

Ohio County Fiscal Court
March 10, 2026 5:00 PM
Ohio County Community Center
Hartford, KY

Attendance Taken at 5:00 PM:

Present Board Members:

David Johnston
Dale Beavin
Larry Morpew
Michael McKenney
Jason Bullock
Bo Bennett

I. Call to Order Judge Executive David Johnston
I.A. Prayer and Pledge to American Flag

II. Approve February 24, 2026 Minutes

Motion Passed: Approved Minutes passed with a motion by Bo Bennett and a second by Jason Bullock.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morpew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

III. Bills, Claims, Payments and Transfers

Motion Passed: Bills, Claims, Payments, Transfers and late list stand approved as presented passed with a motion by Jason Bullock and a second by Michael McKenney.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morpew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

IV. Deputy Coroner Bond

Motion Passed: Acknowledged having received a copy of the new Deputy Coroner Bond. passed with a motion by Dale Beavin and a second by Bo Bennett.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morpew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

V. Clerk's February 2026 Financial Report

Motion Passed: Acknowledged having received the Clerk's February 2026 Financial Report passed with a motion by Bo Bennett and a second by Dale Beavin.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morpew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

VI. Ohio County Hospital Annual Hazardous Waste Report

Motion Passed: Acknowledged having received Ohio county Hospital Annual Hazardous Waste Report passed with a motion by Bo Bennett and a second by Michael McKenney.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morpew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

VII. Denetra Henderson - Hwy. 1903

Discussion: Denetra Henderson of the Kentucky Transportation Department District 2 gave an update on the situation with Hwy 1903. They are trying to work with the mining company to get this resolved, if the company is not cooperative and is not actively mining, she stated then the KYTC legal team will get involved. Brandon Thomas asked if there was anything that the citizens could do, such as phone calls, she stated that not really as they are working with the legalities of the permits, bonds, etc. There was more discussion with citizens concerning how the bonds and mines work. Citizens voiced their concerns with the situation. The judge stated that he would reschedule Ms. Henderson to come back in a couple of months with an update.

VIII. Justin Miller

Discussion: Justin Miller presented a proposed ordinance to the court. The ordinance has to do with making sure contractors who are coming in from out of Ohio County are doing things as they should, i.e. bonds, occupational tax, etc., as it pertains to county funds and county bids.

Motion Passed: Motion to have Justin Keown, Ohio County Attorney, to look over the proposed ordinance, make revisions as needed, and bring back up at the next court meeting, March 24, 2026 passed with a motion by Michael McKenney and a second by Jason Bullock.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morpew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

IX. Arthur Leach - Ohio County PVA

Discussion: Arthur Leach, Ohio County PVA, introduced himself and gave an update on his office. He stated that he feels like all is going very well, he is finally fully staffed. They have been and continue to work on assessments in the county, and that you would see the PVA truck out and about.

X. 7. Closed Session Under KRS 61.810 Chapter 1 Section C & F

Motion Passed: Approved to enter into closed session under KRS 61.810 Chapter 1 Section C & F passed with a motion by Dale Beavin and a second by Jason Bullock.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morpew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

X.A. Return From Closed Session

Motion Passed: Approved having returned from Closed Session passed with a motion by Bo Bennett and a second by Jason Bullock.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morphew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

XI. Personnel

Discussion: The judge stated he had one personnel to bring to the court, this was in the works already, and will be the last one for a while, as the county is now in a hiring freeze.

Motion Passed: Motion for new hire at the Golf course of Samuel Whitely, seasonal, level 1, at the rate of \$14.40 passed with a motion by David Johnston.

6 Yeas - 0 Nays.

David Johnston	Yes
Dale Beavin	Yes
Larry Morphew	Yes
Michael McKenney	Yes
Jason Bullock	Yes
Bo Bennett	Yes

XII. Magistrate's Comments and Requests

XII.A. District 1 - Magistrate Michael McKenney

Discussion: Gave a shout out to the road department for all they do and are doing, and that they have dealt with and are still dealing with storm damages and doing the best they can.

XII.B. District 2 - Magistrate Jason Bullock

Discussion: Told the court that he would be out at the next meeting due to his grandson having surgery that day in Columbus Ohio.

