

US EPA ARCHIVE DOCUMENT



SUMMIT ENGINEERING, INC.

November 4, 2008

Larry Sowder
Inventory & Data Management Section
KPDES Branch
Division of Water
14 Reilly Road
Frankfort, Kentucky 40601



RE: Sidney Coal Company, Inc.
DMRE Permit No. 898-0672 Am. 3
Spring Branch

Mr. Sowder:

Please find enclosed copy of a completed Form 1 and Form C submitted for the above-referenced surface mine to be located in Pike County. Sidney Coal Company, Inc. seeks approval for individual permit coverage under KPDES for their proposed mining activities.

If you have any questions, or require additional information, please call me at (606) 432-1447 ext. 309 or e-mail mhamilton@summit-engr.com.

Regards,

Misty D. Hamilton
Environmental Project Manager

c: file

enclosure

November 2008

FORM 1 and FORM C
KPDES Individual Permit Coverage Application

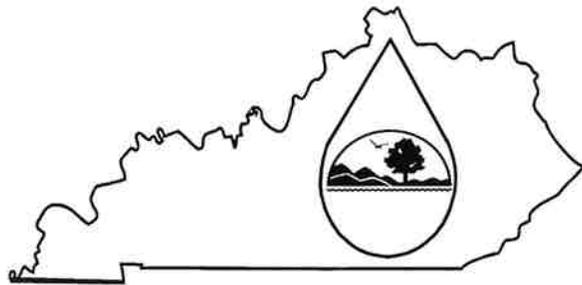
Sidney Coal Company, Inc.
KDMRE Permit No. 898-0672 A3
Spring Branch

Prepared for:

Sidney Coal Company, Inc.
P.O. Box 299
Sidney, KY 41564

Prepared by:

Summit Engineering, Inc.
131 Summit Drive
Pikeville, KY 41501
Telephone: (606) 432-1447



**KENTUCKY POLLUTANT DISCHARGE
ELIMINATION SYSTEM**

PERMIT APPLICATION

This is an application to: (check one)

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

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	1	0	7	0	8	5
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A. Name of business, municipality, company, etc. requesting permit Sidney Coal Company, Inc.	
B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Fralely Branch Surface Mine	Owner Name: Sidney Coal Company, Inc.
Facility Location Address (i.e. street, road, etc.): Near the junction of KY 468 and KY 612	Mailing Street: P. O. Box 299
Facility Location City, State, Zip Code: Sidney, KY 41564	Mailing City, State, Zip Code: Sidney, KY 41564
	Telephone Number: (606) 353-7201

II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc: Surface coal mining	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code & Description:	1221 – Bituminous Coal & Lignite Mining
Other SIC Codes:	

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Pike	City where facility is located (if applicable):
C. Body of water receiving discharge: Spring Branch	
D. Facility Site Latitude (degrees, minutes, seconds): 37° 40' 28" N	Facility Site Longitude (degrees, minutes, seconds): 82° 22' 39" W
E. Method used to obtain latitude & longitude (see instructions): Topographic map coordinates	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Sidney Coal Company, Inc.	Telephone Number: (606) 353-7201
Operator Mailing Address (Street): P. O. Box 299	
Operator Mailing Address (City, State, Zip Code): Sidney, KY 41564	
Is the operator also the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KYG045956	Issue Date of Current Permit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s): 898-0672 A3	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Randy Tackett, Agent
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	

VII. APPLICATION FILING FEE

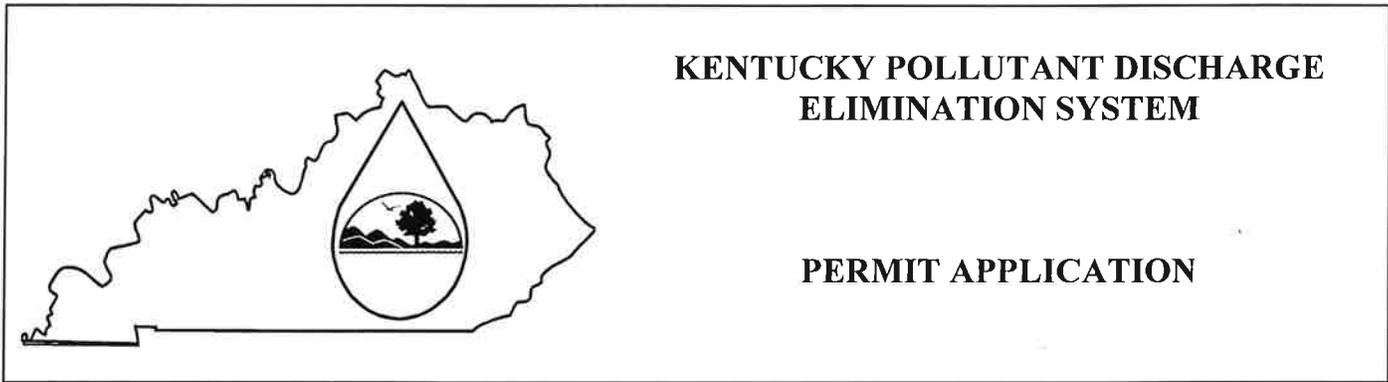
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Surface Mining Operation	\$240.00

