cabinet to a review fee equal to

| Additional Wastestream  | Fee     | (“) | Amount Applied: |
|-------------------------|---------|-----|-----------------|
| Tank                    | \$3,400 |     |                 |
| Surface Impoundment     | \$5,000 |     |                 |
| Waste Pile              | \$4,500 |     |                 |
| Incinerator             | \$6,500 |     |                 |
| Container               | \$2,700 |     |                 |
| Land Treatment/Landfill | \$3,400 |     |                 |

An applicant seeking to modify a permit to construct or operate a hazardous waste treatment, storage, or disposal facility shall be subject to a fee by the cabinet in the following amounts, for the addition or substantial modification of a treatment, storage, or disposal unit:

| Container Unit         | Fee      | (“) | Amount Applied: |
|------------------------|----------|-----|-----------------|
| Incinerator            | \$19,400 |     |                 |
| Waste Pile             | \$12,200 |     |                 |
| Surface Impoundment    | \$14,000 |     |                 |
| Tank (>7,500 gal)      | \$7,400  |     |                 |
| Tank (<7,500 gal)      | \$3,700  |     |                 |
| Container (>5,000 gal) | \$6,000  |     |                 |
| Container (<5,000 gal) | \$3,000  |     |                 |
| Tank (>7,500 gal)      | \$15,800 |     |                 |
| Tank (>7,500 gal)      | \$15,000 |     |                 |

- The incinerator fee provided in this section shall apply once for each different type of incinerator unit at the facility. The types of incinerator units shall include: liquid injection, rotary kiln, fluidized bed, and multiple hearth. The tank fee provided in of this section shall apply once for each different tank design.

Tank design criteria shall include: differences in materials of construction, pressure vessels, nonpressure vessels, shape, and ancillary equipment.

**Fees for closure of hazardous waste treatment, storage, or disposal facility. Per KRS 224.46018 & 401 KAR 39:120**

Any owner or operator that submits a closure plan for a treatment, storage, or disposal facility shall submit:

| <b>Container Unit Closed</b>           | <b>Fee</b> | <b>(“)</b> | <b>Amount Applied:</b> |
|----------------------------------------|------------|------------|------------------------|
| Closure Plan                           | \$3,600    |            |                        |
| Incinerator/Boiler/Industrial Furnace  | \$2,000    |            |                        |
| Waste Pile/Miscellaneous Disposal Unit | \$1,000    |            |                        |
| Surface Impoundment                    | \$1,500    |            |                        |
| Tank/Drip Pads/Containment Building    | \$660      |            |                        |
| Container                              | \$460      |            |                        |
| Land Treatment/Landfill                | \$2,000    |            |                        |
| Miscellaneous Storage Unit             | \$660      |            |                        |
| Miscellaneous Treatment Unit           | \$2,000    |            |                        |
| Post-closure Without Permit            | \$9,000    |            |                        |

An applicant seeking to modify a facility investigation or corrective action plan for a solid waste management unit at a hazardous waste treatment, storage, or disposal facility shall be subject to a fee by the cabinet:

| <b>Corrective Actions</b> | <b>Fee</b> | <b>(“)</b> | <b>Amount Applied:</b> |
|---------------------------|------------|------------|------------------------|
| Facility Investigation    | \$14,500   |            |                        |
| Corrective Action         | \$29,000   |            |                        |

An applicant seeking to modify a detection, compliance or corrective action program at a regulated unit of a hazardous waste treatment, storage, or disposal facility shall be subject to a fee by the cabinet, which shall not exceed the following amounts for each specified instance:

| <b>Modification</b>                | <b>Fee</b> | <b>(“)</b> | <b>Amount Applied:</b> |
|------------------------------------|------------|------------|------------------------|
| Detection to Compliance Monitoring | \$6,000    |            |                        |

|                                                                                                                             |            |              |                        |
|-----------------------------------------------------------------------------------------------------------------------------|------------|--------------|------------------------|
| Compliance Monitoring to Corrective Action                                                                                  | \$8,000    |              |                        |
| Mod to Detection, Compliance or CA                                                                                          | \$5,000    |              |                        |
| <b>Fees for other miscellaneous events. Per KRS 224.46-018 &amp; 401 KAR 39:120</b>                                         |            |              |                        |
| <b>Event</b>                                                                                                                | <b>Fee</b> | <b>(âœ“)</b> | <b>Amount Applied:</b> |
| Emergency Permit                                                                                                            | \$750      |              |                        |
| Emergency ID Number                                                                                                         | \$100      |              |                        |
| Land Treatment Disposal                                                                                                     | \$5,500    |              |                        |
| Categorization Petition                                                                                                     | \$2,500    |              |                        |
| Permit with exposure landfill/surface impoundment                                                                           | \$5,000    |              |                        |
| <b>Total Fee</b>                                                                                                            |            |              |                        |
| <b>Total Fee Calculated Based On The Selection</b>                                                                          | Total Fee  |              |                        |
| <b>If you are still unsure of what your fee should be, please contact the permit program coordinator at (502) 564-6716.</b> |            |              |                        |

[Click to Save Values for Future Retrieval](#)

[Click for Review Complete](#)

[Click to Submit Deficiency](#)