XII.C. District 3 - Magistrate Bo Bennett

XII.D. District 4 - Magistrate Dale Beavin

XII.E. District 5 - Magistrate Larry Morphew

XIII. County Officials Comments and Requests


XIV. Citizen's Comments

Discussion: Mr. Hamilton asked if there was an update on the situation with the cemetery he had brought up and was told that so far no progress because getting hold of anyone with the coal company is hard to do. The judge assured him that it would not be forgotten and he would persist in trying to get answers.

XV. Adjournment

Judge Executive

Ohio County Fiscal Court Clerk

	Ohio County Fiscal Court Meeting REGULAR Judge Executive - David Johnston				
Michael McKenney Magistrate District 1	Jason Bullock Magistrate District 2	Bo Bennett Magistrate District 3	Dale Beavin Magistrate District 4	Larry Morpew Magistrate District 5	Justin Keown County Attorney
Ohio County Fiscal Court Meeting March 10, 2026 5:00 pm <ol style="list-style-type: none">1. Call to Order Prayer and Pledge2. Approve February 24, 2026 Minutes3. Bills, Claims, Payments and Transfers4. Clerk's February 2026 Financial Report5. Ohio County Hospital Annual Hazardous Waste Report6. Denetra Henderson – Hwy. 19037. Justin Miller8. Arthur Leach – Ohio County PVA9. Closed Session Under KRS 61.810 Chapter 1 Section C & F Return From Closed Session10. Personnel11. Kasady Stevens12. Committee Reports13. Magistrates Comments and Requests14. County Officials Comments and Requests15. Citizens Comments16. Adjournment					

OHIO COUNTY
FINANCIAL STATUS REPORT
CURRENT

Print Date: 3/5/2026 10:18 am
Page 3 of 3

Receipt Start: 2/1/2026 Receipts End: 2/28/2026 Period: 2/1/2026 thru 2/28/2026 using expense date for Accounts 26G - 26G

TOTAL REVENUES OVER EXPENDITURES \$65,181.71

I certify that this statement, to the best of my knowledge, is true and correct.

SIGNED: Bess J. Ralph
OHIO COUNTY

DATE: March 5, 2026

OHIO COUNTY
FINANCIAL STATUS REPORT
CURRENT

Print Date: 3/5/2026 10:18 am
Page 1 of 3

Receipt Start: 2/1/2026 Receipts End: 2/28/2026 Period: 2/1/2026 thru 2/28/2026 using expense date for Accounts 26G - 26G

REVENUES	
FROM STATE & COUNTY:	
Registration of Voters	
Prepare Tax Bills	
Board of Supervisors, Appeals	
Grants Library & Archives	
Voter Personnel Reimbursement	
Salary, Clerk of Fiscal Court	
County Reimbursement	
Election Commissioner	
HB537 SPECIAL REVENUE	
FEES FROM TAXES & LICENSES:	
Motor Vehicle Licenses	\$93,857.47
Child Victim Fund	
Motor Vehicle Usage Taxes	\$189,961.04
Motor Vehicle Notary Fees	\$4.00
Motor Vehicle Lien Release Fees	\$2,434.00
Motor Vehicle Property Tax - Motax	\$297,101.23
Delinquent Taxes	\$10,823.38
Hunting & Fishing Licenses	
Marriage Licenses	\$200.00
Miscellaneous Licenses	
County Stickers	\$27,734.00
Deed Transfer Taxes	\$6,415.00
RECORDING FEES:	
Deeds & Power Of Attorney	\$2,974.00
Real Estate Mortgages/Fixture Filing	\$5,424.00
Chattel Mortgages	\$4,456.00
Wills & Estates	\$318.00
Releases	\$2,140.00
Liens	\$250.00
Leases	\$34.00
Election Filing	
Storage Fees	\$2,960.00
Affordable Housing Trust	\$1,710.00
Miscellaneous Recordings	\$928.00
Postage & Copy Work	\$809.95
Miscellaneous	
Refunds & Overpayments	\$998.14
TOTAL SALES	\$651,532.21
MISCELLANEOUS BANK TRANSACTIONS	
Transfer of Funds (earned prev yr)	
Cash Drawer Transactions	
NSF Checks Less Redeposits	\$77.91
Interest Received on Bank Account	\$6.94
Misc Income/Refunds/Bank Cr Memos	
Accounts Receivable Credit Memos	
TOTAL MISCELLANEOUS BANK TRANSACTIONS	\$84.85
Outstanding Accounts Receivables	\$32.00
TOTAL REVENUES GENERATED	\$651,649.06

