

RECEIVED

JUL 05 2011

PUBLIC SERVICE
COMMISSION

June 30, 2011

Executive Director
Kentucky Public Service Commission
211 Sower Boulevard
Post Office Box 615
Frankfort, KY 40602

Re: Center Ridge Water District, Inc. 2010-00397 Rate Case Filing

Dear Sirs:

Center Ridge Water District has reviewed the PSC Staff Report issued in the above-referenced case, and strongly objects to the Staff's recommendation for a revenue reduction. Center Ridge believes the Staff's investigation of our situation has been woefully inadequate, and if the Staff's conclusions are adopted by the PSC, the results threaten the very viability of the four water systems for which we produce and provide water service.

Center Ridge noted in its rate case filing that it had very low cash levels, and asked the PSC to expedite this case and also to help us reduce rate case expenses. Now, more than 8 months into a 10-month process, the Staff has ignored these requests, and instead recommends that our rates be reduced to a dangerously low level. In addition, the PSC Staff Report Order of June 24, 2011 absurdly suggests that Center Ridge must now hire an expensive attorney to appear in Frankfort on July 15 to defend itself against a rate reduction, when instead a rate increase is critically needed. This would make our bad cash flow situation even worse, and we cannot do it. Instead, we appeal to the Commission Staff and its management in particular, to recognize the serious injury the Staff's inadequate investigation and absurd results would inflict upon Center Ridge, to consider the additional evidence provided herein which the Staff failed to request during this proceeding, and to overturn the original Staff Report conclusions in order to ensure the financial viability of these four water systems.

Sincerely,



Bill Duncan, President
Center Ridge Water District, Inc.

Cc: Aaron Greenwell, Deputy Director
John Rogness, Director of Financial Analysis
Melvin Henley, District 5 Kentucky State Representative

Center Ridge Water District Staff Report Comments

In response to the PSC Staff Report of June 24, 2011, Center Ridge cannot disagree more with the Staff's recommendations of a \$66,992 revenue requirement and a rate reduction from \$18.66 per month to \$16.18 per month. **This recommendation is unfair, unjust, and unreasonable, and threatens the very viability of this utility to provide safe, reliable and adequate water service.** However, given the utility's negative cash flow situation and lack of funds, Center Ridge cannot afford to hire an attorney to contest these recommendations, nor can it afford to expend the time and money necessary to travel to Frankfort for an Informal Conference in this matter.

Instead, Center Ridge requests that the author of the Commission Staff Report amend it to adopt reasonable recommendations based upon the positions and evidence provided in Center Ridge's rate application and this response. If the Staff Report's author refuses to amend the recommendations, Center Ridge appeals for some sanity from responsible parties or management within the PSC, or the Commission itself, to seriously consider the evidence in this case, overrule the horribly bad result that would occur if the Staff Report recommendations were to be adopted, and provide the rate relief which is clearly necessary to maintain the viability of this water utility and its four separate systems.

Background

Center Ridge's most recent rate increase was granted in 2003 based on a 2002 test period. The current monthly rate of \$18.66 is much lower than the statewide average, and the Commission's Staff Report completely ignores this fact by recommending a rate reduction instead of an increase. Since the 2003 decision, the utility's costs have increased, and in addition it has added a fourth water system to the three that existed at the time of the 2003 rate increase. The Commission Staff often criticizes small utilities for a perceived failure to file rate cases in a timely fashion – conventional wisdom suggests every three to five years – and Staff is now recommending a rate reduction for a utility with a negative cash flow and a desperate and overdue need for increased revenues.

The four Center Ridge systems produce rather than purchase their own water, and the production of water requires Center Ridge to comply with stringent monitoring and reporting requirements of the Kentucky Division of Water ("DOW"). Specifically, Center Ridge is required by the DOW to make daily visits to each system, and to file Monthly Operating Reports ("MORs") showing daily production readings. Because three of the four systems are many miles apart from each other, Center Ridge incurs significant transportation expenses and spends considerable time each day to monitor the systems, to take water samples, and to comply with DOW requirements. Center Ridge has maintained and filed with the DOW its Monthly Operating Reports for many years, and these reports provide indisputable proof that someone - specifically Center Ridge's

owner/manager - is making daily visits to each of the four systems as required by the DOW. Since these visits are required, the transportation expenses associated with these visits are required as well, and must be recovered in rates for the utility to operate in compliance with DOW requirements.

A Flawed Staff Investigation, And A Dangerously Bad PSC Staff Report

The PSC Staff investigation of Center Ridge's rate application has been seriously flawed, and the Staff Report recommendations show no understanding whatsoever of Center Ridge's operations, fail to provide the utility the revenues and cash flow it needs to operate, are dangerously bad, and threaten Center Ridge's viability if adopted by the Commission. The Staff Report's author has recommended a rate reduction instead of an increase for a utility in an increasing-cost industry, and there is no evidence that Center Ridge's costs have decreased since its 2003 rate increase. Instead, the Staff Report's author has simply wished away Center Ridge's legitimate transportation expenses, and has provided it totally inadequate compensation for the substantial time spent on a daily basis to monitor and service the four separate water systems. There is also no evidence that the Report's author has given any consideration whatsoever to Center Ridge's cash flow situation or its need for additional revenues to adequately operate and maintain the four systems.

Center Ridge's rate application was filed on October 11, 2010. It then took Staff almost two months to visit the utility's office in Western Kentucky. During the visit, Staff did not tour the four water systems to gain an understanding of Center's Ridge's daily operations and its significant travel requirements, nor did Staff request or take back to Frankfort the monthly operating reports documenting daily visits to the four systems. (Please note that Jimmy Adcock of the Commission's Engineering Staff has toured the system, and knows the daily travel requirements.) Instead, Staff spent much of the brief visit complaining about PSC working conditions. Center Ridge then heard no more from Staff until a PSC data request was issued in February 2011. This data request failed to request documentation of travel and other expenses for which Center Ridge is now criticized in the Staff Report. After responding to the data request, Center Ridge heard no more from the PSC until the Staff Report was issued. For Staff to criticize Center Ridge for a perceived failure to provide documents, when in fact Staff failed to review or request available documents and properly investigate the situation, is Staff's failure and a gross injustice to Center Ridge.

To compound Center Ridge's misery, after releasing a flawed Staff Report more than 8 months into a 10-month process, Staff would now force Center Ridge to hire an expensive attorney at this late date, and appear in Frankfort on July 15, 2011 - to defend itself against a revenue reduction. Center Ridge has negative cash flow and needs a rate increase to pay legitimate expenses, and should not and cannot be forced to spend money it does not have in this fashion - especially when Staff has failed to properly do its job from the outset of this case.

Transportation Expense

The Owner/Manager of Center Ridge must incur significant transportation expenses to monitor the four systems in compliance with DOW requirements. The Commission recognized this in its 2003-00424 rate order by approving \$5,126 in transportation expenses for the utility. Since then, these costs have increased with the addition of a fourth separate system and with the substantial increase in fuel costs occurring since the 2002 test year from the prior rate case. In fact, the Internal Revenue Service mileage reimbursement rate has increased substantially from 36.5 cents per mile in 2002 to over 50 cents per mile today, which is indisputable proof that transportation costs have increased.

Center Ridge's application at pages 40-52 documented the 2009 test period expense of \$26,125 for transportation expense with the filing of not only its 2009 tax returns, but also with a map showing the daily route traveled by the owner/manager to perform his duties, and a detailed explanation of Center Ridge's unique situation as an owner/operator of four noncontiguous water systems. **In addition, the rate application did not require, but Center Ridge provided, copies of its Monthly Operating Reports for its No. 4 plant for the months of September through December 2009 as evidence of its daily visits.** Center Ridge also invited the Commission Staff to tour the four systems to gain a detailed understanding of its daily route and its DOW operating requirements. (Attached is the online version, page 40 of the rate application.)

Center Ridge filed its 2009 tax return documenting its \$26,125 of transportation expenses with the rate application. The IRS has not disputed this expense, and for the Staff's author to now dispute it is in essence to claim that Center Ridge's owner has perjured himself - at risk of fines and imprisonment - by signing and filing a false tax return. In addition, there are consequences for knowing filing false reports such as the Monthly Operating Reports with the DOW. Center Ridge's owner takes his responsibilities very seriously, and would not jeopardize himself or his operations by perjuring himself before the IRS or the Division of Water.

The PSC Staff Report was issued on June 24, 2011, nearly 8 ½ months after the filing of Center Ridge's application and only 1 ½ months prior to the statutory deadline for a final decision in this case. It is only now, with the issuance of the Staff Report and time running out, that Commission Staff formally questions the transportation expense documentation included with Center Ridge's application. Specifically, the Staff Report at page 5 criticizes Center Ridge's voluntary production of MORs by stating that "As the reports cover only one of Center Ridge's four wells and cover only four months of the test period, Commission Staff finds these reports insufficient to support the reported transportation expense." **This is grossly unfair, because Center Ridge would have provided additional reports for all four systems, and for all 12 months of the test period, if the Commission Staff would have only requested these**

reports. Staff neither issued a data request for these documents (the data request issued on February 18, 2011 failed to request any information related to Monthly Operating Reports), nor asked to review them in its field review, but Center Ridge is now providing 12 months of MORs for all four water systems in response to the Staff Report's criticism. In addition, Center Ridge is willing to provide the MORs for 2010 and 2011 if necessary to prove the daily visits that the owner/manager continues to undertake to serve the systems in compliance with DOW requirements. Finally, Staff did not tour the four systems to gain an understanding of Center Ridge's operating environment and unique situation, as Center Ridge offered in its rate application. Such treatment is a fundamental violation of Center Ridge's due process rights, and the Commission Staff or the Commission needs to address and correct it in its final disposition of this case.

It is beyond question that Center Ridge incurs significant transportation expenses to operate the four systems. Commission Staff's waving of a magic wand to make \$26,125 of transportation expenses become zero does not square with the real world in which Center Ridge must operate. If this recommendation is left unchanged and ultimately adopted by the Commission, Center Ridge's negative cash flow situation will worsen substantially, and its financial viability will be seriously threatened. In fact, transportation expense is the single most important issue in this case, and recognition of the \$26,125 in allowable expenses increases the revenue requirement to \$96,680 and the monthly water rate to \$23.35.

Salaries and Wages

Center Ridge's Owner/Manager spends considerable time on a daily basis to visit and monitor the four systems. Center Ridge's rate application included the suggestion that Commission Staff tour the four systems with the owner/manager to gain a full understanding of his daily route and workload, but Staff declined to take such a tour. The Staff Report allowed only \$3,600 in compensation for the owner/manager, and recommended disallowing \$9,000 for the owner/manager and \$3,000 for bookkeeping and office work.

The recommendation for a \$3,600 owner/manager fee in this case is grossly unfair when compared to the \$12,000 compensation allowed to the owner/manager of Overland Development in Case No. 2010-00366 PSC case., for the following reasons. First, Overland is not required to monitor and service four separate water systems, as is Center Ridge. Based on this comparison, if Overland is entitled to \$12,000, then Center Ridge is entitled to four times that much, or \$48,000. Second, Overland serves only 112 customers in one system, whereas Center Ridge serves 345 customers in four separate systems. Based on having three times the customer base as Overland in four separate systems, Center Ridge is entitled to three times Overland's compensation, or \$36,000. Third, Overland merely purchases rather than produces water, and has much higher rates than Center Ridge (the attached Overland tariff shows that a 5,000 gallon user incurs a monthly bill of \$41.91). The Staff Report's author, or the

Commission, should correct the original Staff Report's arbitrary and unjust treatment and its failure to consider these crucial factors, by allowing Center Ridge the requested \$12,000 compensation - or higher. Adding the additional \$8,400 as reasonable compensation for ownership, operation, and bookkeeping and office work (along with the above-mentioned transportation expense) increases the revenue requirement to \$106,225, and results in a monthly rate of \$25.66.

Staff also ignores the fact that Center Ridge maintains an office with a phone, and has an office manager engaged in daily operations. The Staff Report at page 2 erroneously states that "Center Ridge does not currently employ anyone to perform bookkeeping services and office work." This is in error, as Arlene Elmore has worked on behalf of Center Ridge for many years to perform office duties. The Staff Report also criticized Center Ridge for having "failed to provide any evidence of the cost of such services, such as bids or invoices from non-affiliated persons." As was true with Staff's above-mentioned criticism of transportation expenses, Staff failed to request such information in its February 18 data request; Center Ridge is only now learning that Staff wants this information; and Center Ridge would have developed and provided it if Staff had requested it previously.

Other Issues

Commission Staff recommended disallowance of \$1,200 in annual rent and \$1,091 in cell phone costs, again ignoring the real world in which Center Ridge must operate. Specifically, it must maintain an office to house records and maintain phone contact for customer service purposes, and its owner/manager must be available by cell phone given his substantial daily travel to operate and maintain the four water systems. Staff ignores these facts by criticizing Center Ridge for its failure to provide evidence of market rents, which Staff is just now mentioning 8 ½ months into a 10-month rate case process, and by referring to "limited intended use" of the cell phone. Both of these expenses are reasonable and should be allowed, which further increase the revenue requirement to \$108,829, and results in a monthly rate of \$26.29. This monthly rate is reasonable, will allow Center Ridge the revenues it needs to provide safe, reliable and adequate water service, and Center Ridge believes it is lower than statewide averages - despite the fact that Center Ridge's four noncontiguous systems are much more costly and time-consuming to operate than is a normal water system.

In addition, Center Ridge's application mentioned that it has no insurance coverage whatsoever and cannot afford any, but that it would purchase such insurance if the Commission awarded a sufficient rate increase. The Staff Report's author failed to address this situation in any way, and this should be corrected.

Summary

The PSC's ratemaking process has utterly failed the Center Ridge Water District thus far, and threatens its very viability. Responsible parties within the PSC need to quickly correct the seriously flawed Staff Report issued 8 and ½ months into this process, and ensure that Center Ridge has the revenues needed to provide the cash flow necessary to operate the four separate water systems within this utility.

Center Ridge Attachments to Staff Report Comments

1. Online Rate Application at Page 40 – Transportation Expense Explanation.
2. Overland Development Tariff and Other Information Comparison.
3. Monthly Operating Reports – 12 months of 2009 for all 4 systems.

Center Ridge 2009 Transportation Expense

-Center Ridge Water District is unique compared to most if not all other PSC-regulated water utilities in that it consists of four separate distributions systems, three of which are miles apart from each other.

-William Duncan, the owner of Center Ridge Water District, is required by the Kentucky Division of Water to visit each of the four Center Ridge systems on a daily basis to do chlorine tests. (The attached MORs document that this trip occurs daily.)

-On a normal round trip, Mr. Duncan drives 120 miles daily, and may drive more if he has to take lab samples to the outside testing labs or if he has to purchase plant materials. The tax returns included with the application document the 47,500 miles driven in 2009 on behalf of Center Ridge Water District.

-In a normal year, Mr. Duncan may also fix 40 to 50 water leaks per year at the four systems, requiring additional mileage over and above the daily route.

-Attached are Google maps showing the rough distances between the four Center Ridge systems. While Mr. Duncan's route may vary depending upon circumstances, his normal daily route takes him from Center Ridge System #3 to System #2, which are near each other. Next is the longest portion of his route, which requires him to reach System #1 by driving approximately 25 miles southwest and then northeast because there are no area bridges across the Kentucky Lake inlets. Next, Mr. Duncan travels approximately 11 miles to System #4, which is located south of Kenlake State Park in the Ledbetter Shores Subdivision.

-The distances on the Google maps are rough indicators of the point-to-point distances between Systems 2, 1, and 4, and in fact understate the total mileage driven daily to do testing and to drive the subdivisions monitoring for leaks.

-The 2009 transportation expense of \$26,125 was calculated by taking the 47,500 miles driven times the 2009 IRS-approved reimbursement rate of 55 cents a mile, as follows:

Category	Miles per trip	Trips per year	Totals
Daily Visits – required by the Kentucky Division of Water for all 4 water systems	120 miles round-trip	365	43,800 miles
Laboratory Visits – required sampling is done twice a month at each system, and samples are then taken to an outside lab.	130 miles round-trip	24	3,120 miles
Other - Leak repairs (40-50 per year) -PSC and DOW Inspections	Variable depending upon leak location	Variable	580 miles
		2009 Total	47,500 miles

- Mr. Duncan invites Commission Staff to visit the area and travel the route with him if there are any questions about Center Ridge's daily route.

FOR Lockwood Estates Boyd Co.
Community, Town or City

P.S.C. KY. NO. _____

_____ SHEET NO. _____

OVERLAND DEVELOPMENT INC.
(Name of Utility)

CANCELLING P.S.C. KY. NO. _____

_____ SHEET NO. _____

RATES & CHARGES

Monthly Rates:

First	2,000 gallons	\$20.04 Minimum Bill
Next	8,000 gallons	7.29 per 1,000 gallons
Next	20,000 gallons	5.51 per 1,000 gallons
Next	20,000 gallons	4.57 per 1,000 gallons
Over	50,000 gallons	3.67 per 1,000 gallons

DATE OF ISSUE JANUARY 8, 2011
Month / Date / Year

DATE EFFECTIVE JANUARY 1, 2011
Month / Date / Year

ISSUED BY James C. Taylor
(Signature of Officer)

TITLE President

Brent Hartley

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. 2011-00015 DATED 1-31-2011

ATTACHMENT A
OPERATING STATEMENT
CASE NO. 2010-00366

Pro Forma Revenues and Expenses

	<u>Test Period</u>	<u>Adjustments</u>		<u>Adjusted</u>
Water Sales	\$ 43,712	\$ (872)	A	\$ 42,840
Total Water Sales	\$ 43,712	\$ (872)		\$ 42,840
 Water Expenses				
Salaries & Wages	\$ 12,000			\$ 12,000
Contract Labor	765			765
Purchased Water	17,538	1,455	B	18,993
Water Testing	809	240	C	1,049
Office Supplies	127			127
Telephone	1,175	(588)	D	587
Equipment	381			381
Postage	712	78	E	790
Fuel	820			820
Meter Labor	602	45	F	647
Tools	38			38
Accounting Fees	1,970			1,970
Maintenance & Repair	3,596	(1,000)	G	2,596
Taxes Other Than Income	2,621			2,621
Total Operating Expenses	\$ 43,154	\$ 230		\$ 43,384
Net Operating Income	\$ 558	\$ (1,102)		\$ (544)

17000 Overland Development, Inc.

Water Operating Revenue (Ref Pg. 24)

	Beginning Year Customers	Year End Customers	Amount
Operating Revenues			
Unmetered Water Revenue (460)			
Metered Water Revenue (461)			
Sales to Residential Customers (461.1)	112	112	\$43,711.76
Sales to Commercial Customers (461.2)			
Sales to Industrial Customers (461.3)			
Sales to Public Authorities (461.4)			
Sales to Multiple Family Dwellings (461.5)			
Sales through Bulk Loading Stations (461.6)			
Total Metered Sales	112	112	\$43,711.76
Fire Protection Revenue (462)			
Total Fire Protection Revenue			
Sales to Irrigation Customers (465)			
Sales for Resale (466)			
Total Sales of Water	112	112	\$43,711.76
Other Water Revenues			
Guaranteed Revenues (469)			
Other Water Revenues (474)			
Total Other Water Revenues			
Total Water Operating Revenues			\$43,711.76

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

APPLICATION OF OVERLAND DEVELOPMENT,) CASE NO.
INC. FOR AN ADJUSTMENT OF RATES) 2010-00366

ORDER

On September 13, 2010, Overland Development, Inc. ("Overland") submitted its application for Commission approval of proposed water rates. Commission Staff has prepared the attached report containing its findings and recommendations regarding the proposed rates. All parties should review the report carefully and submit any written comments about Staff's findings and recommendations or requests for a hearing or an informal conference no later than 14 days from the date of this Order.

