DELEPLAIN DISPOSAL COMPANY

P.S.C. Ky. Adoption Notice No. 1

ADOPTION NOTICE

The undersigned DELAPLAIN DISPOSAL COMPANY (Name of Utility)System of P.O. Box 1498, Lexington, Kentucky 40507, hereby adopts, ratifies, and makes its own, in every respect as if the same had been originally filed and posted by it, all tariffs and supplements containing rates, rules and regulations for furnishing sewer (Nature of Service) service at I-75 @ Delaplain Road in the Commonwealth of Kentucky, filed with the Public Service Commission of Kentucky by Triport Disposal Company, Inc. (Name of Predecessor) of 125 Church Street, Lexington, Kentucky and in effect on the 3rd day of February, 19 87, the date on which the public service business of the said Triport Disposal Company, Inc. (Name of Predecessor) was taken over by it.

This notice is issued on the 8th day of May, 19 87, in conformity with 807 KAR 5:011, Section 11 of the Regulations for the filing of Tariffs of Public Utilities with the Public Service Commission of Kentucky.

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

FEB 03 1987

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: J. Deaghegan

DELAPLAIN DISPOSAL COMPANY

By, [signature]
JAMES NAVOLIO

Authorized by K.P.S.C. Order No. 9532

P.S.C. Ky. No. 2

Cancels P.S.C. Ky. No. 1

DELAPLAIN DISPOSAL COMPANY

OF
P.O. BOX 1498
LEXINGTON, KENTUCKY 40591

Rates, Rules and Regulations for Furnishing

SEWER SERVICE

AT

I-75 & Delaplain Road - Scott County, Kentucky

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

NOV 08 1989

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: [illegible]
SECRETARY OF THE COMMISSION

Filed with PUBLIC SERVICE COMMISSION OF KENTUCKY

ISSUED January 15, 19 90 EFFECTIVE November 8, 19 89

ISSUED BY DELAPLAIN DISPOSAL COMPANY
(Name of Utility)

BY Dona D. Ray
Dona D. Ray, Treasurer

Form for filing Rate Schedules

For I-75 and Delaplain Road
Scott County, Kentucky
Community, Town or City

P.S.C. NO. 4

Original SHEET NO. 1

CANCELLING P.S.C. NO. 3

Original SHEET NO. 1

DELAPLAIN DISPOSAL COMPANY
Name of Issuing Corporation

CLASSIFICATION OF SERVICE

	RATE PER UNIT
Sanitary Sewer Service	
Residential (per month)	$ 26.25
Commercial/Industrial (per 1,000 gallons)	$ 10.15
Tap-on Fee	
Residential and Commercial/Industrial	$ 500
Disconnection Fee	
Residential and Commercial/Industrial	$ 500

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

OCT 01 1997

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: Stephan O Bell
SECRETARY OF THE COMMISSION

DATE OF ISSUE 9-8-97

DATE EFFECTIVE 10-1-97

ISSUED BY Steven A Lightner
Name of Officer

TITLE TREASURER

Issued by authority of an Order of the Public Service Commission of Kentucky in Case No. _____ dated _____.

I-75 & Delaplain Road
FOR Scott County, Kentucky

P.S.C. Ky. No. 2

Original Sheet No. 2

Delaplain Disposal Company

Cancelling P.S.C. Ky. No. 1

Original Sheet No. 2

RULES AND REGULATIONS

These Rules and Regulations govern the furnishing of sewage service by Delaplain Disposal Company. No employee or individual director of Delaplain Disposal Company is permitted to make an exception to Rates, Rules or Regulations. These Rules and Regulations are to be in effect so long as they are not in conflict with Public Service Commission Rules and Regulations.

These Rules and Regulations may be revised, amended, supplemented or changed from time to time subject to approval of the Public Service Commission, and shall have the same force as the present Rules and Regulations.

BILLING PROCEDURE

Bills are mailed no later than the third day of each month and are due and payable on or before the end of the month. There is no late payment penalty.

DEPOSIT POLICY

No cash deposit is required from customer or applicant.

DISCONTINUANCE OF SERVICE

Services will be discontinued for non-payment of bill after ten days after written notice is given and all reasonable efforts fail in collecting same.

NORMAL EXTENSION OF SEWER

PUBLIC SERVICE COMMISSION
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NOV 0 8 1989
PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)

An extension of 25 feet or less per applicant shall be made by Delaplain Disposal Company to an existing sewer line without charge to the applicant for sewage service provided that the applicant agrees to take such service for one year or more.

Other Extensions

To accommodate one or more applicants for service from the same extension in those instances where the total length of the extension exceeds 25 feet per applicant, Delaplain may require a deposit from each applicant that will cover the cost of the extension that exceeds 25 feet per applicant. The amount of the deposit will be based on the average cost per foot of the sewer extension work, including manholes. Applicant shall agree to use the

DATE OF ISSUE January 15, 1990 (Month Day Year)

DATE EFFECTIVE November 8, 1989 (Month Day Year)

ISSUED BY Dora D Ray (Name of Officer) Treasurer (Title) P.O. Box 1498, Lexington, KY 40591 (Address)

RULES AND REGULATIONS

service provided by the extension for one year or more.

Refunds to Customers

Each customer who has paid Delaplain for extending a sewer line more than 25 feet will be reimbursed under the following plan: At the end of each year of the 10-year period following completion of the sewer extension, Delaplain will, for each new customer connected to a sewer extension previously installed at the cost of an existing customer pursuant to the provision set forth above during that year, refund to those customers who had previously paid their part of the extension cost, an equal share of the cost of 25 feet of the original cost of the sewer extension. In no case will the accumulated refunds made by Delaplain exceed the amount deposited with Delaplain to pay for the extension. No refunds will be made after expiration of the 10-years refund period.

Extension to Serve a Proposed Real Estate Development

An applicant for sewer extensions to serve a proposed real estate development may e required to pay all of the costs of the extension.

Extensions Under Other Arrangements

Delaplain may make extensions under other arrangements that have not been defined herein provided such arrangements have been approved by the Commission.

Extensions Greater Than 25 Feet at Delaplain's Expense

Delaplain may in some instances make, at its own expense, an extension greater than 25 feet provided such extension is not discriminatory to its other customers or applicants for service.

Any and all rules that have not been defined herein applies provided they have been approved by the commission.

