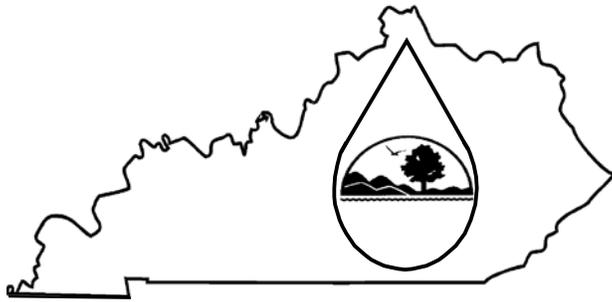


KPDES FORM 1

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 Form SC

**For additional information contact:
Surface Water Permits Branch (502) 564-3410**

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE							
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A. Name of Business, Municipality, Company, Etc. Requesting Permit Martin County Coal Corporation	
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.
Facility Location Name: Martin County Coal Corporation Preparation Plant	Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Martin County Coal Corporation
Facility Location Address (i.e. street, road, etc., not P.O. Box): Kentucky Highway 1439	Mailing Address: P.O. Box 5002
Facility Location City, State, Zip Code: Inez, Kentucky 41224	Mailing City, State, Zip Code: Inez, Kentucky 41224
D. Owner's name (if not the same as in part A and C): N/A	Facility Contact Telephone Number: (606) 395-6881
Owner's Mailing Address: N/A	Owner's Telephone Number (if different): N/A

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: 680-8002 and 880-0014 include a coal preparation plant and bathhouse facility. 880-5175 is an underground mining operation which plans the recovery of the Cedar Grove coal reserves.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	1241 – Coal Mining Services & 1221 – Coal Mining		
Other SIC Codes:	N/A	N/A	N/A

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Martin County	City where facility is located (if applicable): Inez
C. Body of water receiving discharge: Old Road Fork, an unnamed tributary to Wolf Creek, Mill Branch, an unnamed tributary to Big Andy Branch and Little Branch of Wolf Creek.	
D. Facility Site Latitude (degrees, minutes, seconds): 37°44°30" E	Facility Site Longitude (degrees, minutes, seconds): 82°32°18" W
E. Method used to obtain latitude & longitude (see instructions): Topographic Map	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

Publicly Owned Privately Owned State Owned Both Public and Private Owned Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: Operator is not necessary for this privately owned facility	Telephone Number: N/A
Operator Mailing Address (Street): N/A	
Operator Mailing Address (City, State, Zip Code): N/A	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class: N/A	Certification Number: N/A

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number: KY0054810	Issue Date of Current Permit: April 3, 2006	Expiration Date of Current Permit: May 31, 2011
Other DOW Operational Permit #:	Kentucky DMR Permit Number(s): 680-8002 – 880-0014	Sludge Disposal Permit Number:
Other Existing Environmental Permit #:	Other Existing Environmental Permit #:	Other Existing Environmental Permit #:
Current NPDES Number: Not currently permitted	Issue Date of Current Permit:	Expiration Date of Current Permit:
Other DOW Operational Permit #:	Kentucky DMR Permit Number(s): 880-5175*	Sludge Disposal Permit Number:
*KDNR Permit No. 680-8002 and 880-0014 were permitted together under the same KPDES application in 2006. KDNR Permit No. 880-5175 will be using the same ponds as the other two permits, and we would like to request that under the reissuance of this expiring permit, these three permits be covered under one KPDES application.		

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	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

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). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Teresa Moore
DMR Official Telephone Number:	

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	

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	\$660.00

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): <i>David Keith Runyon, President</i>	TELEPHONE NUMBER (area code and number): <i>606-395-6881</i>
SIGNATURE <i>David Keith Runyon</i>	DATE: <i>5/21/2010</i>