IT IS THEREFORE ORDERED that:

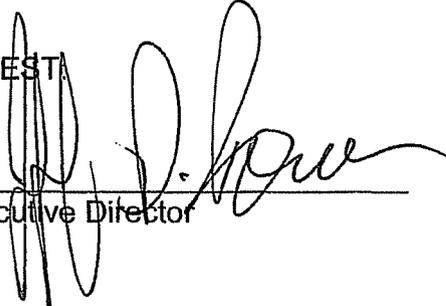
1. All parties shall have 14 days from the date of this Order to submit to the Commission written comments, if any, regarding the attached Staff Report and to request a hearing or an informal conference in this matter.
2. Any party requesting a hearing in this matter shall state in its request its objections to the findings set forth in the Staff Report and provide a brief summary of testimony that it would present at hearing.
3. A party's failure to object to a finding or recommendation contained in the Staff Report within 14 days of this Order shall be deemed as agreement with that finding or recommendation.

4. If no request for a hearing or an informal conference is received within the 14 days, this case shall stand submitted to the Commission for decision.

By the Commission

ENTERED *M*
OCT 15 2010
KENTUCKY PUBLIC
SERVICE COMMISSION

ATTEST



Executive Director

Case No. 2010-00366

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 07/2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33898</u>	DATE MAILED:	<u>8-9-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>I.B.D.</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

8-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID : 0180549
 PLANT ID : A

REPORT MONTH/YEAR: 1-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	8800											
2	9700									1		
3	13100											
4	14400											
5	9100											
6	7400											
7	6500											
8	7900											
9	9500									1		
10	13700											
11	14100											
12	8600											
13	7900											
14	7100											
15	8200											
16	9600									1		
17	13300											
18	13900											
19	8800									1		
20	7900											
21	6700											
22	8100											
23	9400									1		
24	13700											
25	12800											
26	9900											
27												
28	2000											
29												
30												
31	2000											
TOTAL	260,500									5 gal		
AVERAGE	10,019											
MAX	14,400											

NUMBER DAYS IN OPERATION 26

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: 7
 REPORT MONTH/YEAR: 1-09

WATER SYSTEMS

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.29	1.23								
2					1.26	1.21						
3							1.24	1.19				
4										1.19	1.13	
5			1.15	1.09								
6					1.14	1.09						
7							1.09	1.04				
8										1.14	1.08	
9			1.16	1.11								
10					1.22	1.16						
11							1.25	1.19				
12										1.24	1.17	
13			1.18	1.13								
14					1.15	1.09						
15							1.11	1.04				
16										1.14	1.08	
17			1.16	1.09								
18					1.19	1.13						
19							1.24	1.19				
20										1.25	1.19	
21			1.28	1.21								
22					1.32	1.26						
23							1.34	1.28				
24										1.37	1.31	
25			1.39	1.34								
26					1.36	1.31						
27												
28												
29												
30												
31												
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.04
 Minimum Monthly Total Residual: 1.09

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 26

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180549

MONITORING PERIOD (MMYYYY)

1-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>260,500</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>10,019</u>
AGENCY INTEREST <u>33828</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR



COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 26

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 26

Lowest single chlorine reading 1.04

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncanson
Signature of Principal Executive Officer or Authorized Agent

2-9-09
Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 03/9/09

DEP Form 4012--Revised 07/2006

PWS ID:	Ky0180549	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water # 1	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33898	DATE MAILED:	3-9-09	COUNTY:	Calloway
SOURCE NAME:	Well	OPERATOR(S) IN RESPONSIBLE CHARGE:	William Duncan	CLASS:	I.B.D.
				CERTIFICATION NUMBER:	02109
WTP SHIFT 1:					
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- 1. DESIGN CAPACITY (gpm): 35
- 2. TYPE OF FILTRATION USED:
- 3. DESIGN FILTRATION RATE (gpm/sq. ft.):
- 4. PERCENT BACKWASH WATER USED:
- 5. DATE FLOCCULATION BASIN(S) LAST CLEANED:
- 6. DATE SETTLING BASIN(S) LAST CLEANED:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

3-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549

PLANT ID: A

REPORT MONTH/YEAR: 9-09

APPLICABLE TO ALL PLANTS

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	5800											
2	14900								1			
3	15600											
4	6500											
5	7900											
6	8300											
7	13800											
8	14100											
9	8600								1			
10	7700											
11	7100											
12	8300											
13	8800								1			
14	13300											
15	12900											
16	7900								1			
17	7500											
18	6800											
19	8100											
20	9200											
21	12500											
22	14100											
23	9100								1			
24	7300											
25	6200											
26	7500											
27	8500								1			
28	12900											
29												
30												
31												
TOTAL	971,400								6 gal			
AVERAGE	9,693											
MAX	15,600											

NUMBER DAYS IN OPERATION 28

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180547
 PLANT ID: A
 REPORT MONTH/YEAR: 2-09

DRINKING WATER SYSTEMS

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.36	1.31								
2					1.34	1.29						
3							1.31	1.25				
4									1.27	1.21		
5			1.24	1.19								
6					1.24	1.18						
7							1.27	1.21				
8									1.27	1.23		
9			1.31	1.25								
10					1.35	1.29						
11							1.39	1.34				
12									1.38	1.31		
13			1.34	1.31								
14					1.33	1.27						
15							1.35	1.29				
16									1.34	1.28		
17			1.37	1.34								
18					1.41	1.35						
19							1.42	1.37				
20									1.39	1.33		
21			1.38	1.31								
22					1.37	1.31						
23							1.35	1.27				
24									1.31	1.24		
25			1.29	1.23								
26					1.26	1.21						
27							1.23	1.18				
28									1.21	1.16		
29												
30												
31												
AVERAGE												
TOTAL												

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Maximum Monthly Free Residual: 1.16
 Minimum Monthly Total Residual: 1.21

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 28

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180549

MONITORING PERIOD (MMYYYY)

02-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>271,400</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>9,693</u>
AGENCY INTEREST <u>33828</u>	MAXIMUM PUMPAGE (gallons per day) <u>15,600</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation <u>28</u>	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded <u>28</u>	
Lowest single chlorine reading <u>1.16</u>	
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Buncan
Signature of Principal Executive Officer or Authorized Agent

02-9-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 03 2008

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33898</u>	DATE MAILED:	<u>4-10-08</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE			
		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Demean</u>	<u>I.B.D.</u>	<u>02109</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Demean

4-10-08

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

REPORT MONTH/YEAR: 3-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	13300											
2	8300											
3	6900											
4	6400											
5	7500											
6	8500								1			
7	12700											
8	12300											
9	7900								1			
10	7300											
11	6100											
12	6800											
13	7500								1			
14	14400											
15	19500											
16	8600											
17	7400											
18	6800											
19	7700											
20	8300								1			
21	13700											
22	12200											
23	8500								1			
24	7900											
25	7200											
26	8100											
27	8800								1			
28	12300											
29	11700											
30	8400											
31	7200											
TOTAL	289,900								6 gal			
AVERAGE	9,326											
MAX	14,400											

NUMBER DAYS IN OPERATION

31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180547
 PLANT ID: 1
 REPORT MONTH/YEAR: 3-09



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.19	1.13						
2					1.16	1.11				
3							1.13	1.07		
4									1.09	1.03
5			1.07	1.02						
6					1.08	1.02				
7							1.11	1.05		
8									1.14	1.09
9			1.17	1.12						
10					1.19	1.14				
11							1.23	1.17		
12									1.25	1.19
13			1.28	1.22						
14					1.29	1.24				
15							1.32	1.26		
16									1.37	1.32
17			1.39	1.34						
18					1.43	1.37				
19							1.37	1.31		
20									1.35	1.29
21			1.33	1.27						
22					1.29	1.24				
23							1.32	1.26		
24									1.37	1.31
25			1.41	1.35						
26					1.43	1.38				
27							1.41	1.36		
28									1.39	1.34
29			1.36	1.31						
30					1.34	1.29				
31							1.29	1.23		
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Maximum							

Total # Chlorine Samples: _____
 # Less than 0.2 mg/L: _____

Minimum Monthly Free Residual: 1.09
 Minimum Monthly Total Residual: 1.07

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR) - ALL WATER SYSTEMS

MONTH & YEAR OF: 04 2009

DEP Form 4012 - Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33828</u>	DATE MAILED:	<u>5-9-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE:	<u>William Duncan</u>	CLASS:	<u>I B.D.</u>
WTP SHIFT 1:	_____	CERTIFICATION NUMBER:	<u>02102</u>	_____	_____
WTP SHIFT 2:	_____	_____	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____	_____	_____
DISTRIBUTION:	_____	_____	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

5-9-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549

PLANT ID: A

REPORT MONTH/YEAR: 4-09

PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM
1	6100											
2	7500											
3	8400											
4	12700											
5	11300											
6	8100											
7	6900											
8	6500											
9	7200											
10	8700											
11	13600											
12	12500											
13	8400											
14	7700											
15	7300											
16	7900											
17	7500											
18	12900											
19	11500											
20	8100											
21	6500											
22	6900											
23	7400											
24	7900											
25	13100											
26	12200											
27	7300											
28	6900											
29	6600											
30	7100											
31												
TOTAL	862700											
AVERAGE	8757											
MAX	13,600											

NUMER DAYS IN OPERATION 30

5 gal

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549

PLANT ID: A

REPORT MONTH/YEAR: 4-09

WATER SYSTEMS

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.27	1.21								
2					1.25	1.19						
3							1.24	1.18				
4									1.22	1.16		
5			1.91	1.16								
6					1.19	1.14						
7							1.17	1.12				
8									1.13	1.08		
9			1.09	1.03								
10					1.09	1.03						
11							1.06	1.01				
12									1.03	.98		
13			1.02	.96								
14					1.06	1.01						
15							1.07	1.01				
16									1.11	1.06		
17			1.14	1.09								
18					1.17	1.12						
19							1.17	1.13				
20									1.19	1.14		
21			1.21	1.16								
22					1.23	1.16						
23							1.22	1.15				
24									1.19	1.15		
25			1.18	1.13								
26					1.17	1.11						
27							1.15	1.09				
28									1.12	1.07		
29			1.09	1.03								
30					1.09	1.03						
31												
AVERAGE												
TOTAL												

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.76
 Minimum Monthly Total Residual: 1.02

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180549

MONITORING PERIOD (MMYYYY)

04-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>269,700</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>8,757</u>
AGENCY INTEREST <u>33888</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,600</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 30

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 30

Lowest single chlorine reading 96

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncanson

Signature of Principal Executive Officer or Authorized Agent

5-9-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 05/9/08

DEP Form 4012--Revised 07/2006

PWS ID:	Ky0180549	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water # 1	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33898	DATE MAILED:	6-10-09	COUNTY:	Calloway
SOURCE NAME:	Well	OPERATOR(S) IN RESPONSIBLE CHARGE:	William Duncan	CLASS:	I.B.D.
				CERTIFICATION NUMBER:	02109
WTP SHIFT 1:					
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	35
2. TYPE OF FILTRATION USED:	
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	
4. PERCENT BACKWASH WATER USED:	
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	
6. DATE SETTLING BASIN(S) LAST CLEANED:	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

6-10-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

REPORT MONTH/YEAR: 5-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM
1	7700								1			
2	11700											
3	10500											
4	7200											
5	6900											
6	6500											
7	7200											
8	8100								1			
9	12100											
10	10200											
11	8400											
12	7700											
13	7100											
14	6900											
15	7800								1			
16	11300											
17	11900											
18	7700								1			
19	7200											
20	6700											
21	7500											
22	7900								1			
23	12100											
24	12500											
25	7400											
26	6900											
27	6300											
28	7100											
29	7900								1			
30	11200											
31	13900											
TOTAL	271500								6 gal			
AVERAGE	8758											
MAX	13900											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: 7
 REPORT MONTH/YEAR: 5-09



DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.12	1.06								
2					1.13	1.06						
3							1.16	1.11				
4									1.19	1.14		
5			1.22	1.16								
6					1.24	1.19						
7							1.26	1.21				
8									1.28	1.21		
9			1.29	1.24								
10					1.32	1.27						
11							1.34	1.29				
12									1.35	1.29		
13			1.37	1.31								
14					1.39	1.33						
15							1.42	1.37				
16									1.44	1.39		
17			1.46	1.41								
18					1.45	1.39						
19							1.42	1.36				
20									1.38	1.31		
21			1.38	1.32								
22					1.36	1.31						
23							1.33	1.27				
24									1.31	1.25		
25			1.29	1.24								
26					1.27	1.21						
27							1.25	1.18				
28									1.23	1.17		
29			1.19	1.13								
30					1.16	1.11						
31							1.14	1.09				
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples _____
 # Less than 0.2 mg/L 0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.06
 Minimum Monthly Total Residual: 1.12

Disinfectant Chloramines? (Y/N) N
 Number of days of operation 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180549

MONITORING PERIOD (MMYYYY)

05-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>971500</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>8758</u>
AGENCY INTEREST <u>33888</u>	MAXIMUM PUMPAGE (gallons per day) <u>13900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 31

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 31

Lowest single chlorine reading 1.06

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

6-10-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 07 2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33828</u>	DATE MAILED:	<u>7-10-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>I.B.D.</u>	<u>02109</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

7-10-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

REPORT MONTH/YEAR: 6-09
 PAGE 1 OF 11

~~APPLICABLE TO ALL PLANTS~~

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7800											
2	6500											
3	6200											
4	7100											
5	8200								1			
6	10200											
7	12400											
8	8500								1			
9	7700											
10	7100											
11	7500											
12	8100								1			
13	11700											
14	14100											
15	7900											
16	7100											
17	6500											
18	6900											
19	7500								1			
20	12900											
21	11100											
22	8300								1			
23	7400											
24	6800											
25	7700											
26	8600								1			
27	10500											
28	13300											
29	9400											
30	7700											
TOTAL	262,800								6 gal			
AVERAGE	8,760											
MAX	14100											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A
 REPORT MONTH/YEAR: 6-09



PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER	CHLORINE BOOSTER	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
	LBS	LBS	NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.12	1.07						
2					1.09	1.03				
3							1.07	1.01		
4									1.02	.97
5			1.08	1.02						
6					1.09	1.03				
7							1.11	1.06		
8									1.13	1.08
9			1.17	1.11						
10					1.19	1.14				
11							1.22	1.17		
12									1.24	1.19
13			1.26	1.21						
14					1.27	1.21				
15							1.31	1.25		
16									1.34	1.29
17			1.34	1.28						
18					1.33	1.27				
19							1.31	1.25		
20									1.29	1.23
21			1.25	1.19						
22					1.23	1.17				
23							1.21	1.16		
24									1.19	1.13
25			1.18	1.12						
26					1.15	1.11				
27							1.13	1.07		
28									1.09	1.04
29			1.12	1.06						
30					1.14	1.09				
31										
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: .97
 Minimum Monthly Total Residual: 1.02

Disinfect Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180549

MONITORING PERIOD (MMYYYY) 06-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>962,800</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>8,760</u>
AGENCY INTEREST <u>33888</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>30</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>30</u>
Lowest single chlorine reading _____	<u>.92</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

7-10-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 07 2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33898</u>	DATE MAILED:	<u>8-10-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B.D.</u>	<u>02102</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

8-10-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID : 0180549
 PLANT ID : A
 REPORT MONTH/YEAR: 7-07

APPLICABLE TO ALL PLANTS

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6500											
2	7900											
3	8100								1			
4	12900											
5	13500											
6	8400											
7	7600											
8	7100											
9	7900											
10	8700								1			
11	14100											
12	13700											
13	8200								1			
14	7400											
15	6800											
16	7300											
17	10300								1			
18	12700											
19	13900											
20	8200											
21	7900											
22	7500											
23	8100											
24	8500								1			
25	12500											
26	14400								1			
27	7700											
28	7200											
29	6400											
30	6900								1			
31	7500											
TOTAL	285,100									7gal		
AVERAGE	9,197											
MAX	14400											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180547
 PLANT ID: 71
 REPORT MONTH/YEAR: 7-09



DISTRIBUTION SYSTEM OPERATIONS
 TEST RESULTS

DAY	CHEMICALS ADDED		TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.15	1.09						
2					1.18	1.13				
3							1.21	1.16		
4									1.24	1.19
5			1.26	1.21						
6					1.31	1.26				
7							1.33	1.28		
8									1.35	1.29
9			1.39	1.33						
10					1.36	1.31				
11							1.33	1.27		
12									1.31	1.26
13			1.29	1.23						
14					1.28	1.23				
15							1.26	1.21		
16									1.21	1.16
17			1.24	1.19						
18					1.28	1.22				
19							1.28	1.23		
20									1.31	1.26
21			1.33	1.28						
22					1.37	1.31				
23							1.38	1.32		
24									1.41	1.36
25			1.43	1.38						
26					1.46	1.41				
27							1.47	1.41		
28									1.49	1.43
29			1.49	1.43						
30					1.47	1.41				
31							1.43	1.38		
AVERAGE			Average							
TOTAL			Total Minimum							
			Free Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 1.09
 Minimum Monthly
 Total Residual: 1.15

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180549

MONITORING PERIOD (MMYYYY)

07-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>985,100</u>
PLANT NAME <u>Carter Ridge Water # 1</u>	AVE. DAILY PRODUCTION (gallons) <u>9,197</u>
AGENCY INTEREST <u>33898</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

Number of samples exceeded 0.1 NTU _____

Number of samples exceeded 0.3 NTU _____

Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

Number of samples exceeded 1 NTU _____

Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 31

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 31

Lowest single chlorine reading 1.09

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

8-10-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 08/2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>4</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33898</u>	DATE MAILED:	<u>9-9-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>William Hancock</u>	<u>1 B.D.</u>	<u>02109</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 35
- TYPE OF FILTRATION USED: _____
- DESIGN FILTRATION RATE (gpm/sq. ft.): _____
- PERCENT BACKWASH WATER USED: _____
- DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
- DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Hancock
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

9-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 8-09
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	12800											
2	13600											
3	7900											
4	7300											
5	6700											
6	7800											
7	8700									1		
8	14100											
9	12600											
10	8100									1		
11	7900											
12	7100											
13	7900											
14	8300									1		
15	13300											
16	11700											
17	8100											
18	6900											
19	7400											
20	7900											
21	8600									1		
22	11100											
23	13700											
24	7400									1		
25	6900											
26	6900											
27	7300											
28	7900									1		
29	12600											
30	10800											
31	8100											
TOTAL	436600									6 gal		
AVERAGE	9,245											
MAX	14,100											