OHIO COUNTY
FINANCIAL STATUS REPORT
CURRENT

Print Date: 3/5/2026 10:18 am
Page 2 of 3

Receipt Start: 2/1/2026 Receipts End: 2/28/2026 Period: 2/1/2026 thru 2/28/2026 using expense date for Accounts 26G - 26G

EXPENDITURES	
MOTOR VEHICLE DEPARTMENT	
Motor Vehicle Licenses	\$68,947.97
Motor Vehicle Usage Tax	\$184,262.23
Motor Vehicle Ad Valorem Tax	\$285,217.19
MOTOR VEHICLE DEPARTMENT TOTALS	\$538,427.39
REAL ESTATE & PROPERTY TAXES	
Deed Transfer Taxes	\$6,094.25
Delinquent Taxes	\$9,879.34
TOTAL REAL ESTATE & PROPERTY TAXES	\$15,973.59
COUNTY STICKERS	\$26,624.64
Legal Process Taxes	\$1,470.25
Misc Licenses/Commissions	
Affordable Housing Trust Fund	
Storage Fees to Fiscal Court	\$2,960.00
SALARIES	
Salary, Clerk	
Salary, Deputies	
TOTAL SALARIES	
MISCELLANEOUS EXPENSES	
Health/Life & Unemployment Insurance	
Employer Match/Soc Sec & Retirement	
Clerk's Expenses	
Clerk's Insurance & Bonds	
Clerk's Dues & Convention Expenses	
Postage	
Operating Expenses & Office Supplies	
Election Reimbursements	
Microfilming & Indexing Records	
Misc Equipment & Maintenance Agmts	
General Repairs & Maintenance	
Candidate Filing Fee	
Refunds	\$1,011.48
NSF Check Charges	
Grant Library & Archives	
Uncollectible Accounts Receivable	
Outstanding Accounts Receivable	
Clerk's Final Settlement	
BANK CHARGES	
TRANSFER(S) OF FUNDS	
CERTIFICATE OF DEPOSIT	
MISCELLANEOUS BANK TRANSACTIONS	
SUBTOTAL BANK ACTIVITY	
TOTAL EXPENDITURES	\$586,467.35

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Kentucky EEC eForms

Thank you for submitting your information via the Kentucky Energy and Environment Cabinet eForms website. Please save a copy of this submission for your records. We recommend saving a copy as a .pdf, .html, or .htm file. Your Submitted ID and Transaction ID will be included in an email after EEC Staff have reviewed your submission. The Submitted ID for this transaction is 663786 and was submitted by EEC/CPIC/pegan.mcquaghay@ky.gov. If you need to contact EEC regarding your submission, please reference your Submitted ID. The eForm Submitted ID allows you to use the data from this form as a template. In addition, you may download a copy of your submission by returning to the details page.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA SUBTITLE C ACTIVITIES FORMS

Click here for General Instructions (Kentucky%20DMA%20RCRA%208700-12%20efarm%20Instructions%20ORAF.html) (*) indicates a required field; (dbr) indicates a field may be required based on user input or is an optionally required field

Agency/Invoice ID Number 58786
Purpose of the application(*) Annual Report / Assessment
Select the Year for Reporting(*) 2025
EPA ID Number(*) KY0969086240
Do you wish to fill out Waste Generation Form(*) Yes
Do you wish to fill out Waste Received Form(*) No
Start Page comments
Applicant Comment
EEC Reviewer Comment Corrected assessment emailed in

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Kentucky EEC eForms

RCRA SUBTITLE C SITE IDENTIFICATION FORM

Site Name (*) Ohio County Hospital	Latitude/decima (*) (degrees) DMS to DD Converter (https://www.forgo.com/converters/dms-to-dd-converter) decimal please enter -coordinates of latitude if most expensive if not requested		Longitude/decimal (*) (degrees) please enter coordinates of longitude if most expensive if not requested
Site Location Address Street Address(*) 1211 Main St	Country(*) United States	Zip Code(*) 42347	
City, Town, or Village(*) Harford	County(*) Ohio	Same as Location Address	
Site Mailing Address Street Address or P.O. Box(*) 1211 Main St			
City, Town, or Village(*) Harford	State(*) Kentucky		
Country(*) United States	Zip Code(*) 42347		
Site Land Type (*) County			
North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes) (*) 62 - Health Care and Social Assistance			
NAICS Code comments			

