



ENERGY AND ENVIRONMENT CABINET

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER 502-564-6716**

**Application for Renewal of a Formal Permit
Form DEP 7095 (8/10)**

Statutes and regulations may be viewed online at the following website address: <http://www.lrc.ky.gov/search.htm>

Solid waste application forms are available at the following website address: <http://www.waste.ky.gov>

DWM OFFICAL USE ONLY

AI#: _____

Application #: _____

GENERAL INSTRUCTIONS

1. **APPLICABILITY** - This form must be complete and submitted to the cabinet by persons requesting the renewal of a permit for a solid or special waste management facility. The cabinet will publish a public notice for applicable solid waste facilities pursuant to the requirements of KRS 224.40-310(14).
2. **ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management (DWM), Solid Waste Branch at the address listed above, or by calling 502-564-6716.
3. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original and two (2) copies of the completed form to the DWM at the address listed above. If an item is not applicable, write “N/A” in the space provided.
4. **FILING FEES** –Special Waste Facilities must submit a filing fee at the time of application submittal in accordance 401 KAR 45:250, Section 2. For Solid Waste facilities, 401 KAR 47:090, Section 2 does not require a fee for renewal applications.
5. **LAWS AND REGULATIONS** – Applicants are expected to understand and comply with all laws and regulations applicable to the facility.

To assist you in the submittal of a complete and accurate application, the DWM has identified the most common errors found during the review process. These errors are listed below for your convenience.

1. Failure to provide the appropriate fee for special waste facilities. **Note:** As of August, 2010, solid waste facilities no longer pay a fee for renewal applications.
2. Failure to finish all parts of the application, including appropriate, fully completed attachments.
3. Failure to comply with public notice requirements. See KRS 224.40-310 and 401 KAR 47:140, Section 7 for more information.
4. Failure to comply with financial assurance requirements. If the existing financial assurance is insufficient to fully cover current closure and post-closure costs, updates will be required.
5. Failure to properly sign and notarize the application. See KRS224.01-010(44), 401 KAR 47:160, Section 6 and 401 KAR 45:030, Section 10 for more information.

Warning! Due to the potential for identity theft, do not provide social security numbers to the DWM as part of this application. If this information is required during the normal course of review of the application, a cabinet representative will contact the appropriate individual to acquire this information in a secure format.



Application for Renewal of a Formal Permit

General Information

1. Permit Number: 034 - 00007 2. County: Fayette
3. Date Submitted: - - -
4. Agency Interest Number: 1068 5. Permit Expiration Date: 12 - 16 - 2023
6. Number of years for which the Renewal is requested: 5
7. The applicant proposes to extend the expiration date of the permit to: 12 - 16 - 2028
8. Fee submitted: \$. **Note:** Solid waste facilities are exempt from this fee.
9. Check or Money Order #: -
10. Method of payment: Check
 Money Order
 Cashier's Check
 Exempt (Publicly Owned Facility)
 Other – explain: -

Applicant Information

11. Permittee Name: Lexington Fayette Urban County Government
12. Mailing Address: 200 East Main Street
13. City: Lexington 14. State: KY 15. Zip Code: 40507
16. Contact Person: Sarah Donaldson
17. E-mail Address: sdonaldson@lexingtonky.gov
18. Phone #: 859 - 425 - 2518 ext. -
19. Cell #: - - - 20. Fax #: - - -



Facility Information

21. Facility Name: LFUCG Haley Pike Landfill
22. Physical Address: 4216 Hedger Lane
23. City: Lexington 24. State: KY 25. Zip Code: 40516
26. Contact Person: Richard Boone
27. E-mail Address: rboone@lexingtonky.gov
28. Phone #: 859 - 299 - 5715 ext. [REDACTED]
29. Cell #: [REDACTED] - [REDACTED] - [REDACTED] 30. Fax #: [REDACTED] - [REDACTED] - [REDACTED]
31. Mailing Address (if different from physical address): [REDACTED]
32. City: [REDACTED] 33. State: [REDACTED] 34. Zip Code: [REDACTED]