NUMER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180547

PLANT ID: 1

REPORT MONTH/YEAR: 8-09



PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.42	1.37								
2					1.39	1.33						
3							1.36	1.31				
4										1.34	1.29	
5			1.31	1.25								
6					1.28	1.23						
7							1.26	1.21				
8										1.22	1.17	
9			1.19	1.13								
10					1.16	1.11						
11							1.13	1.08				
12										1.08	1.03	
13			1.07	1.01								
14					1.03	1.09						
15							.98	.93				
16										1.03	.97	
17			1.06	.99								
18					1.09	1.03						
19							1.09	1.03				
20										1.14	1.09	
21			1.16	1.11								
22					1.21	1.17						
23							1.24	1.19				
24										1.29	1.23	
25			1.32	1.27								
26					1.33	1.27						
27							1.37	1.31				
28										1.36	1.29	
29			1.33	1.27								
30					1.29	1.23						
31							1.25	1.19				
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples _____
 # Less than 0.2 mg/L 0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 1.23
 Minimum Monthly
 Total Residual: 1.28

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky 0180549

MONITORING PERIOD (MMYYYY) 08-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>286,600</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>9,245</u>
AGENCY INTEREST <u>33888</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>31</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	<u>Y</u>
Number of lowest chlorine samples recorded _____	<u>31</u>
Lowest single chlorine reading _____	<u>93</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Johnson
Signature of Principal Executive Officer or Authorized Agent

8-9-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: **10 | 20 | 09**

DEP Form 4012—Revised 07/2006

PWS ID:	Ky0180549	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water # 1	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33828	DATE MAILED:	10-7-09	COUNTY:	Calloway
SOURCE NAME:	Well				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	William Duncan	I B.D.	02109		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

- | | | |
|---|----|--|
| 1. DESIGN CAPACITY (gpm): | 35 | |
| 2. TYPE OF FILTRATION USED: | | |
| 3. DESIGN FILTRATION RATE (gpm/sq. ft.): | | |
| 4. PERCENT BACKWASH WATER USED: | | |
| 5. DATE FLOCCULATION BASIN(S) LAST CLEANED: | | |
| 6. DATE SETTLING BASIN(S) LAST CLEANED: | | |

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan

10-7-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

REPORT MONTH/YEAR: 9-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7800											
2	7100											
3	7500											
4	8200								1			
5	13100											
6	12600											
7	7700								1			
8	7200											
9	6500											
10	6900											
11	7400								1			
12	11900											
13	12600											
14	7500											
15	6700											
16	6100											
17	6900											
18	7900								1			
19	14400											
20	11600											
21	7500								1			
22	6900											
23	6300											
24	7100											
25	7700								1			
26	12900											
27	13300											
28	7900											
29	7400											
30	6800								1			
TOTAL	260,700								7 gal			
AVERAGE	8,690											
MAX	14,400											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A
 REPORT MONTH/YEAR: 9-09



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
T	F	T	F	T	F	T	F			
1			1.23	1.16						
2					1.21	1.19				
3							1.19	1.14		
4									1.15	1.09
5			1.12	1.06						
6					1.09	1.04				
7							1.07	1.01		
8									1.03	.97
9			.99	.93						
10					.97	.91				
11							1.03	.96		
12									1.06	1.01
13			1.09	1.03						
14					1.11	1.06				
15							1.13	1.08		
16									1.17	1.12
17			1.19	1.13						
18					1.21	1.16				
19							1.23	1.17		
20									1.26	1.19
21			1.26	1.21						
22					1.29	1.23				
23							1.29	1.24		
24									1.32	1.26
25			1.29	1.23						
26					1.26	1.21				
27							1.21	1.16		
28									1.15	1.08
29			1.12	1.06						
30					1.07	1.01				
31										
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples _____
 # Less than 0.2 mg/L 0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.91
 Minimum Monthly Total Residual: 0.94

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky 0180549

MONITORING PERIOD (MMYYYY) 9-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>260,700</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>8,690</u>
AGENCY INTEREST <u>33888</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>30</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>30</u>
Lowest single chlorine reading _____	<u>.91</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

10-7-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 10 2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33828</u>	DATE MAILED:	<u>11-9-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>I B. D.</u>	<u>02109</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

- | | | |
|---|-----------|--|
| 1. DESIGN CAPACITY (gpm): | <u>35</u> | |
| 2. TYPE OF FILTRATION USED: | | |
| 3. DESIGN FILTRATION RATE (gpm/sq. ft.): | | |
| 4. PERCENT BACKWASH WATER USED: | | |
| 5. DATE FLOCCULATION BASIN(S) LAST CLEANED: | | |
| 6. DATE SETTLING BASIN(S) LAST CLEANED: | | |

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan

11-9-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

REPORT MONTH/YEAR: 10-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6500											
2	9300											
3	12600											
4	13400											
5	7700									1		
6	7200											
7	6100											
8	6800											
9	7400									1		
10	13500											
11	14100											
12	7900											
13	7300											
14	6800											
15	7500											
16	8200									1		
17	12600											
18	11700											
19	8400											
20	7300											
21	6500											
22	6900											
23	7500									1		
24	13300											
25	12100											
26	8100											
27	6900											
28	6100											
29	6800											
30	7500									1		
31	10900											
TOTAL	274,900									5		
AVERAGE	8,868											
MAX	14,100											

NUMBER DAYS IN OPERATION

31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A



REPORT MONTH/YEAR: 10-09

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
T	F	T	F	T	F	T	F			
1			1.05	.99						
2					1.08	1.01				
3							1.12	1.05		
4									1.18	1.12
5			1.12	1.06						
6					1.07	1.01				
7							1.02	.96		
8									1.07	.99
9			1.08	1.01						
10					1.12	1.06				
11							1.16	1.09		
12									1.21	1.05
13			1.27	1.21						
14					1.29	1.21				
15							1.32	1.27		
16									1.28	1.21
17			1.26	1.19						
18					1.19	1.12				
19							1.15	1.09		
20									1.11	1.06
21			1.05	.98						
22					1.08	.99				
23							1.11	1.06		
24									1.18	1.11
25			1.22	1.16						
26					1.28	1.21				
27							1.34	1.27		
28									1.39	1.31
29			1.36	1.29						
30					1.29	1.22				
31							1.24	1.19		
AVERAGE										
TOTAL										

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: .96
 Minimum Monthly Total Residual: 1.02

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky 0180549

MONITORING PERIOD (MMYYYY) 10-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>274,900</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>8,868</u>
AGENCY INTEREST <u>33888</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 31

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 31

Lowest single chlorine reading .86

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

11-9-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 11 2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180949</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33828</u>	DATE MAILED:	<u>12-9-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER	_____
WTP SHIFT 1:	<u>William Duncan</u>	<u>I B.D.</u>	<u>02109</u>	_____	_____
WTP SHIFT 2:	_____	_____	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____	_____	_____
DISTRIBUTION:	_____	_____	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

12-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 11-09
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	11300											
2	7500								1			
3	6800											
4	6200											
5	7500											
6	8100											
7	12300											
8	9800											
9	7900								1			
10	6900											
11	6500											
12	7600											
13	8400											
14	13900											
15	12200											
16	7900								1			
17	7700											
18	7100											
19	7500											
20	8100											
21	10700											
22	12800											
23	7800								1			
24	6900											
25	6400											
26	7100											
27	7900											
28	11200											
29	10300											
30	8100								1			
31												
TOTAL	260,400								5 gal			
AVERAGE	8,680											
MAX	13,900											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A
 REPORT MONTH/YEAR: 11-09



DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.21	1.14								
2					1.17	1.11						
3							1.15	1.09				
4			1.05	.97						1.11	1.05	
5					1.02	.93			1.04	.95		
6										1.07	.99	
7			1.11	1.03								
8					1.14	1.08						
9							1.21	1.15				
10										1.25	1.17	
11			1.29	1.23								
12					1.31	1.24						
13							1.32	1.27				
14										1.36	1.29	
15			1.39	1.32								
16					1.41	1.36						
17							1.43	1.35				
18										1.49	1.41	
19			1.46	1.39								
20					1.44	1.38						
21							1.41	1.35				
22										1.38	1.31	
23			1.31	1.23								
24					1.28	1.21						
25							1.24	1.18				
26										1.21	1.13	
27			1.17	1.11								
28					1.13	1.06						
29												
30												
31												
AVERAGE			Average									
TOTAL			Total Minimum									
			Free Minimum									

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: .93
 Minimum Monthly Total Residual: 1.02

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180549

MONITORING PERIOD (MMYYYY)

11-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>260,400</u>
PLANT NAME <u>Center Ridge Water #1</u>	AVE. DAILY PRODUCTION (gallons) <u>8,600</u>
AGENCY INTEREST <u>33822</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation _____ 30

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded _____ 38

Lowest single chlorine reading _____ .93

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

11-9-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 11 2 9 1 0 0 9

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180549</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water # 1</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33898</u>	DATE MAILED:	<u>1-9-10</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B.D.</u>	<u>02109</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>	_____
2. TYPE OF FILTRATION USED:		_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		_____
4. PERCENT BACKWASH WATER USED:		_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		_____
6. DATE SETTLING BASIN(S) LAST CLEANED:		_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1-9-10
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180549
 PLANT ID: A

REPORT MONTH/YEAR: 12-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6900											
2	6300											
3	7100											
4	7900											
5	13500											
6	12100											
7	7800									1		
8	7200											
9	6500											
10	7400											
11	8100									1		
12	11900											
13	12500											
14	7500									1		
15	6800											
16	6100											
17	7200											
18	7900											
19	13100											
20	11700											
21	8300									1		
22	7400											
23	6800											
24	7100											
25	8300									1		
26	12900											
27	12200											
28	7800									1		
29	7200											
30	6400											
31	7500											
TOTAL	267,400									6 gal		
AVERAGE	8,626											
MAX	13,500											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT



PWS ID: 0180549
 PLANT ID: 7
 REPORT MONTH/YEAR: 12-09

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.12	1.05								
2					1.09	1.03						
3							1.04	.96				
4									1.08	.99		
5			1.13	1.05								
6					1.13	1.04						
7							1.07	1.01				
8									1.04	.97		
9			1.06	.98								
10					1.09	1.03						
11							1.14	1.08				
12									1.18	1.11		
13			1.19	1.13								
14					1.23	1.16						
15							1.28	1.21				
16									1.29	1.21		
17			1.27	1.19								
18					1.24	1.16						
19							1.21	1.14				
20									1.19	1.12		
21			1.14	1.07								
22					1.13	1.05						
23							1.07	1.01				
24									1.05	.96		
25			1.08	.99								
26					1.11	1.05						
27							1.14	1.07				
28									1.16	1.08		
29			1.19	1.12								
30					1.21	1.13						
31							1.24	1.17				
AVERAGE												
TOTAL												

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____	Minimum Monthly Free Residual: 1.96	Disinfectant Chloramines? (Y/N) <input type="checkbox"/> N
Number of Total Residuals: _____	Minimum Monthly Total Residual: 1.04	
Total # Less than 0.2 mg/L: _____		Number of days of operation? 31
Total # Less than 0.5 mg/L: _____		

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

KV 0180549

MONITORING PERIOD (MMYYYY)

12-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>267,400</u>
PLANT NAME <u>Carter Ridge Water # 1</u>	AVE. DAILY PRODUCTION (gallons) <u>8,626</u>
AGENCY INTEREST <u>33888</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,500</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 31

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 31

Lowest single chlorine reading 96

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

12-9-10

Date

CRWD #1

PWS ID: KV0180549

PLANT ID: A

AGENCY INTEREST: 33898

ANNUAL WATER SYSTEM DATA APPLICABLE TO ALL WATER SYSTEMS

TO BE SUBMITTED WITH DECEMBER MOR

NUMBER OF METERS:

SYSTEM POPULATION: 98 taps

RESIDENTIAL: 98 taps

COMMERCIAL: _____

INDUSTRIAL: _____

TOTAL POPULATION SERVED IN CONSECUTIVE SYSTEMS: (REFER TO TABLE BELOW) _____

CONSECUTIVE SYSTEM POPULATIONS:

(INFORMATION ON THE SYSTEMS/AREA TO WHOM YOU SELL WATER)

PWSID #	# OF METERS	PWSID #	# OF METERS

CONTACT INFORMATION:

WATER SYSTEM MANAGER/SUPERINT.

PLANT A

PLANT B

NAME William Duncan

TITLE Owner Operator

OFFICE PHONE 270-436-6304

CELL PHONE 270-293-6228

AFTER-HOURS PHONE _____

MAILING ADDRESS 69 Margaretto Blvd New Concord Ky 42076

EMAIL ADDRESS _____

PLANT C

DISTRIBUTION

MOR CONTACT

NAME _____

TITLE _____

OFFICE PHONE _____

CELL PHONE _____

AFTER-HOURS PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)–ALL WATER SYSTEMS

MONTH & YEAR OF: 01 2009

DEP Form 4012–Revised 07/2006

PWS ID:	<u>Ky0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:			
SOURCE NAME:	<u>Well</u>	COUNTY:		<u>Calloway</u>	
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS		CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>		<u>02102</u>	
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 1-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7900											
2	8800									1		
3	12900											
4	13500											
5	9100											
6	7900											
7	7100											
8	8400											
9	10100									1		
10	13900											
11	13300											
12	8900											
13	7700											
14	6500											
15	8100											
16	9300									1		
17	14600											
18	13700											
19	9100									1		
20	7800											
21	6900											
22	8100											
23	9700									1		
24	13100											
25	13900											
26	9500									1		
27												
28	2000											
29												
30												
31	2000											
TOTAL	560,200									6		
AVERAGE	10,008											
MAX	14,600											

NUMBER DAYS IN OPERATION 26

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A
 REPORT MONTH/YEAR: 1-09



DAY	CHEMICALS ADDED		TEST RESULTS								
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)								
			NORTH		SOUTH		EAST		WEST		
	T	F	T	F	T	F	T	F			
1			1.32	1.26							
2					1.36	1.31					
3							1.39	1.33			
4									1.41	1.36	
5			1.46	1.41							
6					1.52	1.47					
7							1.49	1.44			
8									1.45	1.39	
9			1.42	1.37							
10					1.39	1.34					
11							1.36	1.31			
12									1.35	1.29	
13			1.39	1.32							
14					1.41	1.36					
15							1.47	1.41			
16									1.46	1.41	
17			1.54	1.49							
18					1.49	1.43					
19							1.44	1.39			
20									1.49	1.36	
21			1.35	1.28							
22					1.32	1.27					
23							1.59	1.24			
24									1.25	1.19	
25			1.23	1.17							
26					1.18	1.12					
27											
28											
29											
30											
31											
AVERAGE			Average								
TOTAL			Total								

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.19
 Minimum Monthly Total Residual: 1.18

Disinfectant Chloramines? (Y/N)
 Number of days of operation?

N
 36

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID Ky 0180507

MONITORING PERIOD (MMYY) 1-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>560,200</u>
PLANT NAME <u>Center Ridge Water # 2</u>	AVE. DAILY PRODUCTION (gallons) <u>10,008</u>
AGENCY INTEREST <u>33825</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,600</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation <u>26</u>	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded <u>26</u>	
Lowest single chlorine reading <u>1.19</u>	
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
 Signature of Principal Executive Officer or Authorized Agent

1-9-09
 Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 03/2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:	<u>3-9-09</u>		
SOURCE NAME:	<u>well</u>	COUNTY:	<u>Callaway</u>		
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>	<u>02102</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 35
- TYPE OF FILTRATION USED: _____
- DESIGN FILTRATION RATE (gpm/sq. ft.): _____
- PERCENT BACKWASH WATER USED: _____
- DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
- DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

3-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID : 0180509

PLANT ID : A

REPORT MONTH/YEAR: 9-09

APPLICABLE TO ALL PLANTS

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM
1	6800											
2	14100								1			
3	12900											
4	7900											
5	8100											
6	9300											
7	13100											
8	14400											
9	9100								1			
10	7700											
11	6900											
12	7900											
13	8500								1			
14	12700											
15	13600											
16	7600								1			
17	8300											
18	9400											
19	7900											
20	8700											
21	12900											
22	12300											
23	9700								1			
24	8100											
25	7200											
26	7900											
27	9100								1			
28	13300											
29												
30												
31												
TOTAL	274,700									6 gal		
AVERAGE	9,811											
MAX	14,400											

NUMBER DAYS IN OPERATION 28

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0120509

PLANT ID: A

REPORT MONTH/YEAR: 2-09

PAGE 7 OF 11



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
		T	F	T	F	T	F	T	F	
1			1.18	1.13						
2					1.23	1.17				
3							1.22	1.15		
4									1.19	1.13
5			1.16	1.11						
6					1.13	1.07				
7							1.16	1.11		
8									1.18	1.13
9			1.21	1.16						
10					1.24	1.19				
11							1.25	1.19		
12									1.24	1.23
13			1.31	1.24						
14					1.35	1.29				
15							1.37	1.31		
16									1.31	1.25
17			1.36	1.31						
18					1.38	1.31				
19							1.36	1.31		
20									1.32	1.26
21			1.34	1.28						
22					1.37	1.31				
23							1.39	1.32		
24									1.42	1.38
25			1.46	1.39						
26					1.41	1.35				
27							1.35	1.29		
28									1.32	1.26
29										
30										
31										
AVERAGE		Average								
TOTAL		Total Minimum Free Minimum								

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals:	_____
Number of Total Residuals:	_____
Total # Less than 0.2 mg/L:	_____
Total # Less than 0.5 mg/L:	_____

Maximum Monthly Free Residual: 1.07
 Minimum Monthly Total Residual: 1.13

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 28

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

2-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>274,700</u>
PLANT NAME <u>Center River Waster #2</u>	AVE. DAILY PRODUCTION (gallons)	<u>9,811</u>
AGENCY INTEREST <u>33825</u>	MAXIMUM PUMPAGE (gallons per day)	<u>14,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N)	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N)	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>28</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>98</u>
Lowest single chlorine reading	<u>1.07</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William B. Brown

Signature of Principal Executive Officer or Authorized Agent

3-9-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 03/10/09

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:	<u>4-10-09</u>	COUNTY:	<u>Callaway</u>
SOURCE NAME:	<u>Well</u>				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

4-10-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 3-09
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre LBS	Pre PPM	Pre LBS	Pre PPM	Post LBS	Post PPM
1	13700											
2	7700											
3	7100											
4	6400											
5	6900											
6	7500											
7	13200											
8	12700											
9	8100											
10	7900											
11	7100											
12	8500											
13	9300											
14	14100											
15	12900											
16	8200											
17	7300											
18	6600											
19	7500											
20	7900											
21	13100											
22	12500											
23	8600											
24	7800											
25	6900											
26	7600											
27	8900											
28	12700											
29	11300											
30	8400											
31	7800											
TOTAL	885600											
AVERAGE	9,213											
MAX	14,100											

6900

NUMER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 3-09

SEWER SYSTEMS

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
	T	F	T	F	T	F	T	F		
1			1.29	1.24						
2					1.26	1.21				
3							1.24	1.18		
4									1.18	1.13
5			1.16	1.11						
6					1.13	1.07				
7							1.11	1.06		
8									1.06	1.01
9			1.05	.99						
10					1.03	.97				
11							1.06	1.01		
12									1.09	1.04
13			1.14	1.09						
14					1.18	1.13				
15							1.21	1.16		
16									1.24	1.19
17			1.26	1.21						
18					1.29	1.23				
19							1.36	1.31		
20									1.39	1.33
21			1.42	1.37						
22					1.45	1.39				
23							1.49	1.43		
24									1.52	1.47
25			1.58	1.51						
26					1.52	1.47				
27							1.49	1.44		
28									1.46	1.41
29			1.42	1.36						
30					1.36	1.29				
31							1.35	1.28		
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.97
 Minimum Monthly Total Residual: 1.03