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3408, 4/23/14 Kentucky EEO forms

State(*) Kentucky	Country(*) United States	Zip Code(*) 42347
Email sebauso@cochranes.com		
Phone Number 270-258-5434	Ext 5495	Fax ###-###-####

10. Type of Regulated Waste Activity (at your site) (*)
Check 'Yes' or 'No' for all current activities (as of the date submitting the form); complete any additional boxes as instructed

A. Hazardous Waste Activities

1. Generator of hazardous Waste - If 'Yes', check only one of the following - a, b, or c (*)
Yes

a. **LDG**
Generates, in any calendar month (includes quantities imported by motor ship) 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. **SDG**
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. **VSQ00**
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 an ongoing process). If 'Yes', provide an explanation in the Comments section
No

3. Mixed Waste (hazardous and radioactive) Generator
No

4. Treater, Storer or Disposer of Hazardous Waste - Note: A hazardous waste Part B permit is required for (*) these activities.
Yes

5. Receiver - Hazardous Waste from Off-site (*)
No

6. Recycler of Hazardous Waste (*)
No

3405, 4/27/14 Kentucky EEO forms

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
Phase enter number of Off-site streams

B. Waste Codes for Federally Regulated Hazardous Wastes
Phase: 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 select

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes
Phase: List the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations.
select

Type of Regulated Waste Activities comments

Applicant Comment:

EEO Reviewer Comment:

11. Additional Regulated Waste Activities (see *)
(Note: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

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547

File Name: C:\Users\jrdavis\Downloads\3405 (1).htm

642

SA026 6/23/14 Kentucky EPC of form

State(*) Kentucky	Country(*) United States	Zip Code(*) 42347
Email schoups@lochranes.com		
Phone Number 270-298-5434	Fax 5435	Fax ###-###-####

10. Type of Regulated Waste Activity (at your site) (*)
Check 'Yes' or 'No' for all current activities (as of the date submitting the form); complete any additional boxes as instructed

A. Hazardous Waste Activities

1. Generator of hazardous Waste - If 'Yes', check only one of the following - also check (*)

Yes

a. OIG
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. YSQG
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. Treat, Store or Disposer of Hazardous Waste - Note: A hazardous waste Part B permit is required for (*) these activities.

Yes

5. Receiver Hazardous Waste from Off-site (*)

No

6. Recycler of Hazardous Waste (*)

No

SA026 6/23/14

SA026 6/27/14 Kentucky EPC of form

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
Phase enter number of Off-site streams

B. Waste Codes for Federally Regulated Hazardous Wastes
Phase: 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 - Bio select:

Selected Federally Regulated Hazardous Wastes are
D001, D005, D006, D010, D011, D012, D013, D019, F003, U122

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes
Phase: List the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations

select:

Type of Regulated Waste Activities comments

Applicant Comment:

EPC Reviewer Comment:

11. Additional Regulated Waste Activities (30c*)
(Note: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

SA026 6/27/14

34026 8/27/04 Kestubz ETC #1000

1. Transporter of Hazardous Waste - If 'Yes', check all that apply	
No	▼
a. Transporter	
b. Transfer Facility (at your site)	
2. Underground Injection Control	▼
No	
3. United States Importer of Hazardous Waste	▼
No	
4. Recognized Trader - If 'Yes', check all that apply	▼
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	▼
No	
a. Importer	
b. Exporter	
B. Universal Waste Activities	
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	▼
No	
a. Batteries	
b. Pesticides	
c. Mercury containing equipment	

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34026 8/27/04 Kennedy ETC #1000

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. Oil-Specification Used Oil Burner	▼
No	
4. Used Oil Fuel Burner - If 'Yes', check all that apply	▼
No	
a. Manufacturer Who Directs Shipment of Oil-Specification Used Oil to Oil-Specification Used Oil Burner	
b. Manufacturer Who First Claims the Used Oil Meets the Specifications	
Regulated Waste Activities comments:	

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Applicant Comment:	
EEC Reviewer Comment:	
D. Pharmaceutical Activities	
1. Operating under 40 CFR 265 Subpart P for the management of hazardous waste pharmaceuticals - If 'Yes', check only one. Note: See the Kentucky instructions for definitions of healthcare facility and reverse distributor.	Yes
a. Healthcare Facility	
b. Reverse Distributor	
2. Withdrawing from operating under 40 CFR 268 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 SLDG.	No
12. Eligible Academic Entities with Laboratories (aov)	
Notification for opening via or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.	
A. Copying 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 Kentucky 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

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

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Comments (include their 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 271.100) and 270.11).

