

**SYMSONIA WATER DISTRICT  
11105 State Route 131  
P.O. Box 99  
Symsonia, Kentucky 42082  
(270)851-4470 fax (270)851-4474**

December 5, 2012

RECEIVED

DEC 07 2012

PUBLIC SERVICE  
COMMISSION

Mr. Jeff Derouen,  
Executive Director  
Public Service Commission  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, Kentucky 40602-0615

RE: Case No 2012-00517

Mr. Derouen,

With regards to the deficiency letter dated December 3, 2012, please find our attachments in reference to permits relevant to construction for Symsonia Water District Case No. 2012-00517.

If there are any questions, please feel free to contact me.

Sincerely,



Keith Cooper,  
Chairman

FOR Northeastern portion of Graves County  
Community, Town or City

P.S.C. KY. NO. \_\_\_\_\_

\_\_\_\_\_ SHEET NO. \_\_\_\_\_

Symsonia Water District  
(Name of Utility)

\_\_\_\_\_ SHEET NO. \_\_\_\_\_

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CONTENTS

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Monthly Water Rates

5/8 x 3/4 Inch Meter

First 2,000 Gallons	\$15.41 Minimum Bill
Next 3,000 Gallons	3.85 per 1,000 Gallons
Next 5,000 Gallons	2.97 per 1,000 Gallons
Over 10,000 Gallons	2.50 per 1,000 Gallons

2 Inch Meter

First 20,000 Gallons	\$66.74 Minimum Bill
Over 20,000 Gallons	2.50 per 1,000 Gallons

Connection Fees

5/8 x 3/4 Inch Connection	\$615.00 (I)
2 Inch Connection	Actual Cost of Installation

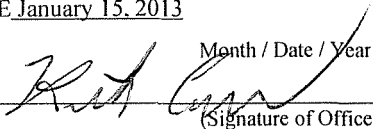
Non-Recurring Charges

Returned Check Charge	\$25.00 (N)
Re-Connection Charge	40.00 (N)

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DATE OF ISSUE December 5, 2012  
Month / Date / Year

DATE EFFECTIVE January 15, 2013  
Month / Date / Year

ISSUED BY   
(Signature of Officer)

TITLE Chairman

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION  
IN CASE NO. \_\_\_\_\_ DATED \_\_\_\_\_

FOR Northeastern portion of Graves County  
Community, Town or City

P.S.C. KY. NO. \_\_\_\_\_

\_\_\_\_\_ SHEET NO. \_\_\_\_\_

Symsonia Sewer District  
(Name of Utility)

CANCELLING P.S.C. KY. NO. \_\_\_\_\_

\_\_\_\_\_ SHEET NO. \_\_\_\_\_

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Monthly Sewer Rates

Residential Service

\$28.21 per month

Other

28.21 per residential equivalent\*

- A residential equivalent is defined as 12,000 gallons per month

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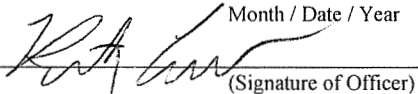
DATE OF ISSUE December 5, 2012

Month / Date / Year

DATE EFFECTIVE January 15, 2013

Month / Date / Year

ISSUED BY \_\_\_\_\_

  
(Signature of Officer)

TITLE \_\_\_\_\_

Chairman

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION

IN CASE NO. \_\_\_\_\_

DATED \_\_\_\_\_

**Permit to Withdraw Public Water**

Symsonia Water District

Subject Item Inventory

Permit Number: 1679

Activity ID No.: APE20110003

**Subject Item Inventory:**

ID	Designation	Description
AIOO44216		
STRC5	Well 3	WR: well 3 located 4,780 ft east of mile 9.5 of West Fork Clarks River
STRC6	Well 4	WR: well 4 located 4,780 ft east of mile 9.5 of West Fork Clarks River