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

03-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>285,600</u>
PLANT NAME <u>Center Ridge Water #2</u>	AVE. DAILY PRODUCTION (gallons)	<u>9,213</u>
AGENCY INTEREST <u>33895</u>	MAXIMUM PUMPAGE (gallons per day)	<u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N)	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N)	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>31</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>31</u>
Lowest single chlorine reading	<u>.97</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William D. ...
 Signature of Principal Executive Officer or Authorized Agent

4-10-09
 Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 04/20/09

DEP Form 4012--Revised 07/2006

PWS ID:	Ky0180509	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water #2	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33825	DATE MAILED:	5-9-09	COUNTY:	Calloway
SOURCE NAME:	Well	OPERATOR(S) IN RESPONSIBLE CHARGE:	William Duncan	CLASS:	1 BD
WTP SHIFT 1:		CERTIFICATION NUMBER:	02102	WTP SHIFT 2:	
WTP SHIFT 3:		DISTRIBUTION:		WTP SHIFT 3:	

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 35
- TYPE OF FILTRATION USED:
- DESIGN FILTRATION RATE (gpm/sq. ft.):
- PERCENT BACKWASH WATER USED:
- DATE FLOCCULATION BASIN(S) LAST CLEANED:
- DATE SETTLING BASIN(S) LAST CLEANED:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

5-9-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 04-2009
 PAGE 1 OF 11

~~NOT APPLICABLE TO ALL PLANTS~~

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre	PPM	Pre	PPM	Post	PPM
1	6600											
2	7200											
3	8100									1		
4	14100											
5	12900											
6	7700									1		
7	6900											
8	6400											
9	7200											
10	7900											
11	13300											
12	11900											
13	8200									1		
14	6800											
15	6300											
16	7100											
17	7900											
18	11300											
19	12700											
20	8100									1		
21	7600											
22	7100											
23	7800											
24	8400											
25	12500											
26	13100											
27	7700									1		
28	7100											
29	6400											
30	6900											
TOTAL	264800									590		
AVERAGE	8760											
MAX	14100											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 4-09

PAGE 7 OF 11



DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.41	1.36								
2					1.43	1.34						
3							1.45	1.41				
4									1.45	1.39		
5			1.41	1.36								
6					1.36	1.31						
7							1.33	1.27				
8									1.31	1.25		
9			1.26	1.21								
10					1.23	1.17						
11							1.22	1.16				
12									1.26	1.21		
13			1.29	1.23								
14					1.33	1.27						
15							1.35	1.29				
16									1.37	1.31		
17			1.39	1.34								
18					1.43	1.37						
19							1.46	1.41				
20									1.44	1.39		
21			1.43	1.39								
22					1.39	1.32						
23							1.35	1.29				
24									1.33	1.26		
25			1.31	1.25								
26					1.29	1.24						
27							1.26	1.21				
28									1.21	1.15		
29			1.18	1.12								
30					1.17	1.12						
31												
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Maximum									

Total # Chlorine Samples
 # Less than 0.3 mg/L/0.3 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.3 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.12
 Minimum Monthly Total Residual: 1.17

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

04-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID	<u>A</u>	TOTAL WATER TREATED (gallons) <u>962,800</u>
PLANT NAME	<u>Center Ridge Water # 2</u>	AVE. DAILY PRODUCTION (gallons) <u>8,760</u>
AGENCY INTEREST	<u>33825</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE	<u>0100</u>
Was each filter monitored continuously? (Y/N)	_____
Were measurements recorded every 15 minutes? (Y/N)	_____
Was there a failure of the continuous monitoring equipment? (Y/N)	_____
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	_____
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	_____
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	_____
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	_____
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	_____
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	_____
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION
APPLICABLE TO ALL PLANTS WITH FILTRATION	APPLICABLE TO ALL PLANTS
ANALYTE CODE <u>0100</u>	ANALYTE CODE <u>0999</u>
Number of hours of plant operation _____	Number of days of plant operation <u>30</u>
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken _____	Number of lowest chlorine samples recorded <u>30</u>
Highest single turbidity reading _____	Lowest single chlorine reading <u>1.12</u>
For all filtration except slow sand filtration:	If less than required:
Number of samples exceeded 0.1 NTU _____	Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>
Number of samples exceeded 0.3 NTU _____	Free Chlorine (for all disinfectants except chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.2 mg/L _____
When filtration is slow sand filtration:	Total Chlorine (when disinfectant is Chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.5 mg/L _____
Number of samples exceeded 5 NTU _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	CHLORITE ENTRY POINT MONITORING
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE
ANALYTE CODE <u>1008</u>	ANALYTE CODE <u>1009</u>
Number of days of plant operation _____	Number of days of plant operation _____
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken _____	Number of samples taken _____
Highest single chlorine dioxide reading _____	Highest single chlorite reading _____
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

5-9-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 05 2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:	<u>6-10-09</u>	COUNTY:	<u>Callaway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>William Aunean</u>	<u>1 B D</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Aunean
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

6-10-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 5-07
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7500								1			
2	12100											
3	11300											
4	7800											
5	7200											
6	6500											
7	6900											
8	7500								1			
9	10500											
10	10900											
11	8200											
12	7600											
13	7100											
14	7800											
15	8500								1			
16	9500											
17	11100											
18	7500											
19	6900											
20	6300											
21	6700											
22	7500								1			
23	9900											
24	10300											
25	7900								1			
26	7400											
27	6900											
28	7700											
29	8600								1			
30	11700											
31	13300											
TOTAL	266300								6 gal			
AVERAGE	8590											
MAX	13300											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PHS ID: 0180509
 PLANT ID: A
 REPORT MONTH/YEAR: 5-09

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
			1.16	1.11								
					1.17	1.11						
								1.21	1.16			
			1.25	1.19							1.23	1.18
					1.29	1.23						
								1.34	1.29			
			1.39	1.33							1.35	1.29
					1.42	1.37						
								1.44	1.39			
			1.49	1.43							1.46	1.41
					1.48	1.43						
								1.46	1.41			
			1.39	1.33							1.42	1.37
					1.38	1.32						
								1.34	1.29			
											1.31	1.26
			1.34	1.29								
					1.35	1.29						
								1.38	1.32			
											1.41	1.35
			1.42	1.37								
					1.44	1.39						
								1.45	1.39			
											1.42	1.35
			1.39	1.33								
					1.36	1.31						
								1.34	1.29			
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.11
 Minimum Monthly Total Residual: 1.16

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

05-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>266,300</u>
PLANT NAME <u>Center Ridge water # 2</u>	AVE. DAILY PRODUCTION (gallons) <u>8,590</u>
AGENCY INTEREST <u>33895</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,300</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 30

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 31

Lowest single chlorine reading 1.11

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

05-10-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 06/10/09

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:	<u>7-10-09</u>	COUNTY:	<u>Callaway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE:	<u>William Duncan</u>	CLASS:	<u>1 B D</u>
WTP SHIFT 1:	_____	CERTIFICATION NUMBER:	<u>02102</u>	WTP SHIFT 2:	_____
WTP SHIFT 2:	_____	WTP SHIFT 3:	_____	DISTRIBUTION:	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

7-10-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 6-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	8100								1			
2	6900											
3	6300											
4	7200											
5	7900								1			
6	12700											
7	11300											
8	8400											
9	7700											
10	7100											
11	7900											
12	8800								1			
13	11500											
14	12100											
15	8100								1			
16	6900											
17	6300											
18	7100											
19	7500								1			
20	10500											
21	14500											
22	13100											
23	8100											
24	6900											
25	7600											
26	8100								1			
27	12700											
28	11500											
29	8200								1			
30	7500											
31												
TOTAL	268,500								79			
AVERAGE	8950											
MAX	14500											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 6-09

PAGE 7 OF 11

11 WATER SYSTEMS

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.34	1.29						
2					1.32	1.26				
3							1.29	1.23		
4									1.25	1.19
5			1.23	1.17						
6					1.21	1.16				
7							1.18	1.13		
8									1.15	1.09
9			1.13	1.07						
10					1.09	1.03				
11							1.07	1.01		
12									1.11	1.06
13			1.14	1.09						
14					1.18	1.13				
15							1.18	1.13		
16									1.21	1.17
17			1.21	1.15						
18					1.27	1.21				
19							1.28	1.22		
20									1.31	1.26
21			1.32	1.27						
22					1.31	1.26				
23							1.33	1.28		
24									1.36	1.31
25			1.37	1.31						
26					1.33	1.27				
27							1.31	1.26		
28									1.29	1.23
29			1.26	1.21						
30					1.24	1.19				
31										
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.01
 Minimum Monthly Total Residual: 1.07

Disinfectant Chloramines? (Y/N)

N

Number of days of operation?

30

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

06-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>268,500</u>
PLANT NAME <u>Center Ridge water # 2</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,950</u>
AGENCY INTEREST <u>33895</u>	MAXIMUM PUMPAGE (gallons per day)	<u>14,500</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	_____
Were measurements recorded every 15 minutes? (Y/N)	_____
Was there a failure of the continuous monitoring equipment? (Y/N)	_____
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	_____
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	_____
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	_____
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	_____
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	_____
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	_____
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
<i>For all filtration except slow sand filtration:</i>	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
<i>When filtration is slow sand filtration:</i>	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>30</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>30</u>
Lowest single chlorine reading	<u>1.01</u>
<i>If less than required:</i>	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
 Signature of Principal Executive Officer or Authorized Agent

7-10-09
 Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: 07/10/09

DEP Form 4012—Revised 07/2006

PWS ID:	<u>Ky0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:		<u>8-10-09</u>	
SOURCE NAME:	<u>Well</u>	COUNTY:		<u>Calloway</u>	
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

8-10-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 7-09
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6700											
2	7300											
3	8800								1			
4	14,300											
5	13100											
6	7500								1			
7	6900											
8	6500											
9	7100											
10	7700								1			
11	13900											
12	11700											
13	8100											
14	7800											
15	7100											
16	7400											
17	7900								1			
18	13400											
19	12200											
20	7900								1			
21	7300											
22	6800											
23	7500											
24	8300								1			
25	13800											
26	13100											
27	7900											
28	7400											
29	6900											
30	7600											
31	8100								1			
TOTAL	278,000								7 gal			
AVERAGE	8,968											
MAX	14,300											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

FWS ID: 0180509
 PLANT ID: A
 REPORT MONTH/YEAR: 7-09



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
T	F	T	F	T	F	T	F			
1			1.19	1.14						
2					1.16	1.11				
3							1.14	1.09		
4									1.11	1.09
5			1.09	1.03						
6					1.06	1.01				
7							1.03	.96		
8									.98	.99
9			1.04	.99						
10					1.06	1.01				
11							1.03	.97		
12									1.02	.97
13			1.01	.96						
14					1.03	1.06				
15							1.06	1.01		
16									1.07	1.03
17			1.11	1.06						
18					1.12	1.07				
19							1.17	1.11		
20									1.19	1.14
21			1.19	1.13						
22					1.21	1.16				
23							1.24	1.19		
24									1.26	1.21
25			1.28	1.22						
26					1.31	1.26				
27							1.34	1.29		
28									1.36	1.31
29			1.37	1.31						
30					1.33	1.27				
31							1.31	1.26		
AVERAGE										
TOTAL										

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.92
 Minimum Monthly Total Residual: 0.98

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky 0180507

MONITORING PERIOD (MMYY) 07-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>278,000</u>
PLANT NAME <u>Center Ridge water #2</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,768</u>
AGENCY INTEREST <u>33825</u>	MAXIMUM PUMPAGE (gallons per day)	<u>14,300</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N)	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N)	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>31</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>31</u>
Lowest single chlorine reading	<u>0.95</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

07-10-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 02 20 09

DEP Form 4012--Revised 07/2006

PWS ID:	Ky0180509	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water #2	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33825	DATE MAILED:	9-9-09	COUNTY:	Calloway
SOURCE NAME:	Well	OPERATOR(S) IN RESPONSIBLE CHARGE:	William Amerson	CLASS:	1 B D
WTP SHIFT 1:		CERTIFICATION NUMBER:	02102	WTP SHIFT 2:	
WTP SHIFT 3:		DISTRIBUTION:		WTP SHIFT 3:	

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 35
- TYPE OF FILTRATION USED:
- DESIGN FILTRATION RATE (gpm/sq. ft.):
- PERCENT BACKWASH WATER USED:
- DATE FLOCCULATION BASIN(S) LAST CLEANED:
- DATE SETTLING BASIN(S) LAST CLEANED:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Amerson

9-9-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 8-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	12700											
2	11900											
3	7300											
4	6900											
5	6100											
6	6700											
7	7500									1		
8	13900											
9	13100											
10	7200									1		
11	6400											
12	6800											
13	7100											
14	7900									1		
15	12700											
16	10200											
17	8100											
18	7400											
19	7100											
20	7800											
21	7400									1		
22	11300											
23	12900											
24	8100											
25	7400											
26	6600											
27	6100											
28	7300									1		
29	12700											
30	11200											
31	7900									1		
TOTAL	274,300									6 gal		
AVERAGE	8,848											
MAX	13,900											

NUMBER DAYS IN OPERATION: 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 8-09



PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.89	1.23								
2					1.25	1.19						
3							1.83	1.17				
4									1.19	1.14		
5			1.16	1.11								
6					1.13	1.08						
7							1.11	1.06				
8									1.09	1.03		
9			1.06	1.01								
10					1.03	.98						
11							.99	.93				
12									.96	.91		
13			1.01	.96								
14					1.04	1.99						
15							1.09	1.01				
16									1.09	1.03		
17			1.12	1.08								
18					1.16	1.11						
19							1.17	1.11				
20									1.21	1.16		
21			1.22	1.18								
22					1.19	1.14						
23							1.16	1.11				
24									1.13	1.08		
25			1.12	1.06								
26					1.09	1.03						
27							1.07	1.02				
28									1.06	1.01		
29			1.03	.97								
30					1.09	1.03						
31							1.11	1.08				
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: .91
 Minimum Monthly
 Total Residual: .96

Disinfectant Chloramines? (Y/N) N
 Number of Days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180507

MONITORING PERIOD (MMYY) 07-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>574,300</u>
PLANT NAME <u>Center Ridge Water #2</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,848</u>
AGENCY INTEREST <u>33855</u>	MAXIMUM PUMPAGE (gallons per day)	<u>13,500</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>31</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>31</u>
Lowest single chlorine reading _____	<u>.91</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

07-9-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR) - ALL WATER SYSTEMS

MONTH & YEAR OF: **09/10/09**

DEP Form 4012-Revised 07/2006

PWS ID:	Ky0180509	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water #2	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33825	DATE MAILED:	10-7-09	COUNTY:	Callaway
SOURCE NAME:	Well				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	William Duncan	1 B D	02102		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

10-7-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 9-09

APPLICABLE TO ALL PLANTS

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre LBS	Pre PPM	Pre LBS	Pre PPM	Post LBS	Post PPM
1	6900											
2	6100											
3	7100											
4	7700									1		
5	12700											
6	13400											
7	7500											
8	6900											
9	6500											
10	7100											
11	7900									1		
12	11700											
13	12100											
14	8100									1		
15	7300											
16	6700											
17	7500											
18	7900									1		
19	13300											
20	13900											
21	8300											
22	7400											
23	6900											
24	7600											
25	8100									1		
26	12900											
27	13100											
28	7700									1		
29	6900											
30	6500											
31												
TOTAL	263,700									6 gal		
AVERAGE	8,790											
MAX	13,900											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 9-09

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.13	1.07								
2					1.11	1.06						
3								1.09	1.03			
4										1.06	1.01	
5			1.02	.97								
6					1.01	.95						
7								1.03	.96			
8										1.07	1.01	
9			1.11	1.06								
10					1.14	1.09						
11								1.15	1.09			
12										1.17	1.11	
13			1.19	1.13								
14					1.21	1.16						
15								1.24	1.19			
16										1.25	1.19	
17			1.23	1.17								
18					1.21	1.16						
19								1.21	1.15			
20										1.17	1.11	
21			1.15	1.09								
22					1.14	1.09						
23								1.12	1.16			
24										1.09	1.04	
25			1.07	1.01								
26					1.09	1.03						
27								1.13	1.07			
28										1.15	1.08	
29			1.18	1.11								
30					1.23	1.17						
31												
AVERAGE			Average									
TOTAL			Total Minimum									
			Free Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 1.95
 Minimum Monthly
 Total Residual: 1.01

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 26

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180507

MONITORING PERIOD (MMYYYY)

9-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>263,700</u>
PLANT NAME <u>Center Ridge water #2</u>	AVE. DAILY PRODUCTION (gallons) <u>8,790</u>
AGENCY INTEREST <u>33825</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation <u>30</u>	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded <u>30</u>	
Lowest single chlorine reading <u>0.93</u>	
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

10-7-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 11 9 09

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:	<u>11-9-09</u>		
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>		
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Dunson</u>	<u>1 BD</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Dunson

11-9-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 10-09

APPLICABLE TO ALL PLANTS

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre LBS	Pre PPM	Pre LBS	Pre PPM	Post LBS	Post PPM
1	6800											
2	7900											
3	12900											
4	13600											
5	7400							1				
6	6900											
7	6300											
8	7100											
9	7700											
10	12100											
11	13800											
12	7300							1				
13	6900											
14	6500											
15	7200											
16	8300											
17	12200											
18	13900											
19	8100							1				
20	7400											
21	6900											
22	7700											
23	8500											
24	11700											
25	12500											
26	7900							1				
27	7500											
28	7100											
29	7300											
30	7900											
31	9300							1				
TOTAL	274,600							5				
AVERAGE	8,858											
MAX	13,900											

NUMBER DAYS IN OPERATION 31

DIVISION OF WATER - DRINKING WATER BRANCH
 TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 10-03

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
			1.25	1.18						
					1.29	1.22				
							1.33	1.26		
									1.36	1.31
			1.39	1.31						
					1.41	1.35				
							1.37	1.31		
									1.31	1.25
			1.29	1.21						
					1.26	1.19				
							1.22	1.15		
									1.19	1.13
			1.16	1.09						
					1.12	1.06				
							1.09	1.01		
									1.06	.97
			1.01	.94						
					1.05	.96				
							1.11	1.06		
									1.15	1.09
			1.21	1.16						
					1.24	1.18				
							1.29	1.21		
									1.32	1.26
			1.28	1.21						
					1.24	1.17				
							1.25	1.19		
									1.27	1.21
			1.24	1.18						
					1.19	1.13				
							1.16	1.09		
AVERAGE			Average							
TOTAL			Total Chlorine							
			Free Chlorine							

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Minimum Monthly Free Residual: 1.01
 Minimum Monthly Total Residual: 1.01

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180507

MONITORING PERIOD (MMYY) 10-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>274,600</u>
PLANT NAME <u>Center Ridge water #2</u>	AVE. DAILY PRODUCTION (gallons) <u>8,853</u>
AGENCY INTEREST <u>33825</u>	MAXIMUM PUMPAGE (gallons per day) <u>19,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 31

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 31

Lowest single chlorine reading .94

if less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Dineen

Signature of Principal Executive Officer or Authorized Agent

11-9-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: **11 10 09**

DEP Form 4012--Revised 07/2006

PWS ID:	Ky 0180509	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water #2	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33825	DATE MAILED:		12-9-09	
SOURCE NAME:	well	COUNTY:		Calloway	
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	William Duncan	1 B D	02102		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	35	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