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Monitoring of Customer Usage

The company will monitor the demand for treatment of wastewater. Should the demand for treatment increase substantially, we will investigate the increase and make adjustments accordingly.

JUN 20 1992

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)

DATE OF ISSUE 5 20 92 (Month Day Year) DATE EFFECTIVE _____ (Month Day Year) BY: [signature]
PUBLIC SERVICE COMMISSION MANAGER

ISSUED BY Elbert C. Ray (Name of Officer) Agent (Title) P. O. Box 4382, Lexington, KY 40544-4382 (Address)

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE
SEP 03 1998
PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: Stephen O Bell
SECRETARY OF THE COMMISSION

Delaplain Disposal Company

RULES AND REGULATIONS

INDUSTRIAL/COMMERCIAL USER POLICY

1.0 PURPOSE

This Policy sets forth uniform requirements for existing and future Users who discharge directly or indirectly into the wastewater collection and treatment system ("System") of Delaplain Disposal Company ("Utility"). This Policy is designed to ensure that Users take no action which would prevent the Utility from complying with the requirements of the Commonwealth of Kentucky's Division of Water of the Natural Resources and Environmental Protection Cabinet ("DOW").

2.0 OBJECTIVES

The objectives of this Policy are to: (1) prevent the introduction of pollutants or materials into the wastewater system that interfere with the System's operation, contaminate the resulting sludge, pass through the System into the receiving waters or the atmosphere, or otherwise are incompatible with the System; (2) improve the opportunity to recycle and reclaim wastewater and sludge; and (3) ensure equitable distribution of the cost of the treatment and collection system.

3.0 POLICY

All Users are subject to this Policy and shall comply with its terms and those of approved Operating Agreements ("Operating Agreements") between Users and the Utility. Where a conflict between the terms of this Policy and an Operating Agreement occurs, the terms of this Policy shall control.

Users shall arrange and shall cause to be performed any required analyses. A laboratory approved by the Utility shall perform all analyses. Users shall bear all costs associated with these analyses. The Utility may conduct sampling and analysis of a User's effluent discharges at its discretion.

This Policy shall be administered and enforced for the Utility by a registered professional engineer or appropriately certified wastewater treatment plant operator experienced in wastewater and sewer regulation and management.

4.0 SEWER USE

Within 30 days from the effective date of this Policy, each existing User shall submit to the Utility a completed User Information Form. Within 30 days of the Utility's receipt of the User Information Form, the Utility and the User shall enter an Operating Agreement incorporating the requirements of this Policy. Users failing to enter such an Operating Agreement within 60 days of the Policy's effective date are subject to termination of service and disconnection from the System.

No prospective User shall connect to or use any existing connection of the system before submitting a completed User Information Form to the Utility and entering an Operating Agreement with the Utility.

The Utility may assess to any User who violates any provision of this Policy or its Agreement a charge equal to the amount of damage to the System or costs incurred by the Utility that result from the violation. Such costs may include, but are not limited to, civil or criminal penalties assessed to the Utility as a result of the User's violation and attorneys fees and other costs incurred in civil and criminal proceedings resulting from the User's violation. The Utility may, at its discretion, also terminate a User's service for violations of this Policy.

RULES AND REGULATIONS

PURSUANT TO 807 KAR 5:011,
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BY
SECRETARY OF THE COMMISSION

Users who discharge only domestic or "restroom waste" into the System shall complete the applicable portions of the User Information Form set forth at Section 9.1 and execute the Operating Agreement set forth at Section 10.1of this Policy.

All other Users shall complete and submit the User Information Form set forth at Section 9.1 in its entirety and shall execute the Operating Agreement set forth at Section 10.2. This Operating Agreement shall be tailored to the User's discharge activity and shall enable the Utility to comply with its Kentucky Pollutant Discharge Elimination System Permit ("KPDES Permit").

No User shall place, deposit, or permit to be deposited into the System any wastewater containing or having:

- any storm water, ground water, roof run-off, subsurface drainage, or cooling water.

- a temperature higher than 104 degrees F.

- any gasoline, benzene, naptha, fuel oil, or other flammable or explosive liquids, solids, or gases; and in no case any pollutant with a closed cup flashpoint of less than 140 degrees F., or which causes the System to exceed 10 percent of the lower explosive limit at any point.

- any garbage that has not been ground by suitable garbage grinders.

- any ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastic, wood, manure, or any other solids or viscous substances capable of causing obstructions or other interferences with proper operation of the System.

- toxic or poisonous substances in sufficient quantity to injure or interfere with any wastewater treatment process, to constitute hazards to humans or animals, or to create any hazard in waters which receive treated effluent from the System.

- noxious or malodorous gases or substances capable of creating a public nuisance including pollutants which result in the presence of toxic gases, vapors, or fumes.

- solids of a character or quantity that require special and unusual attention for their handling.

- any substance which may affect System effluent and cause the Utility to violate the requirements of its Permit.

- any substance which would cause the System to fail to comply with sludge use, recycling, or disposal guidelines or regulations issued pursuant to the federal laws governing air or water quality, the Toxic Substances Act, or any applicable enactment of the Commonwealth of Kentucky.

- color which is not removed in the treatment process.

- medical or infectious wastes, radioactive waste or isotopes, or any pollutant, including BOD pollutants, released at a flow rate or concentration which would interfere with operation of the System.

The Utility may, at reasonable times, inspect the interior or exterior of any building connected or to be connected to the System, inspect and copy appropriate records, and inspect and test sampling equipment. The Utility may, at any reasonable time, perform smoke test on or test the discharges of any facility connecting a building to the System.

5.0 USER MANAGEMENT REQUIREMENTS

5.1 Change in Discharge

Users shall at all times comply with Operating Agreements. No facility expansion, production increase, or process modification that will cause a new, different, or increased discharge into the System may be implemented without the Utility's prior approval and until the execution of a written amendment to the User's existing Operating Agreement. Requests for modification of an Operating Agreement must be submitted in writing to the Utility not less than 90 days prior to the User's proposed implementation date. No facility expansion, production increase, or process modification shall be approved that causes a discharge that would cause the Utility to violate its KPDES Permit.

5.2 Non-Compliance Notification

Upon learning that it is not complying with its Operating Agreement or that an unavoidable event will prevent its compliance with its Operating Agreement, the User shall immediately notify the Utility of:

- the nature and cause of the non-complying discharge;

- the time when the non-complying discharge began or is expected to begin and its duration; and

- the steps taken by the User to achieve compliance and prevent a recurrence of the non- complying discharge.

