

KS-QRY

Federal Permit Number

Kansas Permit Number

KANSAS WATER POLLUTION CONTROL PERMIT APPLICATION FOR NEW OR EXISTING UNPERMITTED CLAY / MINERAL OR ROCK QUARRIES

The undersigned hereby makes application to discharge wastewater to waters of the state of Kansas pursuant to K.S.A. 65-164 and 65-165.

1. Facility Name: _____

Location:

_____ S _____
Qtr Qtr Qtr Section Township Range E/W County

Receiving Stream: _____

2. Permittee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ E-Mail: _____

3. Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Cell Phone: _____ Fax No: _____

E-Mail Address: _____

4. Facility Status:
- Active – Existing Unpermitted Mine / Quarry
 - Currently Inactive but desire to activate site
 - New Mine / Quarry
 - Other, Explain: _____

5. Briefly describe what operations are or will be on-site (Check all that apply).

- Crushed Rock Quarry – Type of Rock _____
- Dimensional Rock Quarry – Type of Rock _____
- Asphalt Plant with wet scrubbers for air pollution control
- Asphalt Plant with dry air pollution controls such as filter bags, etc.
- Construction/Demolition Landfill
- Clay Pit
- Other - Explain _____

6. How is water used/disposed of at this facility (Check all that apply)

- Facility does not collect water for re-use or disposal
- Water is collected and recycled back to the process
- Water is allowed to discharge from a settling basin structure
- Water evaporates and percolates through a settling basin structure
- Water is used for dust suppression on roads/quarry area/rock piles, etc.
- Water is used for irrigation of surrounding area
- Other, Describe: _____

7. If a rock quarry, does this facility wash the rock?
 Yes, routinely Yes, but only occasionally No Not a rock quarry
8. Will the facility have sediment control basins constructed on-site to treat wash water or storm water? If yes, basins must meet 1/4"/day seepage rate.
 Yes No
9. For each discharge point (Outfalls), describe what processes contribute wastewater to the effluent and what treatment the resulting effluent receives, if any. Also, provide an estimate of the average daily flow of any process generated wastewater streams. Estimates of quantities of mine dewatering and stormwater discharges are not required, but these discharges, if any, are to be identified on this form.

Example

<u>Outfall Number</u>	<u>Type of Wastestream</u>	<u>Treatment</u>	<u>Avg. Discharge Flow</u>
001	Mine Pit dewatering	None	Not Applicable (N/A)
002	Washwater	Settling ponds	20 gpd
003	Stormwater	None	N/A
004	Stormwater	Settling ponds	N/A

<u>Outfall Number</u>	<u>Type of Wastestream</u>	<u>Treatment</u>	<u>Avg. Discharge Flow</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Outfall Locations: Provide legal description or latitude/longitude.

Outfall 1: _____ S _____
 Qtr Qtr Qtr Section Township Range County
OR Latitude _____ and Longitude _____

Outfall 2: _____ S _____
 Qtr Qtr Qtr Section Township Range County
OR Latitude _____ and Longitude _____

Outfall 3: _____ S _____
 Qtr Qtr Qtr Section Township Range County
OR Latitude _____ and Longitude _____

Outfall 4: _____ S _____
 Qtr Qtr Qtr Section Township Range County
OR Latitude _____ and Longitude _____

Outfall 5: _____ S _____
 Qtr Qtr Qtr Section Township Range County
OR Latitude _____ and Longitude _____

11. How are domestic (human) wastes handled on-site?

- Portable Toilets
- Septic Tank and Lateral Field
- Wastewater Stabilization Lagoon
- Other, Describe: _____

12. Permittee is required to submit with this application a Stormwater Pollution Prevention Plan (SWP2 Plan), for this facility. A checklist for the SWP2 Plan is provided at this website.

13. Attach to this application a general map of the area which shows the location of the mining operation and the nearest city. Maps can be a county road map, U.S.G.S. or any of various maps obtainable off the internet.

14. Attach to this application a schematic on a 8 1/2" x 11" sheet of paper depicting the property or lease boundary lines; quarry area, location of each outfall, drainage pattern and ditches, unnamed tributaries, streams; any pits, settling ponds or other treatment facilities, overburden, product and waste stockpile areas, re-cycled water lines and the processing area(s), i.e. crushing and washing operations, if any. Also, show the location of any asphalt plants or construction/demolition landfills if applicable.

15. **PERMIT FEE:** New quarries or the first permit for an existing quarry: Enclose a check for the first year of the annual fee payable to "KDHE-Water Pollution Control Permit". Permittees with existing permits are on an annual permit fee schedule and will be billed at the appropriate time.

Annual Permit Fee:

Asphalt Plant with wet scrubber, Quarry with rock washing, CD landfill leachate discharge - \$320
Quarry (Non-Washing) or Clay/Mineral Mines (dewatering only) \$60

16 Application Signature:

I certify under penalty of law that this document and all attachments were prepared and/or reviewed under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather, evaluate and/or review the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering, evaluating and/or reviewing 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.

I certify that I am authorized to sign this permit application pursuant to 40CFR 122.22 as noted below.

Signed: _____ Title: _____

Date: _____

Print or Type Signature

40 CFR 122.22: This application will be signed by the following: (a) in the case of a corporation, by the principal executive officer of at least the level of Vice President; (b) in the case of a partnership, by a general partner, (c) in the case of a sole proprietorship, by the proprietor, and (d) in the case of publicly-owned treatment works, by the official having responsibility for the overall operations of the treatment works OR e) a designee of these signatories.

Return Application Renewal Form to: Kansas Department of Health and Environment
Bureau of Water – Technical Services Section
1000 SW Jackson St., Suite 420
Topeka, KS 66612-1367