12-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 11-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM
1	10100											
2	7300								1			
3	6900											
4	6500											
5	7100											
6	8200											
7	12300											
8	9700											
9	7900								1			
10	6800											
11	6100											
12	7100								1			
13	7900											
14	13500											
15	11700											
16	8100								1			
17	7900											
18	7300											
19	8200											
20	8800											
21	12800											
22	11200											
23	7900								1			
24	7400											
25	6900											
26	7700											
27	8100								1			
28	10500											
29	11900											
30	8200								1			
31												
TOTAL	262100								7			
AVERAGE	8733											
MAX	13500											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PLANT NO. 0180509
 REPORT MONTH/YEAR: 11-09

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 11-09

PAGE 7 OF 11



DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.09	1.01								
2					1.19	1.04						
3							1.14	1.06				
4									1.19	1.13		
5			1.21	1.14								
6					1.24	1.17			1.28	1.21		
7										1.31	1.24	
8			1.37	1.23								
9					1.34	1.26						
10							1.38	1.31				
11									1.33	1.24		
12			1.31	1.23								
13					1.27	1.21						
14							1.23	1.16				
15									1.21	1.14		
16			1.16	1.09								
17					1.15	1.07						
18							1.11	1.04				
19									1.04	0.96		
20			1.06	0.98								
21					1.12	1.05						
22							1.18	1.11				
23									1.21	1.13		
24			1.25	1.18								
25					1.28	1.21						
26							1.32	1.25				
27									1.28	1.21		
28			1.24	1.18								
29					1.22	1.15						
30												
31												
AVERAGE												
TOTAL												

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.96
 Minimum Monthly Total Residual: 1.04

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

11-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>262,000</u>
PLANT NAME <u>Center Ridge water #2</u>	AVE. DAILY PRODUCTION (gallons) <u>8733</u>
AGENCY INTEREST <u>33825</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,500</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>30</u>
Were samples taken each day of operation? (Y/N) _____	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded _____	<u>30</u>
Lowest single chlorine reading _____	<u>1.96</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input checked="" type="checkbox"/>
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

12-7-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 12/10/09

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180509</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #2</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:	<u>1-9-10</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE:	<u>William Duncan</u>	CLASS:	<u>1 BD</u>
WTP SHIFT 1:	_____	CERTIFICATION NUMBER:	<u>02102</u>	_____	_____
WTP SHIFT 2:	_____	_____	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____	_____	_____
DISTRIBUTION:	_____	_____	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan

1-9-10

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 12-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7900											
2	6400											
3	7500											
4	8600								1			
5	13900											
6	12400											
7	7900								1			
8	7200											
9	6300											
10	6800											
11	7900											
12	11800											
13	10500											
14	8900								1			
15	7600											
16	6700											
17	7400											
18	8100								1			
19	12100											
20	11300											
21	8100								1			
22	7200											
23	6500											
24	6900											
25	7700											
26	11900											
27	12100											
28	7900								1			
29	7400											
30	6600											
31	7100											
TOTAL	266600										6 gal	
AVERAGE	8600											
MAX	13900											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 12-09



PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.17	1.11								
2					1.16	1.09						
3							1.14	1.08				
4									1.11	1.04		
5			1.08	.99								
6					1.04	.96						
7							1.02	.94				
8									1.01	.92		
9			1.05	.97								
10					1.06	.99						
11							1.09	1.03				
12									1.12	1.04		
13			1.14	1.07								
14					1.18	1.11						
15							1.21	1.14				
16									1.25	1.17		
17			1.29	1.23								
18					1.31	1.24						
19							1.26	1.19				
20									1.24	1.17		
21			1.22	1.15								
22					1.19	1.12						
23							1.17	1.11				
24									1.19	1.12		
25			1.25	1.18								
26					1.27	1.21						
27							1.29	1.22				
28									1.34	1.28		
29			1.29	1.21								
30					1.26	1.19						
31							1.23	1.16				
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 1.22
 Minimum Monthly
 Total Residual: 1.01

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky 0180509

MONITORING PERIOD (MMYYYY) 12-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>266,600</u>
PLANT NAME <u>Center Ridge Wastewater #2</u>	AVE. DAILY PRODUCTION (gallons) <u>8,600</u>
AGENCY INTEREST <u>33825</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation <u>31</u>	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded <u>31</u>	
Lowest single chlorine reading <u>59</u>	
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

1-9-10

Signature of Principal Executive Officer or Authorized Agent

Date

CRWD # 2

PWS ID: KV 0180509

PLANT ID: A

AGENCY INTEREST: 33825

ANNUAL WATER SYSTEM DATA

APPLICABLE TO ALL WATER SYSTEMS

TO BE SUBMITTED WITH DECEMBER MOR

NUMBER OF METERS:

SYSTEM POPULATION: 132 taps

RESIDENTIAL: 132 taps

COMMERCIAL: _____

INDUSTRIAL: _____

TOTAL POPULATION SERVED IN CONSECUTIVE SYSTEMS: (REFER TO TABLE BELOW) _____

CONSECUTIVE SYSTEM POPULATIONS:

(INFORMATION ON THE SYSTEMS/AREA TO WHOM YOU SELL WATER)

PWSID #	# OF METERS	PWSID #	# OF METERS

CONTACT INFORMATION:

WATER SYSTEM

MANAGER/SUPERINT.

PLANT A

PLANT B

NAME William Duncan

TITLE Owner & operator

OFFICE PHONE 270-436-6304

CELL PHONE 270-436-6304

AFTER-HOURS PHONE _____

MAILING ADDRESS 69 Marquette Blvd New Concord Ky 42076

EMAIL ADDRESS _____

PLANT C

DISTRIBUTION

MOR CONTACT

NAME _____

TITLE _____

OFFICE PHONE _____

CELL PHONE _____

AFTER-HOURS PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 01 9 0 0 9

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>2-9-09</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>	<u>02102</u>
WTP SHIFT 2:			
WTP SHIFT 3:			
DISTRIBUTION:			

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 70
- TYPE OF FILTRATION USED: _____
- DESIGN FILTRATION RATE (gpm/sq. ft.): _____
- PERCENT BACKWASH WATER USED: _____
- DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
- DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502
 PLANT ID: A

REPORT MONTH/YEAR: 1-07
 PAGE 1 OF 11

~~NOT APPLICABLE TO ALL PLANTS~~

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM
1	7900											
2	8800									1		
3	13700											
4	12900											
5	9100											
6	7400											
7	6500											
8	7900											
9	8700									1		
10	13300											
11	13100											
12	9300											
13	7700											
14	6800											
15	8100											
16	8900									1		
17	14100											
18	13500											
19	8900											
20	9500											
21	6200											
22	6900											
23	8100									1		
24	13900											
25	13200											
26	8900									1		
27												
28												
29												
30												
31												
TOTAL	251300									5 gal		
AVERAGE	9665											
MAX	14100											

NUMBER DAYS IN OPERATION 26

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502

PLANT ID: A

REPORT MONTH/YEAR: 1-09

PAGE 7 OF 11



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.19	1.14						
2					1.22	1.16				
3							1.24	1.19		
4									1.27	1.21
5			1.32	1.26						
6					1.35	1.29				
7							1.41	1.35		
8									1.39	1.33
9			1.35	1.29						
10					1.31	1.24				
11							1.28	1.21		
12									1.25	1.19
13			1.21	1.16						
14					1.18	1.12				
15							1.21	1.16		
16									1.23	1.17
17			1.26	1.21						
18					1.29	1.23				
19							1.33	1.26		
20									1.36	1.31
21			1.39	1.31						
22					1.35	1.29				
23							1.33	1.27		
24									1.28	1.22
25			1.25	1.19						
26					1.22	1.16				
27										
28										
29										
30										
31										
AVERAGE			Average							
TOTAL			Total Maximum							
			Free Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.19
 Minimum Monthly Total Residual: 1.18

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 26

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180502

MONITORING PERIOD (MMYYYY)

1-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>951,300</u>
PLANT NAME <u>Carter Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons)	<u>9,665</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day)	<u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 26

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 96

Lowest single chlorine reading 1.12

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

2-9-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 02 9 008

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>3-9-09</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	<u>William Duncan</u>	<u>IBD</u>	<u>02102</u>
WTP SHIFT 2:	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____
DISTRIBUTION:	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

3-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180504
 PLANT ID: A

REPORT MONTH/YEAR: 2-09

PAGE 1 OF 11

~~NOT APPLICABLE TO ALL PLANTS~~

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	4500											
2	14900							4		1		
3	12100											
4	7500											
5	8300											
6	9700									1		
7	13100											
8	12300											
9	8600									1		
10	7900											
11	7100											
12	8100											
13	9200											
14	12900											
15	13300											
16	9200									1		
17	7500											
18	6800											
19	8300											
20	8900											
21	12700											
22	13500											
23	9100									1		
24	7300											
25	6500											
26	7700											
27	9300									1		
28	13200											
29												
30												
31												
TOTAL	269500									6 gal		
AVERAGE	9625											
MAX	14900											

NUMBER DAYS IN OPERATION 28

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502
 PLANT ID: A
 REPORT MONTH/YEAR: 3-09

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.26	1.21						
2					1.23	1.17				
3							1.22	1.16		
4									1.19	1.13
5			1.16	1.11						
6					1.11	1.06				
7							1.09	1.04		
8									1.07	1.02
9			1.09	1.04						
10					1.11	1.06				
11							1.14	1.08		
12									1.18	1.11
13			1.21	1.16						
14					1.22	1.18				
15							1.25	1.19		
16									1.29	1.24
17			1.31	1.26						
18					1.35	1.27				
19							1.37	1.31		
20									1.41	1.36
21			1.39	1.33						
22					1.35	1.29				
23							1.31	1.26		
24									1.27	1.21
25			1.23	1.16						
26					1.19	1.14				
27							1.17	1.11		
28									1.16	1.11
29			1.12	1.06						
30					1.09	1.04				
31							1.06	1.01		
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____	Minimum Monthly Free Residual: <u>1.01</u>	Disinfectant Chloramines? (Y/N) <u>N</u>
Number of Total Residuals: _____	Minimum Monthly Total Residual: <u>1.06</u>	Number of days of operation? <u>31</u>
Total # Less than 0.2 mg/L: _____		
Total # Less than 0.5 mg/L: _____		

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky0180509

MONITORING PERIOD (MMYYYY) 2-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>269,500</u>
PLANT NAME <u>Center Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons) <u>9625</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>28</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>28</u>
Lowest single chlorine reading _____	<u>1.12</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Burean
Signature of Principal Executive Officer or Authorized Agent

2-9-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: 03 9 00 9

DEP Form 4012—Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>4-10-09</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>	<u>02102</u>
WTP SHIFT 2:	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____
DISTRIBUTION:	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>	
2. TYPE OF FILTRATION USED:		_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		_____
4. PERCENT BACKWASH WATER USED:		_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		_____
6. DATE SETTLING BASIN(S) LAST CLEANED:		_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

4-10-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502
 PLANT ID: A

REPORT MONTH/YEAR: 3-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre	PPM	Pre	PPM	Post	PPM
1	12700											
2	7300											
3	6800											
4	6100											
5	6900											
6	7500								1			
7	13100											
8	11700											
9	8100								1			
10	7700											
11	7300											
12	6900											
13	7800								1			
14	12300											
15	12900											
16	8100											
17	7200											
18	6700											
19	7500											
20	8300								1			
21	12200											
22	13900											
23	7500								1			
24	6900											
25	6500											
26	7300											
27	7900								1			
28	12100											
29	13300											
30	8100											
31	7400											
TOTAL	276,000								6900			
AVERAGE	8,903											
MAX	13,900											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

FWS ID: 0180502

PLANT ID: A

REPORT MONTH/YEAR: 9-07

PAGE 7 OF 11



DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.16	1.12			1.18	1.13				
2									1.24	1.19		
3											1.26	1.21
4			1.29	1.24			1.33	1.27				
5									1.36	1.31		
6											1.36	1.29
7			1.38	1.33								
8							1.41	1.36				
9									1.45	1.39		
10											1.45	1.37
11			1.51	1.46								
12							1.54	1.49				
13									1.56	1.51		
14											1.58	1.52
15			1.55	1.49								
16							1.51	1.44				
17									1.53	1.47		
18											1.49	1.44
19			1.47	1.41								
20							1.44	1.39				
21									1.43	1.37		
22											1.41	1.35
23			1.37	1.31								
24							1.35	1.29				
25									1.34	1.29		
26											1.31	1.25
27												
28												
29												
30												
31												
AVERAGE			Average									
TOTAL			Total Chlorine									
			Free									
			Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.12
 Minimum Monthly Total Residual: 1.16

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 58

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky0180509

MONITORING PERIOD (MMYYYY)

03-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>976,000</u>
PLANT NAME <u>Carter Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons) <u>8,903</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day) <u>13900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY APPLICABLE TO ALL PLANTS WITH FILTRATION	ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION APPLICABLE TO ALL PLANTS
ANALYTE CODE <u>0100</u>	ANALYTE CODE <u>0999</u>
Number of hours of plant operation _____	Number of days of plant operation <u>31</u>
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken _____	Number of lowest chlorine samples recorded <u>31</u>
Highest single turbidity reading _____	Lowest single chlorine reading <u>1.01</u>
For all filtration except slow sand filtration:	If less than required:
Number of samples exceeded 0.1 NTU _____	Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>
Number of samples exceeded 0.3 NTU _____	Free Chlorine (for all disinfectants except chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.2 mg/L _____
When filtration is slow sand filtration:	Total Chlorine (when disinfectant is Chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.5 mg/L _____
Number of samples exceeded 5 NTU _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	CHLORITE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE
ANALYTE CODE <u>1008</u>	ANALYTE CODE <u>1009</u>
Number of days of plant operation _____	Number of days of plant operation _____
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input type="checkbox"/>
Number of samples taken _____	Number of samples taken _____
Highest single chlorine dioxide reading _____	Highest single chlorite reading _____
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

04-10-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: 05 9 008

DEP Form 4012—Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>6-10-09</u>	
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>	
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>William Duncan</u>	<u>IBD</u>	<u>02102</u>	
WTP SHIFT 2:				
WTP SHIFT 3:				
DISTRIBUTION:				

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

6-10-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502
 PLANT ID: A

REPORT MONTH/YEAR: 9-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		PH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre LBS	PPM	Pre LBS	PPM	Post LBS	PPM
1	7700								1			
2	10700											
3	10200											
4	7500											
5	6800											
6	6200											
7	6900											
8	8100								1			
9	7500											
10	10500											
11	7900								1			
12	7100											
13	6900											
14	7400											
15	7900								1			
16	11300											
17	9400											
18	8300											
19	7900											
20	7100											
21	7600											
22	8100								1			
23	12100											
24	11300											
25	8200											
26	7900											
27	6900											
28	7700											
29	8500								1			
30	14100											
31	11200											
TOTAL	268,100									6900		
AVERAGE	8,648											
MAX	14100											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502
 PLANT ID: A
 REPORT MONTH/YEAR: 5-09



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.21	1.15						
2					1.23	1.17				
3							1.24	1.19		
4									1.25	1.19
5			1.29	1.23						
6					1.32	1.26				
7							1.34	1.29		
8									1.37	1.31
9			1.37	1.32						
10					1.41	1.36				
11							1.42	1.38		
12									1.46	1.41
13			1.47	1.42						
14					1.51	1.45				
15							1.53	1.47		
16									1.54	1.49
17			1.51	1.45						
18					1.49	1.43				
19							1.46	1.41		
20									1.43	1.37
21			1.41	1.35						
22					1.39	1.33				
23							1.36	1.31		
24									1.37	1.31
25			1.35	1.29						
26					1.34	1.29				
27							1.31	1.25		
28									1.29	1.23
29			1.26	1.21						
30					1.25	1.19				
31							1.21	1.16		
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 1.15
 Minimum Monthly
 Total Residual: 1.21

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky 0180509

MONITORING PERIOD (MMYYYY) 5-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>268,100</u>
PLANT NAME <u>Carter Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons) <u>8,648</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>31</u>
Were samples taken each day of operation? (Y/N) _____	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded _____	<u>31</u>
Lowest single chlorine reading _____	<u>1.15</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

5-10-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 07/2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>7-10-09</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>	<u>02102</u>
WTP SHIFT 2:	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____
DISTRIBUTION:	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

7-10-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502
 PLANT ID: A

REPORT MONTH/YEAR: 6-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre	PPM	Pre	PPM	Post	PPM
1	7700											
2	6800											
3	6200											
4	7100											
5	8200									1		
6	14400											
7	12100											
8	8800									1		
9	7500											
10	6700											
11	7600											
12	3100									1		
13	12700											
14	10600											
15	7900											
16	6900											
17	6500											
18	7100											
19	7900									1		
20	10900											
21	11700											
22	8200									1		
23	7600											
24	7100											
25	7900											
26	8200									1		
27	12900											
28	12200											
29	8400									1		
30	7300											
31												
TOTAL	263000									7900		
AVERAGE	8767											
MAX	14400											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PHYS ID: 0180502

PLANT ID: A

REPORT MONTH/YEAR: 6-09

PAGE 7 OF 11



DISTRIBUTION SYSTEM OPERATIONS

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER	CHLORINE BOOSTER	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
	LBS	LBS	NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.19	1.13								
2					1.17	1.11						
3							1.19	1.07				
4									1.09	1.03		
5			1.06	1.01								
6			1.06	1.01 W.D.	1.03	.96						
7				W.D.	1.03	.96	1.01	.95				
8						W.D.	1.01	.95	1.07	1.01		
9			1.06	1.01					1.07	1.01 W.D.		
10					1.09	1.03						
11								1.14	1.09			
12										1.18	1.13	
13			1.19	1.14								
14					1.22	1.17						
15								1.24	1.19			
16										1.26	1.21	
17			1.29	1.23								
18					1.31	1.26						
19								1.33	1.28			
20										1.36	1.31	
21			1.39	1.33								
22					1.42	1.37						
23								1.42	1.36			
24										1.41	1.35	
25			1.38	1.32								
26					1.35	1.29						
27								1.23	1.28			
28										1.29	1.23	
29			1.26	1.21								
30					1.24	1.19						
31												
AVERAGE				Average								
TOTAL				Total								
				Free								
				Minimum								

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly: 0.96
 Free Residual: _____
 Minimum Monthly: _____
 Total Residual: 1.03

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky0180509

MONITORING PERIOD (MMYYYY) 6-07

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>263,000</u>
PLANT NAME <u>Carter Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons) <u>8,767</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>30</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>30</u>
Lowest single chlorine reading _____	<u>96</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

6-10-07
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: 07 9 00 8

DEP Form 4012—Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>8-10-09</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Callaway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	<u>William Duncan</u>	<u>IBD</u>	<u>02102</u>
WTP SHIFT 2:	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____
DISTRIBUTION:	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

8-10-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID : 0180504
 PLANT ID : A