**Subject Item Groups:**

ID	Description	Components
GACT4	GROUND - WR: two wells located 4,780 ft east of mile 9.5 of West Fork Clarks River	STRC5 WR: well 3 located 4,780 ft east of mile 9.5 of West Fork Clarks River
		STRC6 WR: well 4 located 4,780 ft east of mile 9.5 of West Fork Clarks River

**KEY**

ACTV = Activity

AREA = Area

EQPT = Equipment

PERS = Personnel

STOR = Storage

TRMT = Treatment

AIOO = Agency Interest

COMB = Combustion

MNPT = Monitoring Point

PORT = Transport

STRC = Structure

# Permit to Withdraw Public Water

Symsonia Water District

Facility Requirements

Permit Number: 1679

Activity ID No.: APE20110003

## Limitation Requirements:

Condition No.	Item ID	Parameter	Condition
L-1	GACT4 (1679 Field of Wells)	Withdrawal	Withdrawal $\leq$ 0.070 MGD (MA) shall be allowed from the location specified in the Narrative Requirements below. [KRS 151.170] This requirement is applicable during the following months: All Year. Statistical basis: Daily maximum (MX).

## Monitoring Requirements:

Condition No.	Item ID	Parameter	Condition
M-1	GACT4 (1679 Field of Wells)	Withdrawal	The permittee shall measure Withdrawal monitored by meter or other approved method daily as described in the Narrative Requirements below. [401 KAR 4:010 Section 2] This requirement is applicable during the following months: All Year. Statistical basis: Daily maximum (MX).

## Record-Keeping Requirements:

### Withdrawal:

Condition No.	Item ID	Condition
R-1	GACT4 (1679 Field of Wells)	The permittee shall perform Withdrawal recordkeeping by reporting water withdrawals daily on forms supplied by the Cabinet. [401 KAR 4:010 Section 2]

**Permit to Withdraw Public Water**

Symsonia Water District

Facility Requirements

Permit Number: 1679

Activity ID No.: APE20110003

**Narrative Requirements:**

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Condition No.	Item ID	Condition
T-5	GACT4 (1679 Field of Wells)	As approved, the permittee shall monitor water withdrawals with a meter. [401 KAR 4:010 Section 2]
T-6	GACT4 (1679 Field of Wells)	Withdrawals shall not interfere with any existing users in the area. If such withdrawals have an adverse effect on previously permitted or other lawful users, the permittee shall reduce withdrawals to rates that no longer cause adverse effects, or shall provide all affected users with sufficient water to meet their needs. [401 KAR 4:010 Section 3]

STEVEN L. BESHEAR  
GOVERNOR



LEONARD K. PETERS  
SECRETARY

**ENERGY AND ENVIRONMENT CABINET**  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WATER  
200 FAIR OAKS LANE, 4TH FLOOR  
FRANKFORT, KENTUCKY 40601  
[www.kentucky.gov](http://www.kentucky.gov)

January 10, 2012

Mr. Jim Waid  
Symsonia Water District  
PO Box 99  
Symsonia, KY 42082

RE: Symsonia Water District  
AI#: 44216, APE20110002  
PWSID # 0420423-11-002  
Water Treatment Plant Improvement  
Graves County, KY

Dear Mr. Waid :

We have received the plans and specifications for the above referenced project. The plans include the Symsonia Water Treatment Plant 0.09 MGD. Construction will include 600 ft of 6-inch PVC raw water line, two new high service pumps rated at 150 gpm at 149 ft of TDH and 150,000 ground storage water tank and related appurtenances. This is to advise that plans and specifications are APPROVED with respect to sanitary features of design as of this date with the following stipulations and requirements:

1. The project shall be constructed in accordance with the requirements of 401 KAR 8:100.
2. A Kentucky Pollution Discharge Permit (KPDES) shall be updated to reflect the change in treatment capacity.
3. The clearwell, high service pumps and connecting piping shall be disinfected according to the requirements of 401 KAR 8:150 prior to being placed into service.
4. Liquid storage tanks shall be provided with a valved drain.
5. The fluoride room shall be vented independently of any other room. The room's exhaust vent shall be located close to the ceiling and have a power fan that is rated for at least 100 cfm.
6. Fluorosilicic acid metering pumps shall be sized to operate in the mid-range of their capacity and mounted not more than 4 feet above the solution tank.
7. If sanitary features of the approved plans are to be changed during construction, the engineer shall submit the revision to the Division of Water for approval prior to implementing the modification. Written approval from the Division of Water must be granted prior to on-site work dedicated to the adjustment.
8. When the project is completed, the owner shall submit a written certification to the Division of Water that the above referenced water facilities have been constructed and tested in accordance with the approved plans.
9. When this project is completed, the engineer shall submit as-built drawings to the Division of Water.

10. All fittings for feed of fluorosilicic acid shall be compatible with the chemical.
11. Fluorosilicic acid shall be injected into the lower half of the pipe.
12. A day tank vented directly to the outside atmosphere is required in conjunction with the bulk fluorosilicic acid tank. The day tank should be sized to hold about a two day supply and should be mounted on scales to record the daily fluorosilicic acid use.
13. The fluorosilicic acid filling line from the bulk tank to the day tank should be flexible enough to allow the scales to function properly.
14. The fluorosilicic acid bulk tank should have a berm or floor drain run to a holding area that would hold 100% of the bulk tank's capacity.
15. When this project is completed, contact Bob Murphy at (502) 564-3246 ext 3778 for Oral Health program start-up approval.
16. Bulk chemical tanks must have a liquid level indicator and be clearly labeled with chemical contained.
17. Deluge showers and eye wash devices shall be installed where strong acids and alkalis are used or stored.
18. Sodium Hypochloride shall be located out of the sun light, in a cool area and shall be vented to the outside of the building.

Unless construction of this project has begun within 2 years from the issuance date of this approval, the approval shall expire. If this approval expires, the original plans and specifications may be resubmitted for a new comprehensive review.

Once the treatment plant is completed, the following operating stipulations will apply until future construction, modification, or correspondence from the Division of Water changes the applicability of the stipulations. Further, if a stipulation is changed or deemed to be no longer applicable, unaffected stipulations shall not be voided.

19. The rated potable water production of the Symsonia Water Treatment Plant following construction shall be 0.09 million gallons per day due to the water withdrawal permit. Therefore, the maximum potable water production, calculated from daily gallons of water treated and daily hours of operation, shall not exceed 90,000 gpd (based on 24 hour operation). Provisions shall be made to ensure treated water production does not exceed this rating.
20. Currently, Symsonia's raw water withdrawal permit has an allocation of 0.09 MGD. Potable water production shall be limited to 0.09 MGD until such time as the raw water withdrawal permit has been updated. Contact Chris Yeary of the Watershed Management Branch at (502) 564-3410 about updating the raw water withdrawal permit.
21. The Symsonia Water Treatment Plant shall be designated as a Class IIB water treatment plant upon completion of construction.



22. The water treatment plant shall be operated by certified water treatment plant operators who meet the requirements outlined in 401 KAR 8:030 and 401 KAR Chapter 11.
23. No discharges shall be made within five miles upstream of any drinking water intake station (Kentucky Division of Water five-mile policy).
24. Replacement parts for all chemical feed pumps shall be kept on-site.

This approval has been issued under the provisions of KRS Chapter 224 and regulations promulgated pursuant thereto. Issuance of this approval does not relieve the applicant from the responsibility of obtaining any other permits or licenses required by this Cabinet and other state, federal and local agencies.

If you have any questions concerning this project, please contact Mr. Fred Sarabi, at (502) 564-3410, extension 4825.

Sincerely,



Mark Rasche, P.E.  
Supervisor, Engineering Section  
Water Infrastructure Branch  
Division of Water

MS:FS

Enclosures

C: Austin Engineering Inc.  
Graves County Health Department  
Surface Water Permit Branch  
Compliance and Technical Assistance Branch  
Watershed Management Branch  
Division of Plumbing  
Paducah Regional Office