If the User learns of its failure to comply as a result of sampling and analysis, it shall repeat the sampling and analysis within 24 hours of learning of its failure to comply and immediately provide to the Utility the results of the second sampling and analysis.

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PURSUANT TO 807 KAR 5:011, SECTION 9 (1)
BY: SECRETARY OF THE COMMISSION

5.3 Termination of Service

After a reasonable attempt to obtain compliance, the Utility may terminate service for:

- Discharges not permitted by the User's Agreement or in excess of those permitted, upon ten days written termination notice;

- Falsification of reports, upon ten days written termination notice;

- Unapproved modification of sampling equipment or methods, upon ten days written termination notice;

- (For customers discharging only domestic or "restroom waste") Refusal to allow the Utility timely access to the User's premises, upon ten days written termination notice;

- (For customers discharging wastes other than domestic or "restroom waste") Refusal to allow the Utility timely access to the User's premises, upon two days written termination notice;

- Any discharge which presents a hazard to public health and safety, the welfare of the local environment, or the System, without advance notice.

6.0 OPERATING AGREEMENTS

6.1 Transferability

No Operating Agreement may be transferred without the Utility's prior written approval No approval will be granted by the Utility unless the transferee has agreed in writing to be bound by the terms of the transferred Agreement.

6.2 Modification

Upon 30 days notice to Users and to the Commission, the Utility may modify or amend existing Operating Agreements to impose additional restrictions, conditions, prohibitions, or monitoring requirements upon Users as may be required of the Utility by DOW as a condition for maintaining or renewing its KPDES Permit.

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7.0 MONITORING AND REPORTING

7.1 Representative Samples

Samples shall be representative of the volume and nature of the monitored discharge.

7.2 Reporting

Unless otherwise provided in its Agreement, Users shall submit to the Utility by the 15th of each month User monitoring reports for the preceding month. A completed "Self-monitoring Report Form", as set forth in Section 11.1 of this Policy, shall be filed for each sample taken. Users shall submit with the User monitoring reports a completed "Chain of Custody Form", as set forth in Section 11.2 of this policy, for each sample taken.

7.3 Integrity of Samples

Samples shall be collected, handled, and preserved using methods approved by the U. S. Environmental Protection Agency ("EPA") and shall be analyzed by a Utility-approved laboratory according to methods contained in Title 40, Code of Federal Regulations, Part 136, or otherwise approved by the EPA ("E.P.A approved procedures").

7.4 Chain of Custody

Sample containers shall be labeled at the time of collection and the following information shall be affixed to the label with waterproof ink: sample number, name of collector, and the date, time, and place of collection. The User shall maintain a field log with all information required for the label and the name of the user, location of sampling point, and type of sample. A Chain-of-Custody form containing all information recorded in the field log plus the signature of all persons who have had custody of the sample and the dates of possession shall accompany each sample that is provided to the laboratory. The format of the Chain-of-Custody form is set forth at Section 11.2 of this Policy.

7.5 Record Retention

Users shall maintain records of all monitoring information, including all calibration and maintenance records and all original chart recordings for continuous monitoring instruments, and copies of all reports required by this policy, for at least three years from creation of the record.

7.6 Definitions

- Composite Sample when performed automatically by mechanical instrument shall mean a sample that is collected over time, formed either by continuous sampling or by mixing discrete samples. The sample may be either a time composite sample (composed of discrete sample aliquots collected in one container at constant time intervals providing representative samples irrespective of stream flow) of a flow proportional sample (collected either as a constant sample volume at time intervals proportional to stream flow, or collected by increasing the volume of each aliquot as the flow increases while maintaining a constant time interval between aliquots). Composite samples taken manually shall be comprised of no fewer than four samples of equal volume collected over an eight hour period at intervals proportionate to discharge flow, or a sample portion collected continuously over a 24 hour period at a rate proportional to the discharge flow. Methods for composite sampling must be approved in advance by the Utility.

- Biochemical Oxygen Demand (BOD or BOD-5) shall mean the measure of decomposable organic matter in wastewater as represented by the oxygen used over a period of five days at 20 degrees C, as determined by E.P.A. approved procedures.

- Total Suspended Solids (TSS) shall mean the insoluble solid matter suspended in wastewater that is separable by laboratory filtration according to E.P.A. approved procedures.

- Oil and Grease (Total) shall mean all vegetable and animal matter, hydrocarbons, waxes, oils, gasoline, heavy fuel, or lubricating oils as determined according to E.P.A. approved procedures.

- Daily Maximum shall mean the maximum allowable discharge of a pollutant during a calendar day. Where daily maximum limitations are expressed in units of mass, the daily discharge is the total mass discharged over the course of the day. Where daily maximum limitations are expressed in terms of concentration, the daily discharge is the arithmetic average measurement of the pollutant concentration derived from all measurements taken that day.

- Grab Sample shall mean an individual sample collected in less than 15 minutes, without regard for flow or time.

- Instantaneous Maximum Concentration shall mean the maximum concentration allowed in any single grab sample.

- Cooling Water, Uncontaminated, shall mean water used for cooling purposes only which has no direct contact with any raw material, intermediate, or final product and which does not contain a level of contaminants detectably higher than that of the intake water.

- Cooling Water, Contaminated, shall mean water used for cooling purposes only which may become contaminated either through the use of water treatment chemicals used as corrosion inhibitors or biocides, or by direct contact with process materials or wastewater.

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- Monthly Average shall mean the arithmetic mean of the values for effluent samples collected during a calendar month or specified 30 day period.

- Weekly Average shall mean the arithmetic mean of the values for effluent samples collected over a period of seven consecutive days.

- Bi-Weekly shall mean once every other week.

- Bi-Monthly shall mean once every other month.

- Quarterly shall mean once every three months.

- By-Pass shall mean the intentional diversion of wastes from any portion of the treatment facility.