REPORT MONTH/YEAR: 7-09

APPLICABLE TO ALL PLANTS

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6600											
2	6900											
3	7500								1			
4	12900											
5	11700											
6	7600											
7	6800											
8	6300											
9	7100											
10	7700								1			
11	13300											
12	11900											
13	7900											
14	7300											
15	6900											
16	7500											
17	8100								1			
18	13900											
19	12600											
20	7900								1			
21	6800											
22	6500											
23	7100											
24	8100								1			
25	13500											
26	11900											
27	8300											
28	7500											
29	6900											
30	7700											
31	8400								1			
TOTAL	271,100								6.500			
AVERAGE	8,745											
MAX	13,900											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A
 REPORT MONTH/YEAR: 7-09

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.21	1.16						
2					1.18	1.13				
3							1.17	1.11		
4									1.13	1.08
5			1.11	1.06	1.08	1.02				
6							1.05	.99		
7									1.09	.97
8			.98	.93	.99	.94				
9							1.04	.99		
10									1.08	1.03
11			1.09	1.03						
12					1.11	1.06				
13							1.13	1.08		
14									1.17	1.11
15			1.19	1.13						
16					1.21	1.16				
17							1.24	1.19		
18									1.26	1.21
19			1.27	1.21						
20					1.29	1.24				
21							1.27	1.22		
22									1.26	1.21
23			1.24	1.19						
24					1.21	1.16				
25							1.21	1.15		
26									1.19	1.13
27			1.17	1.11						
28					1.15	1.09				
29							1.13	1.07		
30										
31										
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.23
 Minimum Monthly Total Residual: 1.18

Disinfectant Chloramine? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky0180509

MONITORING PERIOD (MMYYYY) 7-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>971,100</u>
PLANT NAME <u>Center Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons) <u>8,745</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,700</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>31</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>31</u>
Lowest single chlorine reading _____	<u>0.93</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

8-10-09
Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: 07 9 00 8

DEP Form 4012—Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>7-9-09</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Callaway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	<u>William Duncan</u>	<u>IBD</u>	<u>02102</u>
WTP SHIFT 2:	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____
DISTRIBUTION:	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

7-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180505
 PLANT ID: A

REPORT MONTH/YEAR: 8-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM
1	11700											
2	11300											
3	7400											
4	6900											
5	6400											
6	7100											
7	7600								1			
8	12100											
9	10900											
10	7300								1			
11	6700											
12	6100											
13	6500											
14	6900								1			
15	13300											
16	12100											
17	7600											
18	7100											
19	6500											
20	6900											
21	7500								1			
22	11700											
23	12100											
24	7900								1			
25	7300											
26	6900											
27	7500											
28	8100								1			
29	12900											
30	11300											
31	7700											
TOTAL	569,100								6.901			
AVERAGE	8,681											
MAX	13,300											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PHS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 8-09

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (PPM)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
			1.11	1.06						
					1.19	1.08				
							1.15	1.07		
									1.19	1.13
			1.89	1.16						
					1.23	1.09				
							1.19	1.13		
									1.17	1.19
			1.14	1.09						
					1.19	1.07				
							1.16	1.11		
									1.18	1.13
			1.19	1.13						
					1.23	1.17				
							1.27	1.21		
									1.29	1.24
			1.32	1.27						
					1.34	1.29				
							1.37	1.32		
									1.35	1.29
			1.34	1.28						
					1.29	1.24				
							1.25	1.19		
									1.22	1.17
			1.19	1.13						
					1.15	1.09				
							1.13	1.07		
									1.08	1.03
			1.06	1.01						
					1.03	.97				
							1.01	.95		
AVERAGE			Average							
TOTAL			Total Maximum							
			Free Maximum							

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residuals: 0.5
 Minimum Monthly
 Total Residuals: 1.01

Disinfected Chlorine? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

08-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>269,100</u>
PLANT NAME <u>Carter Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,681</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day)	<u>13,300</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N)	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N)	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION
APPLICABLE TO ALL PLANTS WITH FILTRATION	APPLICABLE TO ALL PLANTS
ANALYTE CODE <u>0100</u>	ANALYTE CODE <u>0999</u>
Number of hours of plant operation _____	Number of days of plant operation <u>31</u>
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken _____	Number of lowest chlorine samples recorded <u>31</u>
Highest single turbidity reading _____	Lowest single chlorine reading <u>95</u>
For all filtration except slow sand filtration:	If less than required:
Number of samples exceeded 0.1 NTU _____	Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>
Number of samples exceeded 0.3 NTU _____	Free Chlorine (for all disinfectants except chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.2 mg/L _____
When filtration is slow sand filtration:	Total Chlorine (when disinfectant is Chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.5 mg/L _____
Number of samples exceeded 5 NTU _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	CHLORITE ENTRY POINT MONITORING
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE
ANALYTE CODE <u>1008</u>	ANALYTE CODE <u>1009</u>
Number of days of plant operation _____	Number of days of plant operation _____
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input type="checkbox"/>
Number of samples taken _____	Number of samples taken _____
Highest single chlorine dioxide reading _____	Highest single chlorite reading _____
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William J. ...

Signature of Principal Executive Officer or Authorized Agent

08-09-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: **09/2009**

DEP Form 4012--Revised 07/2006

PWS ID:	Ky 0180502	PLANT ID:	PLANT NAME:
PWS NAME:	Center Ridge Water # 3	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	33824	DATE MAILED:	10-7-09
SOURCE NAME:	Well	COUNTY:	Calloway
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	William Duncan	1 B D	02102
WTP SHIFT 2:			
WTP SHIFT 3:			
DISTRIBUTION:			

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	70	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

10-7-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509

PLANT ID: A

REPORT MONTH/YEAR: 9-09

PAGE 1 OF 11

NOT APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7100											
2	6500											
3	6900											
4	7500								1			
5	11900											
6	12200											
7	7300											
8	6900											
9	6300											
10	7300											
11	8100								1			
12	13100											
13	12700											
14	7500								1			
15	6900											
16	6100											
17	6800											
18	7900								1			
19	14100											
20	12600											
21	8100											
22	7300											
23	6700											
24	7600											
25	8400								1			
26	12900											
27	11300											
28	8300								1			
29	7100											
30	6200											
TOTAL	259,600								6			
AVERAGE	8,653											
MAX	14,100											

NUMBER DAYS IN OPERATION

30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502

PLANT ID: A

REPORT MONTH/YEAR: 9-09

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
			.95	.91						
					.97	.92				
							.99	.94		
									1.01	.96
			1.03	.97						
					1.06	.99				
							1.08	1.01		
									1.11	1.06
			1.14	1.09						
					1.15	1.09				
							1.18	1.13		
									1.21	1.16
			1.22	1.15						
					1.25	1.19				
							1.27	1.21		
									1.25	1.23
			1.27	1.21						
					1.25	1.19				
							1.23	1.16		
									1.21	1.16
			1.19	1.13						
					1.17	1.11				
							1.15	1.09		
									1.13	1.07
			1.11	1.05						
					1.06	.99				
							1.06	.98		
									1.12	1.07
			1.15	1.08						
					1.21	1.16				
AVERAGE										
TOTAL										

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 1.11
 Minimum Monthly
 Total Residual: 1.95

Disinfectant Chloramines? (Y/N)

N

Number of days of operation?

30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID Ky 0180509

MONITORING PERIOD (MMYYYY) 9-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>289,600</u>
PLANT NAME <u>Center Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,653</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day)	<u>14,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N)	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N)	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>30</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>30</u>
Lowest single chlorine reading	<u>91</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

10-7-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: 10 9 2009

DEP Form 4012—Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:		PLANT NAME:	
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>11-9-09</u>		
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>		
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS:		CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>William Duncan</u>	<u>IBD</u>		<u>02102</u>	
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

11-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502
 PLANT ID: A

REPORT MONTH/YEAR: 10-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		PH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6700											
2	7500											
3	12700											
4	13100											
5	7400											
6	6700											
7	6100								1			
8	6900											
9	8100											
10	12900											
11	12100											
12	8100											
13	6900											
14	7200								1			
15	7500											
16	7900											
17	10900											
18	11700											
19	7800								1			
20	7100											
21	6600											
22	7500											
23	7900											
24	12200											
25	13400								1			
26	8400											
27	7100											
28	6500											
29	6900											
30	7800								1			
31	10700											
TOTAL	270,300								5			
AVERAGE	8719											
MAX	13,100											

NUMBER DAYS IN OPERATION

31

FWS ID: 0180502

PLANT ID: A

REPORT MONTH/YEAR: 10-09

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.24	1.18								
2					1.28	1.22						
3							1.37	1.26				
4									1.35	1.29		
5			1.41	1.35								
6					1.38	1.31						
7							1.32	1.26				
8									1.28	1.21		
9			1.25	1.19								
10					1.21	1.14						
11							1.21	1.15				
12									1.16	1.09		
13			1.11	1.05								
14					1.16	1.08						
15							1.06	.99				
16									.99	.91		
17			.95	.89								
18					.99	.93						
19							1.09	1.01				
20									1.12	1.06		
21			1.15	1.09								
22					1.21	1.15						
23							1.24	1.17				
24									1.29	1.21		
25			1.32	1.25								
26					1.35	1.29						
27							1.38	1.32				
28									1.45	1.37		
29			1.39	1.32								
30					1.36	1.29						
31							1.32	1.25				
AVERAGE			Average									
TOTAL			Total Chlorine									

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: .87
 Minimum Monthly Total Residual: .95

Disinfection Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

K10180509

MONITORING PERIOD (MMYYYY)

10-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>270,300</u>
PLANT NAME <u>Center Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons) <u>8719</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,100</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>31</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>31</u>
Lowest single chlorine reading _____	<u>.89</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

11-9-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)-ALL WATER SYSTEMS

MONTH & YEAR OF: 11 9 0 0 8

DEP Form 4012-Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>12-9-08</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1: <u>William Duncan</u>	<u>IBD</u>	<u>02102</u>	
WTP SHIFT 2:			
WTP SHIFT 3:			
DISTRIBUTION:			

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>
2. TYPE OF FILTRATION USED:	
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	
4. PERCENT BACKWASH WATER USED:	
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	
6. DATE SETTLING BASIN(S) LAST CLEANED:	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

12-9-08
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180509
 PLANT ID: A

REPORT MONTH/YEAR: 11-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	12100											
2	7700											
3	6900											
4	6400											
5	7100											
6	8300								1			
7	11700											
8	12900											
9	8300											
10	7800											
11	7100											
12	6800											
13	8100								1			
14	13700											
15	11300											
16	7900											
17	6900											
18	6200											
19	7100											
20	8300								1			
21	12800											
22	10100											
23	8500											
24	7700											
25	6800											
26	7400											
27	8200								1			
28	10400											
29	11900											
30	7900								1			
TOTAL	463,900								5			
AVERAGE	8,797											
MAX	13,700											

NUMBER DAYS IN OPERATION 30

PWS ID: 0180502
 PLANT ID: A
 REPORT MONTH/YEAR: 11-09

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.27	1.21						
2					1.23	1.16				
3							1.21	1.16		
4									1.18	1.11
5			1.13	1.05						
6					1.09	1.03				
7							1.05	.98		
8			1.07	1.01					1.03	.94
9					1.13	1.05				
10							1.15	1.08		
11									1.21	1.14
12			1.23	1.16						
13					1.27	1.19				
14							1.32	1.25		
15									1.28	1.21
16			1.25	1.18						
17					1.22	1.16				
18							1.18	1.11		
19									1.16	1.09
20			1.19	1.13						
21					1.24	1.18				
22							1.25	1.19		
23									1.29	1.22
24			1.32	1.26						
25					1.34	1.28				
26							1.31	1.24		
27									1.26	1.19
28			1.25	1.17						
29					1.21	1.14				
30										
31										
AVERAGE		Average								
TOTAL		Total								

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residuals: 1.94
 Minimum Monthly Total Residuals: 1.03

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky 0180509

MONITORING PERIOD (MMYYYY)

11-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>963,900</u>
PLANT NAME <u>Center Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,797</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day)	<u>13,700</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION
APPLICABLE TO ALL PLANTS WITH FILTRATION	APPLICABLE TO ALL PLANTS
ANALYTE CODE <u>0100</u>	ANALYTE CODE <u>0999</u>
Number of hours of plant operation _____	Number of days of plant operation <u>30</u>
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken _____	Number of lowest chlorine samples recorded <u>20</u>
Highest single turbidity reading _____	Lowest single chlorine reading <u>.94</u>
For all filtration except slow sand filtration:	If less than required:
Number of samples exceeded 0.1 NTU _____	Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>
Number of samples exceeded 0.3 NTU _____	<u>Free Chlorine</u> (for all disinfectants except chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.2 mg/L _____
When filtration is slow sand filtration:	<u>Total Chlorine</u> (when disinfectant is Chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.5 mg/L _____
Number of samples exceeded 5 NTU _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	CHLORITE ENTRY POINT MONITORING
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE
ANALYTE CODE <u>1008</u>	ANALYTE CODE <u>1009</u>
Number of days of plant operation _____	Number of days of plant operation _____
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input type="checkbox"/>
Number of samples taken _____	Number of samples taken _____
Highest single chlorine dioxide reading _____	Highest single chlorite reading _____
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

12-9-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 11 9 10 0 8

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky 0180502</u>	PLANT ID:	PLANT NAME:
PWS NAME:	<u>Center Ridge Water # 3</u>	PLANT CLASS:	DIST. CLASS:
AGENCY INTEREST (AI):	<u>33824</u>	DATE MAILED:	<u>1-9-10</u>
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Calloway</u>
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B D</u>	<u>02102</u>
WTP SHIFT 2:	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____
DISTRIBUTION:	_____	_____	_____

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>70</u>	
2. TYPE OF FILTRATION USED:	_____	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____	_____
4. PERCENT BACKWASH WATER USED:	_____	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1-9-10
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180504

PLANT ID: A

REPORT MONTH/YEAR: 12-03

PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre	Post	Pre	Post	LBS	PPM
1	8300											
2	6500											
3	8200											
4	7800											
5	12100											
6	13300											
7	8100									1		
8	7200											
9	6300											
10	6900											
11	7600									1		
12	11900											
13	12500											
14	8600									1		
15	8200											
16	7100											
17	7800											
18	8400											
19	12100											
20	10900											
21	8700									1		
22	7700											
23	6900											
24	7400											
25	8100											
26	11700											
27	12400											
28	8300									1		
29	7500											
30	7300											
31	7700									1		
TOTAL	273,500											
AVERAGE	8,823									6gal		
MAX	13,300											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0180502

PLANT ID: A

REPORT MONTH/YEAR: 12-09

PAGE 7 OF 11



DISTRIBUTION SYSTEM OPERATIONS

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
			1.17	1.11						
					1.14	1.08				
							1.11	1.04		
									1.09	1.03
			1.04	.96						
					1.09	1.03				
							1.12	1.05		
									1.15	1.08
			1.14	1.07						
					1.11	1.04				
							1.07	.99		
									1.04	.95
			1.06	.98						
					1.09	1.02				
							1.13	1.06		
									1.16	1.08
			1.17	1.11						
					1.21	1.15				
							1.24	1.17		
									1.28	1.21
			1.31	1.24						
					1.27	1.21				
							1.23	1.16		
									1.25	1.18
			1.28	1.21						
					1.32	1.25				
							1.29	1.22		
									1.25	1.18
			1.21	1.14						
					1.19	1.12				
							1.17	1.09		
AVERAGE										
TOTAL										

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.95
 Minimum Monthly Total Residual: 1.04

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

Ky0180509

MONITORING PERIOD (MMYYYY)

12-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>973,500</u>
PLANT NAME <u>Center Ridge Water # 3</u>	AVE. DAILY PRODUCTION (gallons) <u>8,823</u>
AGENCY INTEREST <u>33824</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,300</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR

COMBINED FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation 31

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded 31

Lowest single chlorine reading 0.95

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

12-9-10

Date

C RWD # 3

PWS ID: Ky 0180509

PLANT ID: A

AGENCY INTEREST: 33824

ANNUAL WATER SYSTEM DATA

APPLICABLE TO ALL WATER SYSTEMS

TO BE SUBMITTED WITH DECEMBER MOR

NUMBER OF METERS:

SYSTEM POPULATION: 72 taps

RESIDENTIAL: 72 taps

COMMERCIAL: _____

INDUSTRIAL: _____

TOTAL POPULATION SERVED IN CONSECUTIVE SYSTEMS: (REFER TO TABLE BELOW) _____

CONSECUTIVE SYSTEM POPULATIONS:

(INFORMATION ON THE SYSTEMS/AREA TO WHOM YOU SELL WATER)

PWSID #	# OF METERS	PWSID #	# OF METERS

CONTACT INFORMATION:

WATER SYSTEM MANAGER/SUPERINT.