Signature of legal owner, operator or authorized (*) representative
Jerrold Schrader Date:*) 2/16/2026

First Name (*) Jerrold	MI: C	Last Name (*) Schrader	Title Director of Environ
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Email (*)
jschrader@gethues.com

Site Identification comments

Applicant Comment:

ECC 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 261.230, 261.403(c), 261.421, or 261.427 (or state equivalent. See <https://www.epa.gov/epaoserr/hazardwaste/subst/1.htm> for a list of eligible states. AND

1/1/2026

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Reason for notification (include dates where requested)

- You are or will be managing excluded HSM in Do, DoE, DoM, DoR, DoS, DoT, DoU, DoV, DoW, DoX, DoY, or DoZ. 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 and you are not required to notify for the HSM under the exclusion(s) for at least one year.

Facility will begin managing excluded HSM

Begin managing excluded HSM as of MM/DD/YYYY

Facility is still managing excluded HSM-notifying as required by Section 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

HSN comments:

Applicant Comment:

ECC Reviewer Comment:

ADDENDUM TO THE SITE IDENTIFICATION FORM

1/1/2026

SA08 4/27/04 Kennedy EEC Form

EPISODIC GENERATOR

Only fill out this form if:

- You are an SOG or VSOG 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(*)
Beginning Date(*)	End Date(*)
Beginning 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 LOG CONSOLIDATION OF VSOG HAZARDOUS WASTE

Only fill out this form if:

- You are an LOG receiving hazardous waste from VSOGs under the control of the same person

Number of VSOG Streams(*)

Please enter the number of VSOG Streams

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SA08 4/27/04 Kennedy EEC Form

HAZARDOUS WASTE REPORT (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GMI) FORM

2025

Applicant Comment:

EEC Reviewer Comment:

Waste Characteristics

Waste Description(*)	Type of Waste(*)	Is this waste both hazardous (*) and radioactive?
Waste Alcohols	Liquid	No
EPA Hazardous Waste Code(s) (*)	State Hazardous Waste Code(s)	
D001 - ignitable select		select
The EPA Hazardous Waste Code(s) are: D001		
Source Code(*)	Management Method Code (Source Code G25 only)	
G11 - Discarding Off-Site or Out of Date O		
Form Code(*)	Waste Minimization Code(*)	
W203 - Concentrated/Non-Hydrogenated e.g.	0 Continued relatives to recycle waste etc.	
Quantity(*)	Density	Density Unit of Measure
2740	Density	lbs/gal

On-site Generation and Management of Hazardous Waste (V)

No

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

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SECTION 8.27.04 - Kentucky EPC of Form

Number of Process Systems

Off-site Shipment of Hazardous Waste (L?)

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 which waste was shipped	Receiving Facility Name	Management Method Code	Total Quantity?
	OH009394293	Wells ES, Technic	H051-Fuel Blun	2740

Total Quantity Treated On-site

0

Total Quantity under Off-site Shipment of Hazardous Waste

2740

Comments

Waste Characteristics

Waste Description (L?)	Type of Material (L?)	Is this waste both hazardous and radioactive?
Flammable Toxic Phosphate	Solid	No

EPA Hazardous Waste Code(s) (L?)

D001 - Incombustible, D005 - Ba select

The EPA Hazardous Waste Code(s) are D001, D005, D007, D009, D010, D011, D012, D013, D018

State Hazardous Waste Code(s)

select

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SECTION 8.27.04 - Kentucky EPC of Form

Source Code (L?)

C11 - Discarding Off-Spec or Out of Spec (L?)

Management Method Code (Source Code Q25 only)

Form Code (L?)

W409 - Other Organic Solids

Waste Minimization Code (L?)

X No waste minimization efforts were implemented

Quantity (L?)	Density	Density Unit of Measure
338	Density	kg/gal

On-site Generation and Management of Hazardous Waste (L?)