8.0 DISCHARGE LIMITS

No discharge into the Utility's system may exceed the following limits:

DISCHARGE LIMITATIONS

PARAMETER	UNIT	24 HOUR MAXIMUM CONCENTRATION (mg/L)
Flow	GPD	Report
Arsenic, total	mg/L	0.10
Cadmium, total	mg/L	0.05
Chromium, total	mg/L	1.71
Chromium, hexavalent	mg/L	0.10
Copper, total	mg/L	0.60
Cyanide, total	mg/L	0.50
Iron, total	mg/L	15.0
Lead, total	mg/L	0.20
Mercury, total	mg/L	0.0005
Nickel, total	mg/L	1.0
Silver, total	mg/L	0.10
Zinc, total	mg/L	2.0
Ammonia Nitrogen	mg/L	30
Oil/Grease, Total	mg/L	100
PH, S.U.	mg/L	6-10
TSS	mg/L	300
BOD-5	mg/L	300

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9.0 USER INFORMATION FORM

As set forth in section 3.0 of the Industrial/Commercial User Policy, the following form must be completed and submitted to the Utility by all current users within 30 days of Commission approval of this and prior to connection to the system by prospective Users.

USER INFORMATION FORM

NOTE: Please read all attached instructions prior to completing this application.

*1.1 Facility Name:*_____
*Operator Name:*_____

Is the operator identified the owner of the facility?
Yes ( ) No ( ) If no, provide the name and address of the operator and submit a copy of the contract or other documents indicating the operator's scope of responsibility for the facility

1.2 Facility Address:
*Street:*_____
*City:*_____ *State:*_____ *Zip:*_____

1.3 Business Mailing Address:
*Street:*_____
*City:*_____ *State:*_____ *Zip:*_____

1.4 Designated Signatory Authority of the Facility:
(Attach similar information for each authorized representative)
*Name:*_____
*Title:*_____
*Address:*_____
*City:*_____ *State:*_____ *Zip:*_____
*Phone Number:*_____

1.5 Designated Facility Contact:
*Name:*_____
*Title:*_____
*Phone Number:*_____
Fax Number: _____

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SECTION 9 (1)
BY: [signature]
SECRETARY OF THE COMMISSION

DATE OF ISSUE_____ DATE EFFECTIVE_____
Month Day Year Month Day Year

ISSUED BY Elbert C. Ray ECR Partner P.O. Box 4382, Lexington, Kentucky 40544
Name of Officer Title Address

Delaplain Disposal Company

RULES AND REGULATIONS

2.0 BUSINESS ACTIVITY:

2.1 If your facility employs or will employ processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

*INDUSTRIAL CATEGORIES**

( )	*Aluminum Forming*	( )	*Asbestos Manufacturing*
( )	*Battery Manufacturing*	( )	*Can Making*
( )	*Coal Mining*	( )	*Coil Coating*
( )	*Copper Forming*	( )	*Electric and Electronic Components Manufacture*
( )	*Electroplating*	( )	*Feedlots*
( )	*Fertilizer Manufacturing*	( )	*Foundries (Metal Molding and Casting)*
( )	*Glass Manufacturing*	( )	*Grain Mills*
( )	*Inorganic Chemicals*	( )	*Iron and Steel*
( )	*Leather Tanning and Finishing*	( )	*Metal Finishing*
( )	*Nonferrous Meta Forming*	( )	*Nonferrous Metals Manufacturing*
( )	*Organic Chemicals Manufacture*	( )	*Paint and Ink Formulating*
( )	*Paving and Roofing Manufacture*	( )	*Pesticides Manufacturing*
( )	*Petroleum Refining*	( )	*Pharmaceutical*
( )	*Plastic, Synthetic Materials Mfgr.*	( )	*Plastics Processing Manufacturing*
( )	*Porcelain Enamel*	( )	*Pulp, Paper and Fiberboard Manufacturing*
( )	*Rubber*	( )	*Soap and Detergent Manufacturing*
( )	*Steam Electric*	( )	*Sugar Processing*
( )	*Textile Mills*	( )	*Timber Products*

* *A facility whose processes are within these business areas may be a "categorical user" and subject to Environmental Protection Agency (EPA) categorical pretreatment standards.*

2.2 Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

2.3 Indicate applicable Standard Industrial Classification (SIC) for all processes. (If more than one applies, list in descending order of importance):

a. _____ *b.* _____ *c.* _____ *d.* _____ *e.* _____

PUBLIC SERVICE COMMISSION
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SECTION 9 (1)
BY: Stephen O Bell
SECRETARY OF THE COMMISSION

DATE OF ISSUE_____ DATE EFFECTIVE_____
Month Day Year Month Day Year

ISSUED BY Elbert C. Ray Partner P.O. Box 4382, Lexington, Kentucky 40544
Name of Officer Title Address

Delaplain Disposal Company

RULES AND REGULATIONS

2.4 *Product Volume:*

PRODUCT (Brandname) (levels with others and no. u.l.)	*PAST CALENDAR YEAR Amounts Per Day (Daily Units)*		*ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)*	
	Average	*Maximum*	*Average*	*Maximum*

3.0 *WATER SUPPLY:*

3.1 *Water Resources: (check as many as are applicable)*
( ) *Private Well* ( ) *Surface Water*
( ) *Municipal Water (Specify city):*_____
( ) *Other (Specify):*_____

3.2 *Name on Water Bill:*_____
*Street:*_____ *City:*_____ *State:*___ *Zip:* _____

3.3 *Water Service Account Number:* _____

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Delaplain Disposal Company

RULES AND REGULATIONS

3.4 *List Average Water Use on Premises:* *(New facilities may estimate)*

TYPE	AVERAGE WATER USAGE (GPD)	INDICATE (E) ESTIMATED OR (M) MEASURED
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feed		
d. Process		
e. Sanitary		
f. Air pollution control		
g. Contained in product		
h. Plant and equipment washdown		
i. Irrigation and lawn watering		
j. Other		
k. TOTAL OF a-j		

4.0 *SEWER INFORMATION:*

4.1 *For an Existing Business:*
Is the building presently connected to the Delaplain Disposal sanitary sewer system?
*( ) Yes: Sanitary sewer account number*_____
( ) No: Have you applied for a sanitary sewer hookup? *( ) Yes ( ) No*

For a New Business:
Have you applied for a building permit if a new facility will be constructed? *( ) Yes ( ) No*
Will you be connected to the Delaplain Disposal sewer system? *( ) Yes ( ) No*

4.2 *List size, descriptive location, and flow of each facility sewer that connects to the sewer system. (If more than four, attach additional information on another sheet.)*

Sewer Size	*Descriptive Location of Sewer Connection or Discharge Point*	*Average Flow(GPD)*

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Name of Officer Title Address

5.0 WASTEWATER DISCHARGE INFORMATION:

5.1 Does (or will) this facility discharge any wastewater other than from restrooms to the sewer system?

( ) Yes (Complete the remainder of this application.)
( ) No (Skip to Section 9.)