NAME William Duncan

TITLE owner + operator

OFFICE PHONE 270-436-6304

CELL PHONE 270-293-6228

AFTER-HOURS PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PLANT A

PLANT B

PLANT C

DISTRIBUTION

MOR CONTACT

NAME _____

TITLE _____

OFFICE PHONE _____

CELL PHONE _____

AFTER-HOURS PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR) - ALL WATER SYSTEMS

MONTH & YEAR OF: 07 2009

DEP Form 4012 - Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water # 4</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>2-9-09</u>		
SOURCE NAME:	<u>Well</u>	COUNTY:	<u>Collings</u>		
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B-D</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

REPORT MONTH/YEAR: 1-09
 PAGE 1 OF 11

~~APPLICABLE TO ALL PLANTS~~

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7900											
2	8400								1			
3	12900											
4	11700											
5	7800											
6	6900											
7	6100											
8	7300											
9	8600								1			
10	13500											
11	12200											
12	9400											
13	8100											
14	7400											
15	7800											
16	8900								1			
17	12800											
18	11600											
19	8300								1			
20	7100											
21	6500											
22	7700											
23	8900								1			
24	11300											
25	12400											
26	9100											
27												
28	2000											
29												
30												
31	2000											
TOTAL	241000									9		
AVERAGE	9269											
MAX	13500											

9gal

NUMBER DAYS IN OPERATION 26

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106

PLANT ID: A

REPORT MONTH/YEAR: 1-09

PAGE 7 OF 11

WATER SYSTEMS

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.19	1.14								
2					1.16	1.11						
3							1.12	1.06				
4									1.09	1.03		
5			1.07	1.01								
6					1.01	0.95						
7							1.03	0.97				
8									1.09	1.03		
9			1.13	1.07								
10					1.18	1.13						
11							1.22	1.16				
12									1.24	1.19		
13			1.21	1.15								
14					1.16	1.11						
15							1.12	1.07				
16									1.11	1.05		
17			1.07	1.01								
18					1.02	0.95						
19							1.07	0.99				
20									1.12	1.06		
21			1.15	1.03								
22					1.17	1.11						
23							1.21	1.16				
24									1.23	1.17		
25			1.26	1.21								
26					1.31	1.26						
27												
28												
29												
30												
31												
AVERAGE												
TOTAL												

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.95
 Minimum Monthly Total Residual: 1.01

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 36

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID

0183106

MONITORING PERIOD (MMYYYY)

1-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>241,000</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons) <u>9,269</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,500</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>26</u>
Were samples taken each day of operation? (Y/N) _____	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded _____	<u>26</u>
Lowest single chlorine reading _____	<u>0.99</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

2-9-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)—ALL WATER SYSTEMS

MONTH & YEAR OF: 05 2008

DEP Form 4012—Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>3-9-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE:	_____	CLASS:	_____
WTP SHIFT 1:	<u>William Duncan</u>	WTP SHIFT 2:	_____	CERTIFICATION NUMBER:	<u>02102</u>
WTP SHIFT 3:	_____	DISTRIBUTION:	_____		_____

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 35
- TYPE OF FILTRATION USED: _____
- DESIGN FILTRATION RATE (gpm/sq. ft.): _____
- PERCENT BACKWASH WATER USED: _____
- DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
- DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

3-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106

PLANT ID: A

REPORT MONTH/YEAR: 2-09

PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1												
2	3000									1		
3	3800											
4	4100											
5	5500											
6	7500											
7	14400											
8	13600											
9	8700									1		
10	7500											
11	6800											
12	7700											
13	7100											
14	12900											
15	13100											
16	8700									1		
17	7100											
18	6300											
19	6900											
20	8500											
21	11700											
22	12200											
23	8700									1		
24	8300											
25	7400											
26	7900											
27	9200									1		
28	13100											
29												
30												
31												
TOTAL	231900									5 gal		
AVERAGE	8589											
MAX	14400											

NUMBER DAYS IN OPERATION 27

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106

PLANT ID: A

REPORT MONTH/YEAR: 2-09

ALL WATER SYSTEMS

PAGE 7

OF

11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1												
2						1.29	1.24					
3								1.26	1.21			
4										1.24	1.19	
5			1.18	1.13								
6						1.15	1.09					
7								1.13	1.06			
8										1.09	1.03	
9			1.09	1.04								
10						1.14	1.09					
11								1.17	1.12			
12										1.17	1.11	
13			1.21	1.16								
14						1.21	1.15					
15								1.23	1.19			
16										1.23	1.17	
17			1.26	1.21								
18						1.26	1.19					
19								1.31	1.27			
20										1.29	1.24	
21			1.26	1.21								
22						1.23	1.16					
23								1.22	1.14			
24										1.19	1.14	
25			1.15	1.08								
26						1.14	1.09					
27								1.11	1.06			
28										1.08	1.02	
29												
30												
31												
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 1.02
 Minimum Monthly
 Total Residual: 1.08

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 27

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID

0183106

MONITORING PERIOD (MMYYYY)

2-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>931,900</u>
PLANT NAME <u>Century Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons) <u>8,589</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day) <u>14,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>27</u>
Were samples taken each day of operation? (Y/N) _____	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded _____	<u>27</u>
Lowest single chlorine reading _____	<u>1.02</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

3-9-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 03 2008

DEP Form 4012--Revised 07/2006

PWS ID:	Ky0183106	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water #4	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33835	DATE MAILED:	4-10-09	COUNTY:	Calloway
SOURCE NAME:	Well	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	William Duncan	1 B-D	02102		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 35
- TYPE OF FILTRATION USED:
- DESIGN FILTRATION RATE (gpm/sq. ft.):
- PERCENT BACKWASH WATER USED:
- DATE FLOCCULATION BASIN(S) LAST CLEANED:
- DATE SETTLING BASIN(S) LAST CLEANED:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

4-10-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 3-09
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	12200											
2	7700											
3	6800											
4	6100											
5	6500											
6	7600									1		
7	11700											
8	12500											
9	8200									1		
10	7100											
11	6700											
12	7400											
13	8300									1		
14	12200											
15	11900											
16	8200											
17	7600											
18	7100											
19	6800											
20	7300									1		
21	10900											
22	12100											
23	7700									1		
24	6900											
25	6500											
26	7200											
27	8100									1		
28	13600											
29	12500											
30	7900											
31	7100											
TOTAL	269800									6 gal		
AVERAGE	8703											
MAX	13600											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106
 PLANT ID: A

REPORT MONTH/YEAR: 3-09

APPLICABLE TO ALL PLANTS

DAY	DISINFECTANT		FLUORIDE		CARBON		pH ADJUSTMENT		KMnO ₄		CORROSION INHIBITOR		CHEMICALS ADDED	
	LBS	PPM	LBS	PPM	LBS	PPM	Post		LBS	PPM	LBS	PPM	LBS	PPM
							LBS	PPM						
1														
2														
3														
4														
5	1													
6														
7														
8	1													
9														
10														
11														
12														
13	1													
14														
15														
16														
17														
18														
19														
20	1													
21														
22														
23	1													
24														
25														
26														
27	1													
28														
29														
30														
31														
TOTAL	6 gal													
AVERAGE														

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106
 PLANT ID: A
 REPORT MONTH/YEAR: 3-09

NEW WATER SYSTEMS

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.06	1.01								
2					1.09	1.04						
3							1.13	1.07				
4									1.16	1.12		
5			1.21	1.16								
6					1.24	1.19						
7							1.27	1.21				
8									1.29	1.23		
9			1.32	1.26								
10					1.36	1.31						
11							1.39	1.34				
12									1.41	1.36		
13			1.39	1.32								
14					1.36	1.31						
15							1.32	1.25				
16									1.29	1.25		
17			1.27	1.21								
18					1.24	1.16						
19							1.27	1.21				
20									1.31	1.26		
21			1.33	1.27								
22					1.34	1.29						
23							1.35	1.29				
24									1.38	1.31		
25			1.39	1.31								
26					1.42	1.37						
27							1.42	1.36				
28									1.41	1.34		
29			1.36	1.31								
30					1.32	1.25						
31							1.31	1.25				
AVERAGE				Average								
TOTAL				Total								
				Minimum								
				Free								
				Minimum								

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.01
 Minimum Monthly Total Residual: 1.06

Disinfected Chlorines? (Y/N) N
 Number of days of operation? 31

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID

0183106

MONITORING PERIOD (MMYYYY) _____

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>969800</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons) <u>8703</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day) <u>13600</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	
Were measurements recorded every 15 minutes? (Y/N) _____	
Was there a failure of the continuous monitoring equipment? (Y/N) _____	
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation <u>31</u>	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded <u>31</u>	
Lowest single chlorine reading <u>1.07</u>	
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

4-10-09

Date

KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 04 9 09

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>5-9-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	OPERATOR(S) IN RESPONSIBLE CHARGE:	_____	CLASS:	_____
WTP SHIFT 1:	<u>William Duncan</u>	CERTIFICATION NUMBER:	<u>1 B-D</u>	_____	<u>02102</u>
WTP SHIFT 2:	_____	_____	_____	_____	_____
WTP SHIFT 3:	_____	_____	_____	_____	_____
DISTRIBUTION:	_____	_____	_____	_____	_____

THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.

TREATMENT PLANTS COMPLETE:

- DESIGN CAPACITY (gpm): 35
- TYPE OF FILTRATION USED: _____
- DESIGN FILTRATION RATE (gpm/sq. ft.): _____
- PERCENT BACKWASH WATER USED: _____
- DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
- DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

5-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

REPORT MONTH/YEAR: 4-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre LBS	Pre PPM	Pre LBS	Pre PPM	Post LBS	Post PPM
1	6200											
2	6900											
3	7300								1			
4	12100											
5	10600											
6	7400											
7	6800											
8	6400											
9	7100											
10	8300								1			
11	11700											
12	10100											
13	7900											
14	7900											
15	6700											
16	7500											
17	8200								1			
18	12500											
19	11100											
20	7600											
21	6600											
22	6100											
23	7200											
24	7500								1			
25	11500											
26	9500											
27	7800								1			
28	7900											
29	6500											
30	7600											
31												
TOTAL	947100								5 gal			
AVERAGE	8237											
MAX	12,500											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106

PLANT ID: A

REPORT MONTH/YEAR: 4-09



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.98	1.23						
2					1.24	1.19				
3							1.21	1.16		
4									1.17	1.12
5			1.16	1.11						
6					1.12	1.07				
7							1.09	1.03		
8									1.06	1.01
9			1.04	.98						
10					1.07	1.01				
11							1.12	1.07		
12									1.09	1.04
13			1.06	1.01						
14					1.02	1.06				
15							1.06	.99		
16									1.07	1.01
17			1.11	1.06						
18					1.14	1.09				
19							1.17	1.12		
20									1.19	1.13
21			1.23	1.17						
22					1.25	1.18				
23							1.29	1.24		
24									1.32	1.26
25			1.34	1.28						
26					1.37	1.31				
27							1.41	1.36		
28									1.45	1.39
29			1.49	1.41						
30					1.46	1.41				
31										
AVERAGE										
TOTAL										

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.96
 Minimum Monthly Total Residual: 1.02

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID

0183106

MONITORING PERIOD (MMYY)

04-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>847,100</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,237</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day)	<u>12,500</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N)	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N)	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>30</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>30</u>
Lowest single chlorine reading	<u>0.76</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
 Signature of Principal Executive Officer or Authorized Agent

5-9-09
 Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: **05 2009**

DEP Form 4012--Revised 07/2006

PWS ID:	Ky0183106	PLANT ID:	A	PLANT NAME:	
PWS NAME:	Center Ridge Water #4	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	33835	DATE MAILED:	6-10-09	COUNTY:	Calloway
SOURCE NAME:	Well				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	William Duncan	1 B-D	02102		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	35	
2. TYPE OF FILTRATION USED:		
3. DESIGN FILTRATION RATE (gpm/sq. ft.):		
4. PERCENT BACKWASH WATER USED:		
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:		
6. DATE SETTLING BASIN(S) LAST CLEANED:		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

6-10-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 5-09
 PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM	LBS	PPM
1	7900								1			
2	7500											
3	10200											
4	7300								1			
5	6700											
6	6200											
7	6600											
8	7400								1			
9	10500											
10	11300											
11	7100											
12	6900											
13	6400											
14	7100											
15	7700								1			
16	9200											
17	10700											
18	7200											
19	6700											
20	6100											
21	6900											
22	7700								1			
23	9800											
24	9100											
25	7900											
26	7200											
27	6600											
28	7500											
29	7900								1			
30	10200											
31	12900											
TOTAL	253,000									6,500		
AVERAGE	8,161											
MAX	12,900											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106

PLANT ID: A

REPORT MONTH/YEAR: 5-09

PAGE 7 OF 11



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.43	1.37						
2					1.41	1.35				
3							1.39	1.33		
4									1.36	1.31
5			1.36	1.31						
6					1.34	1.29				
7							1.32	1.26		
8									1.29	1.23
9			1.25	1.19						
10					1.24	1.19				
11							1.21	1.15		
12									1.16	1.11
13			1.13	1.07						
14					1.11	1.06				
15							1.15	1.09		
16									1.19	1.13
17			1.21	1.15						
18					1.21	1.16				
19							1.26	1.21		
20									1.27	1.21
21			1.25	1.19						
22					1.24	1.19				
23							1.21	1.16		
24									1.19	1.13
25			1.16	1.11						
26					1.15	1.09				
27							1.19	1.06		
28									1.09	1.03
29			1.05	.99						
30					1.03	.97				
31							.99	.92		
AVERAGE			Average							
TOTAL			Total							
			Minimum							
			Free							
			Minimum							

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.92
 Minimum Monthly Total Residual: 0.99

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

0183106

MONITORING PERIOD (MMYYYY)

05-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>953,000</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons) <u>8,141</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day) <u>12,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION
APPLICABLE TO ALL PLANTS WITH FILTRATION	APPLICABLE TO ALL PLANTS
ANALYTE CODE <u>0100</u>	ANALYTE CODE <u>0999</u>
Number of hours of plant operation _____	Number of days of plant operation <u>30</u>
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken _____	Number of lowest chlorine samples recorded <u>31</u>
Highest single turbidity reading _____	Lowest single chlorine reading <u>292</u>
For all filtration except slow sand filtration:	If less than required:
Number of samples exceeded 0.1 NTU _____	Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>
Number of samples exceeded 0.3 NTU _____	Free Chlorine (for all disinfectants except chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.2 mg/L _____
When filtration is slow sand filtration:	Total Chlorine (when disinfectant is Chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.5 mg/L _____
Number of samples exceeded 5 NTU _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	CHLORITE ENTRY POINT MONITORING
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE
ANALYTE CODE <u>1008</u>	ANALYTE CODE <u>1009</u>
Number of days of plant operation _____	Number of days of plant operation _____
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken _____	Number of samples taken _____
Highest single chlorine dioxide reading _____	Highest single chlorite reading _____
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

6-16-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 07 2009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AJ):	<u>33835</u>	DATE MAILED:	<u>7-10-09</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B-D</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

7-10-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106

PLANT ID: A

REPORT MONTH/YEAR: 6-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	7700											
2	6900											
3	6200											
4	7100											
5	7900									1		
6	12500											
7	11700											
8	8100									1		
9	6900											
10	6500											
11	7300											
12	8400									1		
13	13300											
14	12200											
15	7800									1		
16	6900											
17	7100											
18	8200											
19	8600									1		
20	11900											
21	12800											
22	8300									1		
23	7200											
24	6400											
25	7500											
26	8800									1		
27	13900											
28	11600											
29	8400											
30	7600											
31												
TOTAL	465700									7 gal		
AVERAGE	3857											
MAX	13900											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106
 PLANT ID: A
 REPORT MONTH/YEAR: 6-09

WATER SYSTEMS

PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			.99	.94								
2					1.02	.97						
3							1.04	.99				
4									1.07	1.01		
5			1.06	1.01								
6					1.02	.98						
7							1.01	.99				
8									1.03	.97		
9			1.04	.99								
10					1.06	1.07						
11							1.07	1.01				
12									1.09	1.03		
13			1.19	1.07								
14					1.13	1.06						
15							1.16	1.11				
16									1.18	1.12		
17			1.19	1.12								
18					1.24	1.19						
19							1.26	1.21				
20									1.28	1.23		
21			1.32	1.27								
22					1.36	1.31						
23							1.34	1.29				
24									1.31	1.25		
25			1.29	1.23								
26					1.25	1.19						
27							1.23	1.17				
28									1.21	1.16		
29			1.19	1.13								
30					1.15	1.09						
31												
AVERAGE												
TOTAL												

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: .94
 Minimum Monthly
 Total Residual: .99

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

0183106

MONITORING PERIOD (MMYYYY)

6-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION

APPLICABLE TO ALL PLANTS

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>265700</u>
PLANT NAME <u>Centers Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons) <u>3,857</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) _____

Were measurements recorded every 15 minutes? (Y/N) _____

Was there a failure of the continuous monitoring equipment? (Y/N) _____

 If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____

 (2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____

Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____

Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____

Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____

If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR



COMBINED FILTER EFFLUENT TURBIDITY SYSTEMS

APPLICABLE TO ALL PLANTS WITH FILTRATION

ANALYTE CODE 0100

Number of hours of plant operation _____

Were samples taken every 4 hours of plant operation? (Y/N)

Number of samples taken _____

Highest single turbidity reading _____

For all filtration except slow sand filtration:

 Number of samples exceeded 0.1 NTU _____

 Number of samples exceeded 0.3 NTU _____

 Number of samples exceeded 1 NTU _____

When filtration is slow sand filtration:

 Number of samples exceeded 1 NTU _____

 Number of samples exceeded 5 NTU _____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION

APPLICABLE TO ALL PLANTS

ANALYTE CODE 0999

Number of days of plant operation _____ 30

Were samples taken each day of operation? (Y/N)

Number of lowest chlorine samples recorded _____ 30

Lowest single chlorine reading _____ 94

If less than required:

Was residual restored within 4 hours of plant operation? (Y/N)

Free Chlorine (for all disinfectants except chloramine):

 Number of samples under 0.2 mg/L _____

Total Chlorine (when disinfectant is Chloramine):

 Number of samples under 0.5 mg/L _____

CHLORINE DIOXIDE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1008

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorine dioxide reading _____

Number of chlorine dioxide samples exceeded 0.8 mg/L _____

CHLORITE ENTRY POINT MONITORING

APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE

ANALYTE CODE 1009

Number of days of plant operation _____

Were samples taken each day of operation? (Y/N)

Number of samples taken _____

Highest single chlorite reading _____

Number of chlorite samples exceeded 1 mg/L _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

6-10-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 07/2008

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AJ):	<u>33835</u>	DATE MAILED:	<u>8-10-08</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	_____			
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B-D</u>	<u>02102</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

8-10-08

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

REPORT MONTH/YEAR: 7-09

APPLICABLE TO ALL PLANTS

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6400											
2	7100											
3	7700								1			
4	11700											
5	12500											
6	7300											
7	6800											
8	6100											
9	6900											
10	7500								1			
11	13400											
12	11900											
13	7900											
14	7400											
15	6800											
16	7600											
17	8200								1			
18	12100											
19	10900											
20	8300								1			
21	7600											
22	7100											
23	7900											
24	8600								1			
25	12500											
26	11100											
27	7900											
28	7200											
29	6600											
30	7500											
31	8400								1			
TOTAL	266,900								6 gal			
AVERAGE	8616											
MAX	13,400											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106

PLANT ID: A

REPORT MONTH/YEAR: 7-09



DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.13	1.07						
2					1.16	1.11				
3							1.19	1.13		
4									1.21	1.17
5			1.23	1.18						
6					1.25	1.19				
7							1.29	1.24		
8									1.31	1.26
9			1.34	1.29						
10					1.36	1.31				
11							1.38	1.33		
12									1.41	1.36
13			1.41	1.35						
14					1.39	1.33				
15							1.36	1.31		
16									1.34	1.29
17			1.31	1.26						
18					1.26	1.21				
19							1.25	1.19		
20									1.21	1.16
21			1.21	1.15						
22					1.18	1.13				
23							1.18	1.12		
24									1.29	1.19
25			1.21	1.16						
26					1.29	1.21				
27							1.29	1.24		
28									1.31	1.26
29			1.32	1.26						
30					1.29	1.23				
31							1.25	1.19		
AVERAGE										
TOTAL										

Total # Chlorine Samples
 # Less than 0.2 mg/L/0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 1.07
 Minimum Monthly Total Residual: 1.13

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM

PWS ID 0183106

MONITORING PERIOD (MMYYYY) _____

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>966,900</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,610</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day)	<u>13,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>31</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>31</u>
Lowest single chlorine reading _____	<u>1.07</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
 Signature of Principal Executive Officer or Authorized Agent

8-10-09
 Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 07 2008

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>9-9-09</u>	COUNTY:	<u>Colloway</u>
SOURCE NAME:	<u>Well</u>				
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B-D</u>	<u>02102</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

9-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

REPORT MONTH/YEAR: 8-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre	PPM	Pre	PPM	Post	PPM
1	11700											
2	11300											
3	7300											
4	6900											
5	6300											
6	7100											
7	7500									1		
8	12100											
9	11900											
10	6900									1		
11	6700											
12	6100											
13	6800											
14	7300									1		
15	12700											
16	11100											
17	7700											
18	6900											
19	6600											
20	7100											
21	7900									1		
22	12200											
23	10800											
24	7600											
25	7100											
26	6500											
27	6900											
28	7500									1		
29	11700											
30	10400											
31	7700									1		
TOTAL	263,900									604		
AVERAGE	8513											
MAX	12700											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106