No

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 (L?)

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

0

Total Quantity under Off-site Shipment of Hazardous Waste

0

Comments

Waste was generated in 2025, but pick up by Off-site shipment group has not yet occurred yet

Waste Characteristics

Waste Description (L?)	Type of Material (L?)	Is this waste both hazardous and radioactive?
xylene	Liquid	No

EPA Hazardous Waste Code(s) (L?)

State Hazardous Waste Code(s)

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DD01 - Ignitable F003 - The select
The EPA Hazardous Waste Code(s) are:
D001, F003

Source Code(s) ^(*) G22 - Laboratory Analytical Wastes	Management Method Code (Source Code G25 only)
Form Code(s) ^(*) W203 - Concentrated Non-Halogenated e.g.	Waste Minimization Code(s) ^(*) B Continued initiatives to recycle waste with
Quantity(s) ^(*) 1920	Density Density Density Unit of Measure lbs/gal

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

No

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	Receiving Facility Name	Management Method Code	Total Quantity(s)
EPA ID of facility to which waste was shipped OHD093946293	Verde ES, Toluca	H061 - Fluid Ben	1920

Total Quantity Treated On-site
0

Total Quantity under Off-site Shipment of Hazardous Waste

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1920

Comments

Comments

Waste Characteristics

Waste Description(s) ^(*) Formalin	Type of Waste(s) ^(*) Liquid	Is this waste both hazardous (*) and radioactive? No
EPA Hazardous Waste Code(s) ^(*) U122 - Formaldehyde	State Hazardous Waste Code(s)	

The EPA Hazardous Waste Code(s) are
U122

Source Code(s)^(*)
G22 - Laboratory Analytical Wastes

Management Method Code (Source Code G25 only)

Form Code(s) ^(*) W203 - Concentrated Non-Halogenated e.g.	Waste Minimization Code(s) ^(*) X No waste minimization efforts were made
Quantity(s) ^(*) 1900	Density Density Density Unit of Measure 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

1

Process System	Management Method Code(s) ^(*)	Quantity(s) ^(*)
	H121 - Neutralization Only	1500

Off-site Shipment of Hazardous Waste (*)

No

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Site 2		EPA ID Number ^(*)
Name of OffSite (see Installation or Transporter ^(*)) Vedra Technical Solutions LLC		NJ0000531358
Handler Type (Check all that apply)		
Generator		
Transporter		
Receiving Facility		
Address of Off-site installation		
Street Address ^(*) 1 Eden Ln		
City ^(*) Bardonia		
State ^(*) New Jersey	Zip Code ^(*) 07836	Country ^(*) United States
Total Number of Manifested Shipments 23	Total Pounds Shipped for Reporting Year 4560	
Site 3		
Name of OffSite (see Installation or Transporter ^(*)) T1 State Motor Transit		EPA ID Number ^(*) MOD055038988
Handler Type (Check all that apply)		
Generator		
Transporter		
Receiving Facility		
Address of Off-site installation		

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Street Address ^(*) 8141 E. 7th St		EPA ID Number ^(*)
City ^(*) Joplin		
State ^(*) Missouri	Zip Code ^(*) 64801	Country ^(*) United States
Total Number of Manifested Shipments 2	Total Pounds Shipped for Reporting Year 240	
Site 4		
Name of OffSite (see Installation or Transporter ^(*)) Bisen Transportation, LLC		EPA ID Number ^(*) OKR00031492
Handler Type (Check all that apply)		
Generator		
Transporter		
Receiving Facility		
Address of Off-site installation		
Street Address ^(*) 130 Express Lane		
City ^(*) McAlester		
State ^(*) Oklahoma	Zip Code ^(*) 74501	Country ^(*) United States
Total Number of Manifested Shipments 3	Total Pounds Shipped for Reporting Year 300	
Site 5		
Name of OffSite (see Installation or Transporter ^(*))		EPA ID Number ^(*)

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Vesola ES, Technical Solutions LLC		OH0093945293	
Handler Type (Check all that apply)			
Generator			
Transporter			
Receiving Facility			
Address of Off-site Installation			
Street Address(*) 4301 Infirmary 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			

