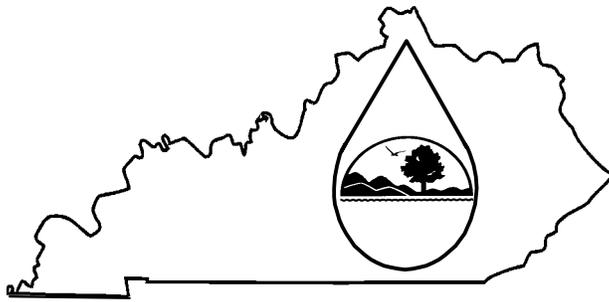


US EPA ARCHIVE DOCUMENT

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							
A. Name of Business, Municipality, Company, Etc. Requesting Permit Robinson Coal Comany									
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: Greenbriar Mine					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Orville Robinson				
Facility Location Address (i.e. street, road, etc., not P.O. Box): KY638 & 421					Mailing Address: 1622 Jacks Branch Rd.				
Facility Location City, State, Zip Code: Manchester, KY 40962					Mailing City, State, Zip Code: Manchester, KY 40962				
D. Owner's name (if not the same as in part A and C):					Facility Contact Telephone Number: (606) 599-9308				
Owner's Mailing Address: 1622 Jacks Branch Rd, Manchester, KY 40962					Owner's Telephone Number (if different): (606) 599-9308				
II. FACILITY DESCRIPTION									
A. Provide a brief description of activities, products, etc: This is a surface mine operation. The original DNR permit was for 5.91 acres. The amended DNR permit seeks approval for an additional 9.17 acres for a total acreage of 15.08 acres. This KPDES application seeks approval for discharge for Pond 1 of the original permit and proposed Pond 2 of the amendment area. These are bench structures which will receive precipitation dependent discharge from this operation.									
B. Standard Industrial Classification (SIC) Code and Description									
Principal SIC Code & Description:		1221							
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: Clay					City where facility is located (if applicable):				
C. Body of water receiving discharge: Maupen Hollow and Green Briar Branch of Goose Creek of the Kentucky River									
D. Facility Site Latitude (degrees, minutes, seconds): 37°10'05"					Facility Site Longitude (degrees, minutes, seconds): 83°46'45"				
E. Method used to obtain latitude & longitude (see instructions): Map Interpolation									

US EPA ARCHIVE DOCUMENT

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:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes No

Is the operator certified? If yes, list certification class and number below.

Yes No

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

Issue Date of Current Permit:

Expiration Date of Current Permit:

Other DOW Operational Permit #:

Kentucky DMR Permit Number(s):

Sludge Disposal Permit Number:

826-0621

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

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). 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):

Orville Robinson

DMR Official Telephone Number:

(606) 599-9308

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:

Orville Robinson

DMR Mailing Address:

1622 Jacks Branch Rd.

DMR Mailing City, State, Zip Code:

Manchester, KY 40962

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 in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category: Surface Mine Operation	Filing Fee Enclosed: \$660
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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): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Orville Robinson, <i>Owner</i>	PHONE NUMBER: (606) 599-9308
SIGNATURE <i>Orville Robinson</i>	EMAIL: <i>920 hope and joy @ windstreet.net</i> DATE: <i>12/17/09</i>

Return completed application form and attachments to: **Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.**