PLANT ID: A

REPORT MONTH/YEAR: 8-09



PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
			T	F	T	F	T	F	T	F
1			1.23	1.17						
2					1.21	1.16				
3							1.19	1.14		
4									1.15	1.11
5			1.13	1.07						
6					1.09	1.03				
7							1.11	1.06		
8									1.14	1.09
9			1.16	1.11						
10					1.19	1.13				
11							1.22	1.17		
12									1.19	1.14
13			1.19	1.09						
14					1.12	1.06				
15							1.12	1.07		
16									1.13	1.07
17			1.16	1.11						
18					1.21	1.16				
19							1.24	1.18		
20									1.26	1.21
21			1.27	1.21						
22					1.29	1.24				
23							1.31	1.26		
24									1.33	1.27
25			1.36	1.31						
26					1.37	1.31				
27							1.25	1.29		
28									1.33	1.27
29			1.31	1.26						
30					1.28	1.23				
31							1.25	1.19		
AVERAGE			Average							
TOTAL			Total Minimum							
			Free Minimum							

Total # Chlorine Samples _____
 # Less than 0.2 mg/L 0.3 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.3 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Egg Residual: 1.03
 Minimum Monthly Total Residual: 1.09

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

0183106

MONITORING PERIOD (MMYYYY)

8-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>563900</u>
PLANT NAME <u>Centur Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,513</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day)	<u>19,700</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N)	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N)	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>31</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>31</u>
Lowest single chlorine reading	<u>1.03</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

9-9-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 09 2008

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>10-7-08</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>Well</u>	_____			
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B-D</u>	<u>08102</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

10-7-08
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

REPORT MONTH/YEAR: 09-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre	PPM	Pre	PPM	Post	PPM
1	6900											
2	6100											
3	7100											
4	7500									1		
5	13400											
6	12300											
7	6900											
8	6500											
9	5900											
10	6800											
11	7500									1		
12	11700											
13	10800											
14	7800									1		
15	7100											
16	6400											
17	6900											
18	7700									1		
19	11200											
20	12300											
21	8100											
22	7800											
23	7100											
24	6900											
25	7300									1		
26	10900											
27	12500											
28	7900											
29	6400											
30	7100									1		
TOTAL	250,800									6921		
AVERAGE	8,360											
MAX	13,400											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106
 PLANT ID: A
 REPORT MONTH/YEAR: 9-09



DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.23	1.17								
2					1.19	1.13						
3							1.17	1.11				
4									1.14	1.09		
5			1.11	1.06								
6					1.06	1.01						
7							1.03	.96				
8									.99	.93		
9			.97	.92								
10					1.01	.96						
11							1.06	1.01				
12									1.09	1.03		
13			1.12	1.06								
14					1.15	1.09						
15							1.19	1.13				
16									1.21	1.15		
17			1.23	1.17								
18					1.26	1.21						
19							1.27	1.21				
20									1.31	1.26		
21			1.31	1.26								
22					1.33	1.27						
23							1.34	1.28				
24									1.31	1.25		
25			1.25	1.19								
26					1.22	1.17						
27							1.18	1.12				
28									1.14	1.08		
29			1.08	1.01								
30					1.05	.98						
31												
AVERAGE												
TOTAL												

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____	Minimum Monthly Free Residual: <u>.92</u>	Disinfectant Chloramines? (Y/N) <u>N</u>
Number of Total Residuals: _____	Minimum Monthly Total Residual: <u>.97</u>	
Total # Less than 0.2 mg/L: _____	Number of days of operation? <u>30</u>	
Total # Less than 0.5 mg/L: _____		

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID 0183106

MONITORING PERIOD (MMYY) 9-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>250,800</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons) <u>8,360</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY SYSTEMS	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>30</u>
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of lowest chlorine samples recorded _____	<u>30</u>
Lowest single chlorine reading _____	<u>.99</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>	
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>	
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

10-7-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 10 9 0 0 9

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water # 4</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>11-9-09</u>	_____	
SOURCE NAME:	<u>well</u>	COUNTY:	<u>Calloway</u>	_____	
OPERATOR(S) IN RESPONSIBLE CHARGE		CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B-D</u>	<u>02102</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____				

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm):	<u>35</u>
2. TYPE OF FILTRATION USED:	_____
3. DESIGN FILTRATION RATE (gpm/sq. ft.):	_____
4. PERCENT BACKWASH WATER USED:	_____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED:	_____
6. DATE SETTLING BASIN(S) LAST CLEANED:	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

11-9-09
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

REPORT MONTH/YEAR: 10-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre	PPM	Pre	PPM	Post	PPM
1	7500											
2	7900											
3	11600											
4	10800											
5	7300											
6	6800								1			
7	6100											
8	7100											
9	7900											
10	12100											
11	13400								1			
12	7800											
13	6900											
14	6400											
15	7200											
16	7700											
17	12900											
18	12100											
19	8100								1			
20	7100											
21	6600											
22	6500											
23	7900											
24	10700											
25	11900								1			
26	7900											
27	7200											
28	6500											
29	6900											
30	7500								1			
31	11700								1			
TOTAL	866000								5			
AVERAGE	8,580											
MAX	13,400											

NUMBER DAYS IN OPERATION

31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

WATER SYSTEMS

PWS ID: 0183106
 PLANT ID: A
 REPORT MONTH/YEAR: 10-09
 PAGE 7 OF 11

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.01	.94								
2					.99	.94						
3							.99	.91				
4									1.04	.97		
5			1.09	1.01								
6					1.15	1.09						
7							1.18	1.12				
8									1.22	1.16		
9			1.25	1.18								
10					1.31	1.24						
11							1.32	1.26				
12									1.37	1.31		
13			1.35	1.29								
14					1.31	1.24						
15							1.26	1.19				
16									1.21	1.14		
17			1.19	1.12								
18					1.13	1.07						
19							1.08	.99				
20									1.06	.98		
21			.98	.91								
22					1.08	.98						
23							1.12	1.06				
24									1.16	1.09		
25			1.18	1.11								
26					1.21	1.16						
27							1.27	1.19				
28									1.34	1.26		
29			1.35	1.25								
30					1.32	1.26						
31							1.29	1.22				
AVERAGE			Average									
TOTAL			Total									
			Minimum									
			Free									
			Minimum									

Total # Chlorine Samples
 # Less than 0.2 mg/L / 0.5 mg/L

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 0.91
 Minimum Monthly
 Total Residual: 1.98

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID 0183106

MONITORING PERIOD (MMYYYY) 10-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION	
APPLICABLE TO ALL PLANTS	
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons) <u>266,000</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons) <u>8,580</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day) <u>13,400</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N) _____	<input type="checkbox"/>
Were measurements recorded every 15 minutes? (Y/N) _____	<input type="checkbox"/>
Was there a failure of the continuous monitoring equipment? (Y/N) _____	<input type="checkbox"/>
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N) _____	<input type="checkbox"/>
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N) _____	<input type="checkbox"/>
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N) _____	<input type="checkbox"/>
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation _____	
Were samples taken every 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single turbidity reading _____	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU _____	
Number of samples exceeded 0.3 NTU _____	
Number of samples exceeded 1 NTU _____	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU _____	
Number of samples exceeded 5 NTU _____	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation _____	<u>31</u>
Were samples taken each day of operation? (Y/N) _____	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded _____	<u>31</u>
Lowest single chlorine reading _____	<u>31</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N) _____	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L _____	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L _____	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorine dioxide reading _____	
Number of chlorine dioxide samples exceeded 0.8 mg/L _____	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation _____	
Were samples taken each day of operation? (Y/N) _____	<input type="checkbox"/>
Number of samples taken _____	
Highest single chlorite reading _____	
Number of chlorite samples exceeded 1 mg/L _____	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

11-9-09
Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 11 9 0 0 8

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:		DIST. CLASS:	
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>12-9-09</u>		
SOURCE NAME:	<u>well</u>	COUNTY:	<u>Calloway</u>		
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1 B-D</u>	<u>08109</u>		
WTP SHIFT 2:					
WTP SHIFT 3:					
DISTRIBUTION:					

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more than one year, or both).

William Duncan

12-9-09

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

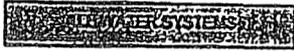
REPORT MONTH/YEAR: 11-09
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre LBS	Pre PPM	Pre LBS	Pre PPM	Post LBS	Post PPM
1	12200											
2	7500									1		
3	6900											
4	6100											
5	8800											
6	7100									1		
7	12900											
8	11300											
9	8100											
10	7100											
11	6500											
12	6900											
13	7800									1		
14	11900											
15	10300											
16	7800											
17	6900											
18	7100											
19	7700											
20	8900									1		
21	10900											
22	12100											
23	7900											
24	7100											
25	6300											
26	6800											
27	7500									1		
28	12700											
29	10100											
30	7300									1		
31												
TOTAL	252500									6		
AVERAGE	8417											
MAX	12900											

NUMBER DAYS IN OPERATION 30

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT



FWS ID: 0183106
 PLANT ID: A
 REPORT MONTH/YEAR: 11-09

DAY	CHEMICALS ADDED		TEST RESULTS									
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)									
			NORTH		SOUTH		EAST		WEST			
			T	F	T	F	T	F	T	F		
1			1.25	1.18								
2					1.21	1.16						
3							1.17	1.11				
4										1.14	1.08	
5			1.11	1.04								
6					1.13	1.05						
7							1.17	1.11				
8										1.21	1.14	
9			1.24	1.17								
10					1.28	1.21						
11							1.29	1.22				
12										1.27	1.21	
13			1.24	1.15								
14					1.21	1.14						
15							1.17	1.12				
16										1.14	1.06	
17			1.09	1.02								
18					1.06	0.97						
19							1.02	0.93				
20										1.06	0.99	
21			1.08	1.01								
22					1.13	1.06						
23							1.15	1.09				
24										1.18	1.11	
25			1.21	1.15								
26					1.25	1.18						
27							1.31	1.24				
28										1.28	1.21	
29			1.22	1.15								
30					1.17	1.11						
31												
AVERAGE			Average									
TOTAL			Total Minimum									
			Free Minimum									

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly
 Free Residual: 0.93
 Minimum Monthly
 Total Residual: 1.02

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 30

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

0183106

MONITORING PERIOD (MMYY) 11-2009

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>252,500</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons)	<u>8,417</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day)	<u>12,900</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	
Were measurements recorded every 15 minutes? (Y/N)	
Was there a failure of the continuous monitoring equipment? (Y/N)	
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	
Highest single turbidity reading	
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	
Number of samples exceeded 0.3 NTU	
Number of samples exceeded 1 NTU	
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	
Number of samples exceeded 5 NTU	

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>30</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>30</u>
Lowest single chlorine reading	<u>0.93</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	
Highest single chlorine dioxide reading	
Number of chlorine dioxide samples exceeded 0.8 mg/L	

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	
Highest single chlorite reading	
Number of chlorite samples exceeded 1 mg/L	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan

Signature of Principal Executive Officer or Authorized Agent

12-9-09

Date

**KENTUCKY DIVISION OF WATER
DRINKING WATER BRANCH**

Revised 7/1/06

MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR OF: 1199009

DEP Form 4012--Revised 07/2006

PWS ID:	<u>Ky0183106</u>	PLANT ID:	<u>A</u>	PLANT NAME:	_____
PWS NAME:	<u>Center Ridge Water #4</u>	PLANT CLASS:	_____	DIST. CLASS:	_____
AGENCY INTEREST (AI):	<u>33835</u>	DATE MAILED:	<u>1-9-10</u>	COUNTY:	<u>Calloway</u>
SOURCE NAME:	<u>well</u>	_____			
	OPERATOR(S) IN RESPONSIBLE CHARGE	CLASS	CERTIFICATION NUMBER		
WTP SHIFT 1:	<u>William Duncan</u>	<u>1B-D</u>	<u>02102</u>		
WTP SHIFT 2:	_____	_____	_____		
WTP SHIFT 3:	_____	_____	_____		
DISTRIBUTION:	_____	_____	_____		

**THIS REPORT MUST BE RECEIVED BY THE DIVISION OF WATER AND APPLICABLE FIELD OFFICE
NO LATER THAN 10 DAYS AFTER THE END OF THE MONTH.**

TREATMENT PLANTS COMPLETE:

1. DESIGN CAPACITY (gpm): 35
2. TYPE OF FILTRATION USED: _____
3. DESIGN FILTRATION RATE (gpm/sq. ft.): _____
4. PERCENT BACKWASH WATER USED: _____
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: _____
6. DATE SETTLING BASIN(S) LAST CLEANED: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See KRS 224.99-010 and 401 KAR 8:020. (Penalties under this statute and regulation may include fines up to \$25,000 per violation or by imprisonment for not more that one year, or both).

William Duncan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1-9-10
DATE

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 018 3106
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 12-09

PAGE 1 OF 11

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	6900											
2	6200											
3	6800											
4	7300								1			
5	10500											
6	11300											
7	7400								1			
8	7100											
9	6400											
10	6900											
11	7400											
12	12300											
13	10100											
14	7200								1			
15	6800											
16	6100											
17	7100											
18	7700								1			
19	9800											
20	11300											
21	7100								1			
22	6300											
23	5900											
24	6500											
25	7900											
26	10100											
27	11700											
28	7300								1			
29	6800											
30	6200											
31	7100											
TOTAL	245,100								6pd			
AVERAGE	7906											
MAX	12,300											

NUMBER DAYS IN OPERATION 31

KENTUCKY DIVISION OF WATER - DRINKING WATER BRANCH
 WATER TREATMENT PLANT - MONTHLY OPERATING REPORT

PWS ID: 0183106

PLANT ID: A

REPORT MONTH/YEAR: 12-09

PAGE 7 OF 11

WATER SYSTEMS

DISTRIBUTION SYSTEM OPERATOR

DAY	CHEMICALS ADDED		TEST RESULTS							
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS	TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)							
			NORTH		SOUTH		EAST		WEST	
T	F	T	F	T	F	T	F			
1			1.14	1.08						
2					1.11	1.04				
3							1.08	1.02		
4									1.05	.98
5			1.02	.94						
6					1.01	.92				
7							1.04	.96		
8									1.06	.98
9			1.09	1.02						
10					1.13	1.06				
11							1.14	1.05		
12									1.19	1.12
13			1.22	1.16						
14					1.25	1.18				
15							1.28	1.21		
16									1.31	1.23
17			1.29	1.22						
18					1.25	1.17				
19							1.23	1.17		
20									1.21	1.14
21			1.17	1.11						
22					1.15	1.09				
23							1.11	1.04		
24									1.08	1.01
25			1.07	1.01						
26					1.12	1.06				
27							1.15	1.08		
28									1.18	1.11
29			1.21	1.13						
30					1.24	1.18				
31							1.25	1.18		
AVERAGE										
TOTAL										

Total # Chlorine Samples _____
 # Less than 0.2 mg/L/0.5 mg/L _____

Number of Free Residuals: _____
 Number of Total Residuals: _____
 Total # Less than 0.2 mg/L: _____
 Total # Less than 0.5 mg/L: _____

Minimum Monthly Free Residual: 0.94
 Minimum Monthly Total Residual: 1.01

Disinfectant Chloramines? (Y/N) N
 Number of days of operation? 31

**KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH
MONTHLY OPERATING REPORT (MOR) PLANT SUMMARY FORM**

PWS ID

0183106

MONITORING PERIOD (MMYY) 12-09

NOTE: COMPLETE ALL APPLICABLE FIELDS.

PLANT INFORMATION		
APPLICABLE TO ALL PLANTS		
PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>945,100</u>
PLANT NAME <u>Center Ridge Water # 4</u>	AVE. DAILY PRODUCTION (gallons)	<u>7,906</u>
AGENCY INTEREST <u>33835</u>	MAXIMUM PUMPAGE (gallons per day)	<u>12,300</u>

INDIVIDUAL FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Was each filter monitored continuously? (Y/N)	_____
Were measurements recorded every 15 minutes? (Y/N)	_____
Was there a failure of the continuous monitoring equipment? (Y/N)	_____
If Yes, (1) were individual filter effluent turbidity grab samples collected every four hours of operation? (Y/N)	_____
(2) was the continuously monitoring equipment repaired within 5 working days? (Y/N)	_____
Was individual filter level greater than 1.0 NTU in two consecutive measurements? (Y/N)	_____
Was individual filter level greater than 0.5 NTU in two consecutive measurements after on line for more than four hours? (Y/N)	_____
Was individual filter level greater than 1.0 NTU in two consecutive measurements in three consecutive months? (Y/N)	_____
Was individual filter level greater than 2.0 NTU in two consecutive measurements in two consecutive months? (Y/N)	_____
If any of the last 4 boxes are YES, fill out the Individual Filter Turbidity Sheet and submit with the MOR	

COMBINED FILTER EFFLUENT TURBIDITY	
APPLICABLE TO ALL PLANTS WITH FILTRATION	
ANALYTE CODE <u>0100</u>	
Number of hours of plant operation	_____
Were samples taken every 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single turbidity reading	_____
For all filtration except slow sand filtration:	
Number of samples exceeded 0.1 NTU	_____
Number of samples exceeded 0.3 NTU	_____
Number of samples exceeded 1 NTU	_____
When filtration is slow sand filtration:	
Number of samples exceeded 1 NTU	_____
Number of samples exceeded 5 NTU	_____

ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION	
APPLICABLE TO ALL PLANTS	
ANALYTE CODE <u>0999</u>	
Number of days of plant operation	<u>31</u>
Were samples taken each day of operation? (Y/N)	<input checked="" type="checkbox"/>
Number of lowest chlorine samples recorded	<u>31</u>
Lowest single chlorine reading	<u>1.92</u>
If less than required:	
Was residual restored within 4 hours of plant operation? (Y/N)	<input type="checkbox"/>
Free Chlorine (for all disinfectants except chloramine):	
Number of samples under 0.2 mg/L	_____
Total Chlorine (when disinfectant is Chloramine):	
Number of samples under 0.5 mg/L	_____

CHLORINE DIOXIDE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1008</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorine dioxide reading	_____
Number of chlorine dioxide samples exceeded 0.8 mg/L	_____

CHLORITE ENTRY POINT MONITORING	
APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE	
ANALYTE CODE <u>1009</u>	
Number of days of plant operation	_____
Were samples taken each day of operation? (Y/N)	<input type="checkbox"/>
Number of samples taken	_____
Highest single chlorite reading	_____
Number of chlorite samples exceeded 1 mg/L	_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

William Duncan
Signature of Principal Executive Officer or Authorized Agent

1-9-10
Date

C R W D # 4

PWS ID: Ky 018 3106

PLANT ID: A

AGENCY INTEREST: 33835

ANNUAL WATER SYSTEM DATA

APPLICABLE TO ALL WATER SYSTEMS

TO BE SUBMITTED WITH DECEMBER MOR

NUMBER OF METERS:

SYSTEM POPULATION: 41 taps

RESIDENTIAL: 41 taps

COMMERCIAL: _____

INDUSTRIAL: _____

TOTAL POPULATION SERVED IN CONSECUTIVE SYSTEMS: (REFER TO TABLE BELOW) _____

CONSECUTIVE SYSTEM POPULATIONS:

(INFORMATION ON THE SYSTEMS/AREA TO WHOM YOU SELL WATER)

PWSID #	# OF METERS	PWSID #	# OF METERS

CONTACT INFORMATION:

WATER SYSTEM MANAGER/SUPERINT.

PLANT A

PLANT B

NAME William Benson

TITLE owner & operator

OFFICE PHONE 270-436-6304

CELL PHONE 270-273-6228

AFTER-HOURS PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PLANT C

DISTRIBUTION

MOR CONTACT

NAME _____

TITLE _____

OFFICE PHONE _____

CELL PHONE _____

AFTER-HOURS PHONE _____

MAILING ADDRESS _____

EMAIL ADDRESS _____