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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.tyo			
Phone(*)	EX1	Fax WWW-NNN-NNNN	
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			
Executive	Environmental	Water/Sea	
Nature of Business			
Nature of Business			
Process Codes and Design Capacities (*)			
Design Code	Design	Vol. of Materials	Vol. Weight
Description of Hazardous Waste (Enter codes for Items A, C and D(1)) (*)			
Number of Waste Streams(*)			

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REGISTRATION OF HAZARDOUS WASTE ACTIVITY ADDENDUM

EPA Form 8700-12

ID Numbers
Agency Interest # (1)
*Please enter either Alt number for registration Alt number

Legal Landowner of the Real Property
Name of Landowner (1)
Name of Legal Owner

Date Business Owner (1) Landowner Type (1)
MM/DD/YYYY

Phone Number (1)
____-____-____
EM
EM

Street Address or P.O. Box (1)
Street Address or P.O. Box

City (1) City	State (1) v	Country (1) v	Zip Code (1) #####
------------------	----------------	------------------	-----------------------

Latitude/decimal degrees (1)
EPA's DD Converter
(https://www.ecp.gov/eda/latitudes-decimal)
Range must be between -90.490000 and 90.1500

Longitude/decimal degrees (1)
Range must be between -89.980000 and -81.95

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 indicated.

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

Transporter for Hire

Transfer Facility

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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 Freonous Media

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 Toxicity Studies

Used Oil Recycler
a. Amount recycled in previous calendar year
Gallons

E-Scrap Collection Center

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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 streams. 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 Max Amount of Waste	Total Estimated Annual Amount
Waste Streams Being Deleted (Year) Refer to your previous registration and list any waste streams the facility is no longer generating. This section is NOT APPLICABLE to retail fire apparatus. Number of Waste Streams to be Deleted (*)	
Please enter the number of Hazardous Waste Streams to be deleted	
Comments	

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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 due stamped by the Branch after March 1, 2026			
Do you wish to file old Claims For Exclusion Form County Ohio Agency Interest Number (AIN) 58789			
Site Name Ohio County Hospital			
Contact Person Jennifer Schroder	Phone No. 270-298-5234	Extension Ext	
Mailing Address 1211 Main St	City Hardens		
State Kentucky	Zip Code 42347		

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ASSESSMENT CATEGORIES LIST waste generated and/or Received from out-of-state from January 1 - December 31, 2025	Column A QUANTITY (List quantity in pounds)	Column B RATE	Column C AMOUNT DUE Multiply Column A x B
3a. Solid hazardous waste generated and destined for disposal off site	Pounds	\$0.002	\$
3b. Solid hazardous waste burned off site or energy recovery in an industrial boiler or furnace (HHSO Only)	Pounds	\$0.001	\$
3c. Solid hazardous waste generated and tested, recycled or disposed of on site	Pounds	\$0.001	\$
3d. Solid hazardous waste burned on site or energy recovery in an industrial boiler or furnace (HHSO Only)	Pounds	\$0.0005	\$
3e. Liquid hazardous waste generated and destined for disposal off site	Pounds	\$0.012	\$
3f. Liquid hazardous waste burned off site or energy recovery in an industrial boiler or furnace (HHSO Only)	Pounds	\$0.006	\$
3g. Liquid hazardous waste generated and tested, recycled or disposed of on site	Pounds	\$0.006	\$
3h. Liquid hazardous waste burned on site or energy recovery in	Pounds	\$0.003	\$

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an industrial boiler or furnace (HHSO Only)			
6. Waste excluded from all Exclusion Forms	Pounds		
7. SUBTOTAL			9.0
8. Interest on late payments calculated from January 1 to Branch receipt date stamp			\$
9. Penalties on late payments calculated from January 1 to Branch receipt date stamp			\$
10. Adjustments from over payments and under payments			\$
11. TOTAL AMOUNT DUE (ASSESSMENT WAIVED IF UNDER \$50.00)			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:*	Title	Signature Date:*
Jennifer Schrader	Director of Environment of Ct	02/16/2026

FEE SCHEDULE

REGISTRATION FEES

Select one of the following Registration Fee Options:

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

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Inventory EDC Items

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>Setoff 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	(Per 1)	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 contact person, mailing address, etc)	\$50 each change		
Change ONLY the company name	No Fee		
Any change from one status to another (SQG to VSQG, LDG to SQG, etc)	\$50		