5.2 Provide the following information on wastewater flow rate: (New facilities may estimate)

Hours/Day Discharge (e.g., 8 hours/day)

M____ T____ W____ TH____ F____ SAT____ SUN____

Hours of Discharge (e.g., 9 a.m. to 5 p.m.)

M____ T____ W____ TH____ F____ SAT____ SUN____

Peak Hourly Flow Rate (Gals)_____ Maximum Daily Flow Rate (Gals)_____
Annual Daily Average (Gals)_____

5.3 If batch discharges occurs or will occur, indicate: (New facilities may estimate)

Number of batch discharges, _____per day

Average discharge per batch, _____ (Gals)

Time of batch discharges, _____(days of week) at _____ (hours of day)

Flow Rate, _____ gallons/minute, Percent of total discharge, _____%

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BY: [signature]
SECRETARY OF THE COMMISSION

5.4 Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of material, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the sewer. Use these numbers when showing the unit processes in the building layout in Section 8. This drawing must be certified by a Kentucky Registered Professional Engineer.

Facilities that checked activities in question 2.1 of Section 2 are considered Categorical Industrial Users and should skip to Section 5.6.

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5.5 For Non-categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	*Process Description*	*Average Flow (GPD)*	*Maximum Flow (GPD)*	*Type of Discharge (batch, Contin., None)*

Answer questions 5.6 and 5.7 only if you are subject to categorical pretreatment standards

5.6 For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	*Regulated Process*	*Average Flow (GPD)*	*Maximum Flow (GPD)*	*Type of Discharge (batch, Contin., None)*

No.	*Dilution*	Average *Flow (GPD)*	Maximum *Flow (GPD)*	Type of Discharge *(batch, Contin., None)*

5.7 For Categorical Users subject to Total Toxic Organic (TTO) Requirements: Provide the following TTO information.

- *Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by the EPA?*
  ( ) Yes *( ) No*
- *Has the baseline monitoring report (BMR) been submitted which contains the TTO information?*
  ( ) Yes *( ) No*
- *Has a toxic organic management plan (TOMP) been developed?*
  ( ) Yes, (Please attach a copy) *( ) No*

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5.8 Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering	*( ) Yes*	*( ) No*
Sampling Equipment	*( ) Yes*	*( ) No*
Planned: Flow Metering	*( ) Yes*	*( ) No*
Sampling Equipment	*( ) Yes*	*( ) No*

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

_____

_____

_____

5.9 Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

( ) Yes *( ) No, (skip question 5.10)*

5.10 Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

6.0 CHARACTERISTICS OF DISCHARGE

All current industrial/commercial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the table at the end of this section to report the analysis of the analytical results. Do Not Leave Blanks. For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136. If they do not, indicate what method was used.

New users should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

7.0 TREATMENT

7.1 Is any form of wastewater treatment (see list below) practiced at this facility?

( ) Yes *( ) No*

7.2 Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

( ) Yes *( ) No*

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7.3 Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

( )	*Air Flotation*	( )	*Centrifuge*
( )	*Chemical Precipitation*	( )	*Chlorination*
( )	*Cyclone*	( )	*Filtration*
( )	*Flow Equalization*	( )	*Grease or Oil Separation, type:*_____
( )	*Grease Trap*	( )	*Grinding Filter*
( )	*Grit Removal*	( )	*Ion Exchange*
( )	*Neutralization, pH correction*	( )	*Ozonation*
( )	*Reverse Osmosis*	( )	*Screen*
( )	*Sedimentation*	( )	*Septic Tank*
( )	*Solvent Separation*	( )	*Spill Protection*
( )	*Sump*	( )	*Biological Treatment, type:*_____
( )	*Rainwater Diversion or Storage*	( )	*Other Chemical Treatment, type:*_____
( )	*Other Physical Treatment, type:*	( )	*Other, type:*_____

7.4 Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

_____
_____
_____
_____

7.5 Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

7.6 Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

_____
_____
_____
_____

7.7 Do you have a treatment plant operator? ( ) Yes ( ) No

(If yes,) Name: _____

Title: _____ *Phone:* _____

Full time: _____ *(specify hours)* *Part time:* _____ *(specify hours)*

Classification: _____ *Certification No.*_____

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7.8 Do you have a manual on the correct operation of your treatment equipment?
( ) Yes *( ) No*

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7.9 Do you have a written maintenance schedule for your treatment equipment?
( ) Yes ( ) No

8.0 FACILITY OPERATIONAL CHARACTERISTICS:

8.1 Shift Information

Work Days	*Mon.*	*Tues.*	*Wed.*	*Thurs.*	*Fri.*	*Sat.*	*Sun.*
Shifts per work day:							
Empl's per Shift	*1st.*						
	2nd.						
	3rd.						
Shift start and end times:	*1st*						
	2nd						
	3rd						

8.2 Indicate whether the business activity is:

( ) Continuous through the year, or
( ) Seasonal - Circle the months of the year which the business activity occurs:

Jan	*Feb*	*Mar*	*Apr*	*May*	*June*	*July*	*Aug*	*Sept*	*Oct*	*Nov*	*Dec*
Comments:											

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8.3 Indicate whether the facility discharge is:

( ) Continuous through the year, or
( ) Seasonal - Circle the months of the year which the business activity occurs:

Jan	*Feb*	*Mar*	*Apr*	*May*	*June*	*July*	*Aug*	*Sept*	*Oct*	*Nov*	*Dec*
Comments:											

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8.4 Does the operation shut down for vacation, maintenance, or other reasons?
( ) Yes, indicate reasons and period when shutdown occurs:

8.5 List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

8.6 List types and quantity of chemicals used or planned for use during permit period.(attach list if needed). Include copies of Manufacturer's Safety Data Sheets for all chemicals identified:

Chemical	*Quantity*

8.7 Building Layout. Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), sewer, and each facility sewer line connected to the sewer system. Number each sewer and show existing and proposed sampling locations. A blueprint or drawing of the facilities showing the above items may be attached instead.