Manager and Operator Information

35. Certified Manager: Richard Boone
36. Mailing Address: 4216 Hedger Lane
37. City: Lexington 38. State: KY 39. Zip Code: 40516
40. E-mail Address: rboone@lexingtonky.gov
41. Phone #: 859 - 299 - 5715 ext. [REDACTED]
42. Cell #: [REDACTED] - [REDACTED] - [REDACTED] 43. Fax #: [REDACTED] - [REDACTED] - [REDACTED]
44. Certified Operator: Richard Boone
45. Mailing Address: 4216 Hedger Lane
46. City: Lexington 47. State: KY 48. Zip Code: 40516
49. E-mail Address: rboone@lexingtonky.gov
50. Phone #: 859 - 299 - 5715 ext. [REDACTED]
51. Cell #: [REDACTED] - [REDACTED] - [REDACTED] 52. Fax #: [REDACTED] - [REDACTED] - [REDACTED]

Permit Information

53. Permit Type: Check all that are applicable.

- Contained Landfill Facility
- Construction/Demolition Debris Landfill Facility
- Residual Landfill Facility
- Residential Landfill Facility
- Special Waste Landfill Facility
- Special Waste Landfarm Facility
- Special Waste Composting Facility
- Other – Explain: Composting - Solid Waste
- Other – Explain: Transfer Station - Solid Waste
- Other – Explain:
- Other – Explain:

54. Provide the following information for the current approved permit:

- a. Total Permit Area: 424.0 acres
- b. Permitted Waste Disposal Area: 278.80 acres
- c. Is the facility currently accepting waste? Yes No
- d. If yes, what is the anticipated closure date? - -
- e. Current Average Fill Rate: . Tons Per Day; Days Per Week
- f. Remaining air space as of last annual survey: . Cubic Yards
- g. If the remaining air space is calculated by any method other than an annual survey, describe the method used.

Financial Information

55. Complete the following section for all Financial Instruments currently on file for this facility:

	Mechanism	Name of Provider	Instrument #	\$ Amount
<input type="checkbox"/>	Letter of Credit			\$.
<input type="checkbox"/>	Surety Bond			\$.
<input type="checkbox"/>	Escrow Agreement			\$.
<input checked="" type="checkbox"/>	Budget	LFUCG		\$ 3,220,840.00
<input type="checkbox"/>	Financial Test			\$.
<input type="checkbox"/>	Certificate of Insurance			\$.
<input type="checkbox"/>	Trust Account			\$.
<input checked="" type="checkbox"/>	Other – Explain: Landfill Fund	LFUCG	Reserve	\$ 45,274,305.00
<input type="checkbox"/>	Other – Explain:			\$.
<input type="checkbox"/>	Other – Explain:			\$.

56. Provide, as **Attachment 1**, a current worst-case closure and post-closure maintenance cost estimate.

57. Provide Past Performance Information (Disclosure):

For a Solid Waste Facility, complete **Form DEP 7087**.



Certification

58. Pursuant to 401 KAR 47:160, Section 6, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement.

NOTE: Consultants may not sign the following certification statement.

“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 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 such violations.”

Name of Person Signing (type or print): Linda Gorton

Title of Person Signing: Mayor

Date: - -

Signature per 401 KAR 47:160: _____

Subscribed and sworn to before me this _____ day of _____, Year 20 _____

Notary Public Signature: _____

State of _____ County of _____ My commission expires: _____



ATTACHMENT 1
FINANCIAL CLOSURE ESTIMATES

ESTIMATED 2 YEAR CLOSE PERIOD FOR HALEY RD LANDFILL

YEAR	CAPPING	LONG TERM CARE	LEACHATE MANAGEMENT	WATER MONITORING	ENGINEERING SERVICES	METHANE MONITORING	TOTAL
FY'14	0	250,000	50,000	80,000	25,000	30,251	435,251
FY'15	0	250,000	50,000	80,000	25,000	31,159	436,159
TOTAL	0	500,000	100,000	160,000	50,000	61,410	871,410