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Inventory EDC Items

OTHER ACTIVITY FEES			
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		
SCHEDULE 3			
Check all the appropriate checkboxes that are applicable			
Activity	Fee	(Per 1)	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		
New Hazardous Used Oil Analysis	\$300 one time fee (covers all non-hazardous activities)		
Used Oil Processor, Refiner, Burner, or Manifest	\$300 annual fee		
Large Quantity Handler of Universal Waste	\$300 one time fee		
Underground Injection Well	No fee		
Laboratory Conducting Titrability Studies	No Fee		
Household Collection	No Fee		
POTW Receiving Hazardous Waste	No Fee		

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State/County	State/County	Local/State	State/County	Local/County
Waste Stream Description (*)				
Location	State/County	Local/County		
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(*)	Last Name(*)	Signature(*)	Signature Date(*)	
First Name	Last Name	Signature	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(*)	Last Name(*)	Signature(*)	Signature Date(*)	
First Name	Last Name	Signature	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(*)	Last Name(*)	Signature(*)	Signature Date(*)	
First Name	Last Name	Signature	MM/DD/YYYY	
Part A Application comments				
Applicant Comment:				
EEC Reviewer Comment:				

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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			
<ul style="list-style-type: none"> An applicant for a permit to construct or operate a treatment, storage, or disposal facility shall be subject 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, 100 lbs. bottles, and roll-off boxes. The unit fees shall be:			
Container Unit	Fee	(\$or ³)	Amount Applied:
Intrazon/Balcan/Carroll Furnace	\$19,400		
Waste Piles/Miscellaneous Disposal Unit	\$12,200		
Surface Impoundment	\$14,000		
Tank (> 500 gal)	\$7,400 (\$4,400 per additional tank)		
Tank (< 500 gal)	\$3,700 (\$1,850 per additional tank)		
Container (>5,000 gal)	\$6,000 (\$3,000 per additional container)		
Container (<5,000 gal)	\$3,000 (\$1,500 per additional container)		
Land Treatment	\$15,900		

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Landfill	\$15,000		
Containment Building	\$7,400		
Dip 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	(\$/unit)	Amount Applied:
<20	\$4,000		
21 - 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	(\$/unit)	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. Fee: KRS 224.46-018 & 401 KAR 29-120

- 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.

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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 to the cabinet to a review fee equal to:

Additional Wastestream	Fee	(\$/unit)	Amount Applied:
Tank	\$3,400		
Surface Impoundment	\$5,000		
Waste Pile	\$4,500		
Incinerator	\$5,500		
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	(\$/unit)	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)	\$5,000		
Container (<5,000 gal)	\$3,000		
Tank (>7,500 gal)	\$15,800		
Tank (<7,500 gal)	\$15,800		

- 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.

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

Fees for closure of hazardous waste treatment, storage, or disposal facility. Per KRS 224.46-018 & 401 KAR 39-120

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

Container Unit Closed	Fee	(law?)	Amount Applied:
Closure Plan	\$3,600		
Incinerator/Boiler/Industrial Furnace	\$2,000		
Waste Pile/Miscellaneous Disposal Unit	\$1,000		
Surface Impoundment	\$1,500		
Tank/Drip Pans/Containment Building	\$660		
Container	\$480		
Land Treatment/Landfill	\$2,000		
Miscellaneous Storage Unit	\$660		
Miscellaneous Treatment Unit	\$2,000		
Post-closure Without Permit	\$9,000		

At 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.

Corrective Actions	Fee	(law?)	Amount Applied:
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:

Modification	Fee	(law?)	Amount Applied:
Detection to Compliance Monitoring	\$8,000		

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Compliance Monitoring to Corrective Action	\$8,000		
Mod to Detection, Compliance or CA	\$5,000		
Fees for other miscellaneous events. Per KRS 224.46-018 & 401 KAR 39-120	Fee	(law?)	Amount Applied:
Event	\$750		
Emergency Permit	\$750		
Emergency ID Number	\$100		
Land Treatment Disposal	\$6,500		
Categorization Petition	\$2,500		
Permit with exposure limit/surface impoundment	\$5,000		
Total Fee			
Total Fee Calculated Based On The Selection	Total Fee		
If you are still unsure of what your fee should be, please contact the permit program coordinator at (502) 564-6716.			

[Click to Save Values for Future Retrieval](#)
[Click for Review Complete](#)
[Click to Submit Deliberately](#)

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