VIII. 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 AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
John Cline / Agent	(606) 353-7201
SIGNATURE	DATE:
	09/03/2008



A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Bevins Branch Surface Mine	County: Pike							
I. OUTFALL LOCATION	AGENCY USE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	0	1	0	7	0	8	5
0	1	0	7	0	8	5		

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
DO-10	37	40	51	82	22	06	Spring Branch
DO-11	37	39	45	82	22	05	Spring Branch
DO-12	37	39	40	82	22	02	Spring Branch
DO-13	37	39	34	82	22	57	Spring Branch
DO-14	37	39	29	82	21	52	Spring Branch
DO-15	37	39	25	82	21	49	Spring Branch
DO-16	37	39	25	82	21	51	Spring Branch
DO-17	37	39	30	82	21	57	Spring Branch
P-1	37	39	30	82	21	57	Fraley Branch

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
DO-10	Surface runoff	26.36 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
DO-11	Surface runoff	18.72 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
DO-12	Surface runoff	27.51 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
DO-13	Surface runoff	33.38 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
DO-14	Surface runoff	25.17 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
DO-15	Surface runoff	33.73 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
DO-16	Surface runoff	33.11 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
DO-17	Surface runoff	11.45 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A
P-1	Surface runoff	357.53 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

- Yes (Complete the following table.) No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

Yes (Complete Item III-B) List effluent guideline category:

No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

Yes (Complete Item III-C) No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

Yes (Complete the following table) No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
NONE			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

- Yes (List all such pollutants below) No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

- Yes (Complete Item VI-C) No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

- Yes (Identify the test(s) and describe their purposes below) No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

- Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Appalachian States Analytical, LLC	P.O. Box 520 Shelbiana, KY 41562	(606) 437-5616	Total Suspended Solids Antimony, Total Chromium, Total Nickel, Total Zinc, Total Sulfate pH Arsenic, , Total Copper, Total Selenium, Total Cyanide, Total Iron, Total Beryllium, Total Lead, Total Silver, Total Phenols, Total Hardness Manganese, Total Cadmium, Total Mercury, Total Thallium, Total

IX. 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 AND OFFICIAL TITLE (type or print): John Cline / Agent	TELEPHONE NUMBER (area code and number): (606) 353-7201
SIGNATURE 	DATE 09/03/2008

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

*The following tables include only those pollutants which are believed to be present in the sample or for which testing is required

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO.	
POLLUTANT	2. EFFLUENT										
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses		3. UNITS (specify if blank)		
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	b. Long-Term Avg. Value (2) Mass	4. INTAKE (optional)
Total Suspended Solids (TSS)	22						1	mg/L			
Flow (in units of MGD)	VALUE No flow		VALUE			VALUE	1	MGD		VALUE	
pH	MINIMUM 7.02	MAXIMUM 7.02	MINIMUM	MAXIMUM			1	STANDARD UNITS			

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					
Hardness (as CaCO ₃)	X		414.77						1				
Sulfate (as SO ₄) (14808-79-8)	X		399						1				
Iron, Total (7439-89-6)	X		0.09						1				
Manganese, Total (7439-96-6)	X		<0.01						1				

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part, please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK “X”		3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. Testing Required	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)	d. No. of Analyses	a. Long-Term Avg Value Concentration	b. No. of Analyses	
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass					(1) Concentration
METALS, CYANIDE AND TOTAL PHENOLS											
Antimony Total (7440-36-0)	X		<0.002						mg/L	1	
Arsenic, Total (7440-38-2)	X		<0.001						mg/L	1	
Beryllium Total (7440-41-7)	X		<0.005						mg/L	1	
Cadmium Total (7440-43-9)	X		<0.005						mg/L	1	
Chromium Total (7440-43-9)	X		<0.02						mg/L	1	
Copper Total (7550-50-8)	X		<0.01						mg/L	1	
Lead Total (7439-92-1)	X		<0.05						mg/L	1	
Mercury Total (7439-97-6)	X		<0.0002						mg/L	1	
Nickel, Total (7440-02-0)	X		<0.009						mg/L	1	
Selenium, Total (7782-49-2)	X		<0.009						mg/L	1	

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)	
	a. Testing Required	b. Believed Absent	a. Maximum Daily Value (1) Concentration	b. Maximum 30-Day Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value	
				(1) Concentration	(2) Mass				(1) Concentration	(2) Mass
METALS, CYANIDE AND TOTAL PHENOLS (Continued)										
Silver, Total (7440-28-0)	X		<0.01			1	mg/L			
Thallium, Total (7440-28-0)	X		0.1			1	mg/L			
Zinc, Total (7440-66-6)	X		<0.005			1	mg/L			
Cyanide, Total (57-12-5)	X		<0.01			1	mg/L			
Phenols, Total	X		<0.04			1	mg/L			