9.0 SPILL PREVENTION:

9.1 Do you have chemical storage container, bins or ponds at your facility? ( ) Yes ( ) No

If yes, describe their locations, contents, size, type and frequency and method of cleaning. Also indicate in a diagram or describe below these containers' proximity to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

9.2 Do you have floor drains in your manufacturing or chemical storage area(s)?

( ) Yes, Indicate discharge location:
( ) No

9.3 If you have chemical storage containers, bins or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

( ) an onsite disposal system
( ) sanitary sewer system (e.g. through a floor drain)
( ) storm drain
( ) to ground
( ) other, specify:
( ) not applicable, no possible discharge to any of the above routes

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9.4 Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the collection system?

( ) Yes - (Attach a copy of the plan) ( ) No
( ) Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

9.5 Describe below any previous spill events and remedial measures taken to prevent their recurrence.

_____
_____
_____

10.0 NON-DISCHARGE WASTES:

10.1 Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

( ) Yes, please describe below
( ) No, Skip the remainder of Section 10.

Waste Generated	*Quantity (per year)*	*Disposal Method*

10.2 Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

_____
_____
_____

10.3 If any of your wastes are sent to an off-site centralized waste treatment facility, identify the wastes and the facility.

_____
_____
_____

10.4 If an outside firm removes any of the above checked wastes, state the name(s), and address(es) of all waste haulers:

A. _____
_____
_____
*Permit #*_____

B _____
_____
_____
*Permit #*_____

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10.5 Have you ever been issued any Federal, State, or local environmental permits?
( )Yes ( )No

If Yes, please list the permit(s):

11.0 AUTHORIZED SIGNATURES:

11.1 Compliance Certification:

A. Are all applicable Federal, State, and local pretreatment standards and requirements being met on a consistent basis?

( )Yes ( )No ( )Not yet discharging

B. If no, what additional operations and maintenance procedures are being considered to bring the facility into compliance? List any additional treatment technology or practice being considered to bring the facility into compliance.

Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Delaplain Disposal Company enters an agreement with a user, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	*Completion Date*

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12.0 AUTHORIZED REPRESENTATIVE STATEMENT:

I hereby swear that: (1) This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted; (2) Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete; (3) I am aware that submitting false information may lead to termination of sewer service, and civil and/or criminal proceedings by local, state, and federal governments.

_____ _____
Name(s) *Title*

_____ _____ _____
Signature *Date* *Phone*

Subscribed and sworn to by _____, *Applicant's Representative, this* _____ *day of* _____, *19*__.

My commission expires _____, _____.

_____
Notary Public

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10.0 FORM OPERATING AGREEMENTS

10.1 Operating Agreement for Users whose discharge into the System is limited to **domestic or "restroom wastes."**

OPERATING AGREEMENT

This Agreement is entered between Delaplain Disposal Company (the Utility), and
*USER: NAME:*_____
*ADDRESS:*_____
*TELEPHONE NUMBER:*_____
*FAX NUMBER:*_____

In consideration of the services rendered by the Utility, User agrees to be bound by the provisions of the Utility's tariff on file with the Kentucky Public Service Commission and further agrees that it will not place, deposit, or suffer to be deposited any wastes other than domestic or "restroom wastes" into the Utility's system through any connection to the system from property it uses, rents, owns, or controls.

User specifically acknowledges that placing, depositing, or suffering to be deposited any waste other than domestic or "restroom wastes" in the Utility's system by it or any persons under its control is a violation of the rules and regulations of the Utility for which the Utility may disconnect User's sewer service and recover any damages from User which the Utility may incur as a result of User's violation, including but not limited to any fines or penalties for which Utility may become liable to the Commonwealth of Kentucky, Division of Water of the Natural Resources and Environmental Protection Cabinet, under Utility's Kentucky Pollution Discharge Elimination System Permit.

This Agreement is effective as of the date of the last signature.

Delaplain Disposal Company	*User:*_____
*By:*_____	*By:*_____
*Title:*_____	*Title:*_____
*Date:*_____	*Date:*_____

10.2 Operating Agreements for Users who are or will be placing, depositing, or suffering to be deposited wastes **other than domestic or "restroom wastes."**

OPERATING AGREEMENT

This Agreement is entered between Delaplain Disposal Company (the Utility), and
*USER: NAME:*_____
*ADDRESS:*_____
*TELEPHONE NUMBER:*_____
*FAX NUMBER:*_____

In consideration of the services rendered by the Utility, User agrees to be bound by the provisions of the Utility's tariff on file with the Kentucky Public Service Commission.

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1. User acknowledges that a violation of the Utility's Industrial/Commercial User Policy as contained in the Utility's tariff permits the Utility to disconnect User's sewer service and recover any damages from User which the Utility may incur as a result of User's violation, including but not limited to any fines or penalties for which Utility may become liable to the Commonwealth of Kentucky or the United States of America.

2. User is authorized to discharge into the System at the following discharge point(s):

_____
_____
_____

3. User shall not exceed the discharge limits set forth in Section 7.0 of the Industrial/Commercial User Policy.

4. User shall monitor the following parameters at the indicated frequency using the indicated sampling method, at the location where the waste stream first enters the Utility's System, as shown on the description required by Section 8.7 of the User Information Form. Reports of monitoring and analysis shall be submitted to the Utility as provided in Section 6.2 of the policy.

SAMPLE TYPE: 24 Hour Composite

Flow	_____	*Arsenic, total*	_____	*Cadmium, total*	_____
Chromium, total	_____	*Chromium, hexavalent*	_____	*Copper, total*	_____
Iron, total	_____	*Lead, total*	_____	*Mercury, total*	_____
Nickel, total	_____	*Silver, total*	_____	*Zinc, total*	_____
Barium	_____	*Selenium*	_____	*Magnesium*	_____
Manganese	_____	*Sulfate*	_____	*Chloride*	_____
Fluoride	_____	*Ammonia Nitrogen*	_____	*Boron*	_____

BOD-5	_____	*Color*	_____
Total Suspended Solids	_____	*Total Dissolved Solids*	_____

SAMPLE TYPE: Grab

Cyanide, total	_____	*Amenable Cyanide*	_____	*Sulfide*	_____
Phenols	_____	*PCBs*	_____	*TTO*	_____
pH, S.U.	_____	*Oil/Grease, total*	_____		

5 Pursuant to Section 5.2 of the policy, the Utility may, upon 30 days notice to Users and to the Commission, impose such additional restrictions, conditions, prohibitions, or monitoring requirements upon User as may be required of the Utility by DOW as a condition for maintaining or renewing its Permit. User further agrees to accept such other modifications proposed by Utility as are required of User or the Utility by local, state of federal law or regulation.

