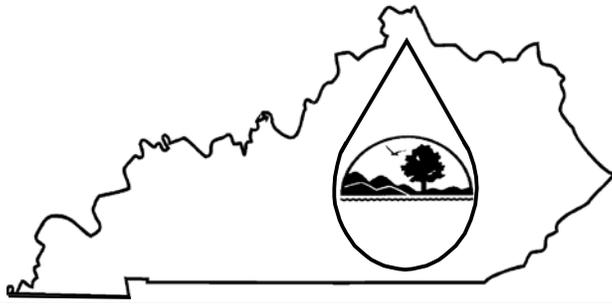


US EPA ARCHIVE DOCUMENT

# 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 <b>Czar Coal Corporation</b>									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). <b>Include owner's mailing address (if different) in D.</b>				
Facility Location Name: <b>Czar Coal Corporation; KDNR No. 880-0157 A1, A2, and A3</b>					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <b>Larry Adams, P.E., Vice President in Permitting &amp; Environmental Affairs</b>				
Facility Location Address (i.e. street, road, etc., <b>not P.O. Box</b> ): <b>South of the intersection of Beech Fork and Middle Fork of Rockcastle Creek and KY Route 3</b>					Mailing Address: <b>81 Enterprise Drive</b>				
Facility Location City, State, Zip Code: <b>Near Davella, KY 41214</b>					Mailing City, State, Zip Code: <b>Debord, KY 41214</b>				
D. Owner's name (if not the same as in part A and C): <b>N/A</b>					Facility Contact Telephone Number: <b>606-298-2300</b>				
Owner's Mailing Address: <b>N/A</b>					Owner's Telephone Number (if different): <b>N/A</b>				

## II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

The original application included the addition of mining acreage to the Stockton, Coalburg, and Haddix coal seams using contour, area, and auger mining methods. The Taylor and Clarion coal seams were added to the project at a later date. Spoil storage areas on the original application included eight hollow fills (Hollow Fills #1-8). Sediment structures for drainage control included Ponds 1, 2, 3, 4, 5, 6, 7, and 22. Pond 22 is shared, permitted, and bonded by adjacent Permit Nos. 880-7010 and 880-8002.

Amendment 1 proposes the deletion of Hollow Fill #1 and addition of Hollow Fill #9. Czar Coal Corporation also plans the addition of Pond 8, 9, and 1-R for sediment and drainage control.

Amendment 2 proposes the addition of contour and auger acreage to the Stockton, Taylor, Coalburg, and Haddix coal seams along with a temporary spoil storage area as part of the mining operation, and the addition of Pond 10.

Amendment 3 proposes the addition and reclassification of mining acreage. Additional proposed mining acreages occur within the Coalburg, Stockton, Haddix, and Clarion coal seams. Amendment 3 also proposes the addition of a mine management area and stockpile area. Sediment and drainage control will be provided by the newly proposed Ponds 9, 23, 24, 25, and 26.

Pond 9 on both Amendment 1 and Amendment 3 are the same pond. On Amendment 3, the position of Pond 9 has been changed slightly to accommodate both Amendment 1 and Amendment 3 proposed additions.

B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	1221 – Coal Mining		
Other SIC Codes:	1241 – Coal Mining Services		

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: <b>Martin County</b>	City where facility is located (if applicable): <b>Davella, KY is nearest community</b>
C. Body of water receiving discharge: <b>Middle Fork Rockcastle Creek</b>	
D. Facility Site Latitude (degrees, minutes, seconds): <b>37-45-38</b>	Facility Site Longitude (degrees, minutes, seconds): <b>-82-37-05</b>
E. Method used to obtain latitude & longitude (see instructions): <b>Topographic Map Coordinates</b>	

<b>IV. OWNER/OPERATOR INFORMATION</b>	
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: <b>Operator is not necessary for this privately owned facility</b>	Telephone Number: <b>N/A</b>
Operator Mailing Address (Street): <b>N/A</b>	
Operator Mailing Address (City, State, Zip Code): <b>N/A</b>	
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: <b>N/A</b>	Certification Number: <b>N/A</b>

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: <b>KYG046138</b>	Issue Date of Current Permit: <b>March 24, 2006</b>	Expiration Date of Current Permit: <b>February 31, 2014</b>
Other DOW Operational Permit #: <b>N/A</b>	Kentucky DMR Permit Number(s): <b>880-0157 A1/A2/A3</b>	Sludge Disposal Permit Number: <b>N/A</b>
Other Existing Environmental Permit #: <b>N/A</b>	Other Existing Environmental Permit #: <b>N/A</b>	Other Existing Environmental Permit #: <b>N/A</b>

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):	<b>Czar Coal Corporation</b>
DMR Official Telephone Number:	<b>(606) 298-2300</b>

- 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:	<b>Czar Coal Corporation</b>
DMR Mailing Address:	<b>81 Enterprise Drive</b>
DMR Mailing City, State, Zip Code:	<b>Debord, KY 41214</b>

**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 Mining

Filing Fee Enclosed:

Previously Submitted

**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.  Ms.  Larry Adams, Vice President of Permitting & Environmental Affairs

SIGNATURE



PHONE NUMBER: 606-298-2300

EMAIL: larry.a@czarky.net

DATE:

2/8/11

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.**