ESTIMATED 30 YEAR POST CLOSURE FOR HALEY RD LANDFILL

YEAR	CAPPING	LONG TERM CARE	LEACHATE MANAGEMENT	WATER MONITORING	ENGINEERING SERVICES	METHANE MONITORING	TOTAL
FY'16	0	250,000	50,000	80,000	25,000	32,093	437,093
FY'17	0	250,000	50,000	80,000	25,000	33,056	438,056
FY'18	0	250,000	50,000	80,000	25,000	34,048	439,048
FY'19	0	250,000	50,000	80,000	25,000	35,069	440,069
FY'20	0	250,000	50,000	80,000	25,000	36,121	441,121
FY'21	0	250,000	50,000	80,000	25,000	37,205	442,205
FY'22	0	250,000	50,000	80,000	25,000	38,321	443,321
FY'23	0	250,000	50,000	80,000	25,000	39,471	444,471
FY'24	0	250,000	50,000	80,000	25,000	40,655	445,655
FY'25	0	250,000	50,000	80,000	25,000	41,875	446,875
FY'26	0	250,000	50,000	80,000	25,000	43,131	448,131
FY'27	0	250,000	50,000	80,000	25,000	44,425	449,425
FY'28	0	250,000	50,000	80,000	25,000	45,758	450,758
FY'29	0	250,000	50,000	80,000	25,000	47,130	452,130
FY'30	0	250,000	50,000	80,000	25,000	48,544	453,544
FY'31	0	250,000	50,000	80,000	25,000	50,001	455,001
FY'32	0	250,000	50,000	80,000	25,000	51,501	456,501
FY'33	0	250,000	50,000	80,000	25,000	53,046	458,046
FY'34	0	250,000	50,000	80,000	25,000	54,637	459,637
FY'35	0	250,000	50,000	80,000	25,000	56,276	461,276
FY'36	0	250,000	50,000	80,000	25,000	57,964	462,964
FY'37	0	250,000	50,000	80,000	25,000	59,703	464,703
FY'38	0	250,000	50,000	80,000	25,000	61,494	466,494
FY'39	0	250,000	50,000	80,000	25,000	63,339	468,339
FY'40	0	250,000	50,000	80,000	25,000	65,239	470,239
FY'41	0	250,000	50,000	80,000	25,000	67,197	472,197
FY'42	0	250,000	50,000	80,000	25,000	69,212	474,212
FY'43	0	250,000	50,000	80,000	25,000	71,289	476,289
FY'44	0	250,000	50,000	80,000	25,000	73,428	478,428
FY'45	0	250,000	50,000	80,000	25,000	75,630	480,630
TOTALS	0	7,000,000	1,400,000	2,240,000	700,000	1,377,802	12,717,802

13,589,212

"Long Term Care" includes money set aside for remediation of unexpected problems and for maintenance items such as mowing, seeding, leachate system repairs and cap repairs. Leachate management will be necessary during the 2 year closure period and entire 30 year post closure period. Costs are based on current 2013 dollars.



**Summary of Revenue and Appropriations
FY 2023 Council Adopted Budget
Landfill Fund**

	FY 2021 Adopted	FY 2022 Adopted	FY 2023 Adopted	\$ Change	% Change
Revenue					
Services	\$ 7,040,000	\$ 7,138,000	\$ 7,148,500	\$ 10,500	0.1%
Investments	450,000	71,700	18,000	(53,700)	-74.9%
Other Income	130,000	115,000	115,000	-	
Total Revenue	\$ 7,620,000	\$ 7,324,700	\$ 7,281,500	\$ (43,200)	-0.6%
Fund Balance, July 1 (Reserve)	16,000,000		250,000	250,000	
Total Funds Available	\$ 23,620,000	\$ 7,324,700	\$ 7,531,500	\$ 206,800	2.8%
Appropriations					
Operating Expenses					
Personnel	\$ 1,397,260	\$ 1,481,779	\$ 1,726,911	\$ 245,132	16.5%
Operating	3,377,366	3,406,149	4,815,138	1,408,989	41.4%
Total Operating	\$ 4,774,626	\$ 4,887,928	\$ 6,542,048	\$ 1,654,120	33.8%
Capital Expenses					
CIP Capital	\$ 40,000	\$ 850,000	\$ 815,000	\$ (35,000)	-4.1%
Operating Capital	-	-	140,000	140,000	
Total Capital	\$ 40,000	\$ 850,000	\$ 955,000	\$ 105,000	12.4%
Total Appropriations	\$ 4,814,626	\$ 5,737,928	\$ 7,497,048	\$ 1,759,120	30.7%
Fund Balance, June 30 (Reserve)	\$ 18,805,374	\$ 1,586,772	\$ 34,452	\$ (1,552,320)	-97.8%