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6. User acknowledges its duty to take all reasonable steps to minimize or correct any adverse impact to the System or the environment resulting from its failure to comply with this Agreement and the Utility's tariff, including but not limited to additional or accelerated monitoring as may be necessary to determine the nature and impact of the non-complying discharge.

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7. User shall not increase the use of potable or process water or, in any way, attempt to dilute an effluent or discharge as a partial or complete substitute for adequate treatment to achieve compliance with the limitations contained in this Agreement and the Utility's tariff.

8. User shall not by-pass the System unless it is unavoidable to prevent loss of life, personal injury, or severe damage.

9. User shall maintain and operate all facilities and equipment for the treatment and control of wastewater which are installed or used to comply with the policy and this Agreement. If User's facilities or and/or equipment for the treatment of wastewater fails or suffers a reduction in capacity, or if the Utility's system fails, User shall reduce or stop its discharge into the System as necessary until its facilities or equipment or the System is repaired and capable of treating wastewater in compliance with this policy and the Utility's Kentucky Pollutant Discharge Elimination System Permit ("KPDES Permit").

10 User shall dispose of all solids, sludges, backwash, or other pollutants removed in the course of treatment or control of wastewaters in accordance with the Clean Water Act, the Clean Air Act, the Resources Conservation and Recovery Act, and KRS Chapter 224.

11. User shall routinely calibrate, inspect, and maintain all equipment used for sampling and analysis of wastewater. Equipment used for sampling and analysis shall be capable of measuring flows with a maximum deviation of less than 10 percent from true discharge rates throughout the range of expected discharge volumes.

12. User shall include the results of all monitoring done in excess of the requirements of the policy and this Agreement in its monthly reports to the Utility.

13. All reports submitted to the Utility shall contain the following certification and be signed by an authorized representative of user:

> *I hereby swear under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including immediate termination of service and the possibility of fines and criminal penalties for knowing violations."*

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SECRETARY OF THE COMMISSION

This Agreement is effective as of the date of the last signature.

CERTIFICATION:

*User:*_____
*By:*_____
*Title:*_____
*Date:*_____

ACCEPTANCE:

Delaplain Disposal Company
*By:*_____
*Title:*_____
*Date:*_____

DATE OF ISSUE_____ (Month Day Year)

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ISSUED BY Elbert C. Ray [signature] (Name of Officer) Partner (Title) P.O. Box 4382, Lexington, Kentucky 40544 (Address)

11.0 REPORTING FORMS

Users required to monitor wastewater discharge into the system shall use the following forms for reporting to the Utility:

11.1 Self-monitoring Report Form

Delaplain Disposal Company
Self-Monitoring Report Form

Date of this report:_____

Company Name:_____

Address:_____

Company Contact:_____

Telephone:_____

Sampling

Collected by:_____

Collection Date:_____Time:_____

Sample Point Location:_____

Analysis Performed by:_____

Type of Sample_____Grab_____Time Composite_____Hours

_____Flow Proportional Composite_____Hours

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Analysis

Parameter	Unit		Result	Limit	24 Hour Max.
Flow	Avg.	GPD			
	Peak	GPD			
Arsenic, Tot.		Mg/L			
Cadmium, Tot.		Mg/L			
Chromium, Tot.		Mg/L			
Chromium, Hex.		Mg/L			
Copper, Tot.		Mg/L			
Cyanide, Tot.		Mg/L			
Cyanide, Amen.		Mg/L			
Iron, Tot.		Mg/L			
Lead, Tot.		Mg/L			
Mercury, Tot.		Mg/L			
Nickel, Tot.		Mg/L			
Silver, Tot.		Mg/L			
Zinc, Tot.		Mg/L			
Barium		Mg/L			
Selenium		Mg/L			
Magnesium		Mg/L			
Sulfate		Mg/L			
Sulfide		Mg/L			
Chloride		Mg/L			
Fluoride		Mg/L			
Ammonia Nitrogen		Mg/L			
Phenois		Mg/L			
PCBs		Mg/L			

Parameter	Unit	Result	Limit	24 Hr. Max.
TTO	Mg/L			
Boron	Mg/L			
PH	S.U.			
Oil/Grease, Tot.	Mg/L			
BOD-5	Mg/L			
Tot. Susp. Solids	Mg/L			
Tot. Disol. Solids	Mg/L			
Color	ADMI			
Temperature	°F			
Tem	°F			
Arsenic	Mg/L			
Silver	Mg/L			

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Name of Officer Title Address

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I swear or affirm under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines for knowing violations.

_____ Name

_____ Title

_____ Signature

_____ Date/Phone

Subscribed and sworn to by _____, Affiant, this _____ day of _____, 19__.

My commission expires _____, _____.

_____
Notary Public

Note: Chain-of-Custody must be attached.

This report shall be postmarked no later than the15th day of each month following the completed reported period and submitted to:

Delaplain Disposal Company
P.O. Box 4382
Lexington, KY 40544-4382
Attn.: Self-Monitoring

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Special Conditions

1. _____

2. _____

3. _____

4. _____

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Name of Officer Title Address

11.2 Chain of Custody Form

DELAPLAIN DISPOSAL COMPANY
INDUSTRIAL/COMMERCIAL USER PROGRAM
CHAIN-OF-CUSTODY

Type of Inspection: [ ] Scheduled [ ] Unscheduled [ ] Demand [ ]Self Monitoring

Company:_____ Sample Location_____

Permit Number:_____

Sample No.	Date & Time	Station Description	(grab/composite)	Containers	Preservation	Required Analysis

Sample Collected By (Print): _____ Signature:_____

Reviewed By (Print):_____Signature:_____

Company Name(Print):_____Date:_____

Reviewed By (Print):_____ Signature:_____

Company Name(Print):_____ Date:_____

Reviewed By (Print):_____ Signature:_____

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11.3 Wastewater Contribution Monitoring Report Form

WASTEWATER CONTRIBUTION MONITORING REPORT
FACILITY NAME

Parameter	Freq.	Type	Unit	Limit	Test Result	Test Method	Violation
Arsenic	Quarterly	24 Hour Composite	Mg/l	0.10			
Cadmium	Quarterly	24 Hour Composite	Mg/l	0.05			
Chromium	Quarterly	24 Hour Composite	Mg/l	1.71			
Chromium, Hexavalent	Quarterly	24 Hour Composite	Mg/l	0.10			
Copper	Quarterly	24 Hour Composite	Mg/l	0.60			
Cyanide	Quarterly	Grab	Mg/l	0.50			
Iron	Quarterly	24 Hour Composite	Mg/l	15.0			
Lead	Quarterly	24 Hour Composite	Mg/l	0.20			
Mercury	Quarterly	24 Hour Composite	Mg/l	0.0005			
Nickel	Quarterly	24 Hour Composite	Mg/l	1.0			
Oil/Grease	Quarterly	Grab	Mg/l	100			
Ph, S.U.	Quarterly	Grab	S.U.	6-10			
Silver	Quarterly	24 Hour Composite	Mg/l	0.10			
Zinc	Quarterly	24 Hour Composite	Mg/l	2.0			

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

SEP 03 1998

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: [illegible]
SECRETARY OF THE COMMISSION

DATE OF ISSUE_____ DATE EFFECTIVE_____
Month Day Year Month Day Year

ISSUED BY Elbert C. Ray Partner P.O. Box 4382, Lexington, Kentucky 40544
Name of Officer Title Address

Delaplain Disposal Company

RULES AND REGULATIONS

Surcharge Parameters

Parameter	Freq.	Type	Unit	Limit	Test Result	Test Method	Violation
BOD-5	Quarterly	24 Hour Composite	Mg/l	300			
TSS	Quarterly	24 Hour Composite	Mg/l	300			
Ammonia Nitrogen	Quarterly	24 Hour Composite	Mg/l	30			

Date:_____ By:_____ Grab/Comp Both

I swear under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the System, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines for knowing violations.

Signed:_____Title:_____Date:_____

Subscribed and sworn to by _____, Affiant, this _____ day of _____, 19__.

My commission expires _____, _____.

_____
Notary Public

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

SEP 03 1998

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: _____
SECRETARY OF THE COMMISSION

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ISSUED BY Elbert C. Ray Partner P.O. Box 4382, Lexington, Kentucky 40544
Name of Officer Title Address

Delaplain Disposal Company

RULES AND REGULATIONS

12.0 EXCESS TREATMENT FEE

Users exceeding the discharge limits for BOD, TSS, or Ammonia Nitrogen set forth in Section 7.0 of this policy must obtain the prior Utility approval before making such discharges and shall pay an excess treatment fee in addition to other specified charges. In no event shall a User's 24-Hour Maximum Daily Concentration (mg/l) exceed 400 mg/L for BOD, 400 mg/1 for TSS, or 100 mg/L for Ammonia Nitrogen.

Excess treatment fees shall be as follows:

BOD	$1.78 per pound in excess of Section 7.0 discharge limit
TSS	$1.78 per pound in excess of Section 7.0 discharge limit
Ammonia Nitrogen	$8.36 per pound in excess of Section 7.0 discharge limit

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

SEP 03 1998

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: Stephen O. Bell
SECRETARY OF THE COMMISSION

DATE OF ISSUE_____ DATE EFFECTIVE_____
Month Day Year Month Day Year

ISSUED BY Elbert C. Ray Partner P.O. Box 4382, Lexington, Kentucky 40544
Name of Officer Title Address

RESIDENTIAL

Delaplain Disposal Company

P.O. Box 4382
Lexington, Kentucky 40544-4382

DATE March 30, 1992
CUSTOMER NUMBER 123/4

NAME John Smith
ADDRESS 123 Any Street
CITY Georgetown,
STATE KY
ZIP 40324

DATE	REF	CODE	DESCRIPTION	CHARGES	PAYMENTS	AMOUNT DUE
4/1/92	Z9204	RS	Sewer Fee	$35.00		$35.00
4/1/92			Previous Balance	35.00		$35.00

Total Due $70.00

PAYMENT RECEIVED AFTER 3/30/92 NOT REFLECTED
PLEASE PAY BALANCE DUE BY 4/10/92

RETURN THIS PORTION WITH YOUR PAYMENT

DATE	REF.	CODE	DESCRIPTION	AMOUNT DUE	CUSTOMER NO.
4/1/92	Z9204	RS	Sewer Fee	$35.00	123/4
4/1/92			Previous Balance	$35.00	

BALANCE DUE $70.00

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

JUN 20 1992

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: [signature]
PUBLIC SERVICE COMMISSION MANAGER

Delaplain Disposal Company
P.O. Box 4382
Lexington, Kentucky 40544-4382
Phone: (606) 223-8000

NAME:
ADDRESS:
CITY: Georgetown
STATE: KY
ZIP: 40324

DATE: December 31, 1992
CUSTOMER NO: 101/1

DATE	REF	CODE	DESCRIPTION	CHARGES	PAYMENTS	AMOUNT DUE
01/1/93	Z9301	RS	Sewer Fee	$35.00		$35.00
			Previous Balance			0.00

BALANCE DUE $35.00

PAYMENT RECEIVED AFTER 12/30/92 NOT REFLECTED, PLEASE PAY BALANCE DUE BY 01/16/93

RETURN THIS PORTION WITH YOUR PAYMENT

CUSTOMER NO: 101/1

DATE	REF	CODE	DESCRIPTION	AMOUNT DUE
01/1/93	Z9301	RS	Sewer Fee	$35.00
			Previous Balance	0.00

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE
JUN 16 1993
PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: [signature]
PUBLIC SERVICE COMMISSION

BALANCE DUE $35.00

DDC94

Invoice

Delaplain Disposal Company
P. O. Box 4382
Lexington, KY 40544-4382
Phone 859-223-8000 ext. 217

DATE	INVOICE #
3/26/2001	16284

BILL TO

XXX Commercial/Industrial
Delaplain Industrial Park
Georgetown, KY 40324

P.O. NO.	TERMS	PROJECT
	Net 10	

QUANTITY	DESCRIPTION	RATE	AMOUNT
3.425	Commercial Sewer Fees	10.15	34.76T
	Service Dates:02/16/01 - 03/16/01		
	Note: Quantity Equals Total Thousand Gallons Sewered. For Meter Readings and Calculation of Usage, see Current Water Bill.		
	Sales Tax	6.00%	2.09
		Total	$36.85

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

APR 27 2001

PURSUANT TO 807 KAR 5:011,
SECTION 9 (1)
BY: Stephanie Bell
SECRETARY OF THE COMMISSION