

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

**ELECTRONIC TARIFF FILING OF CITY OF)
AUGUSTA REVISING ITS WHOLESALE) CASE NO. 2020-00277
WATER SERVICE RATES)**

**FIRST REQUEST FOR INFORMATION TO CITY OF AUGUSTA
FROM BRACKEN COUNTY WATER DISTRICT**

Pursuant to the Public Service Commission’s Order of February 1, 2021, Bracken County Water District (“Bracken District”) respectfully submits the following requests for information to the City of Augusta (“Augusta”) to be answered no later than February 24, 2021.

Instructions

1. As used herein, “Documents” include all correspondence, memoranda, notes, email, maps, drawings, surveys, or other written or recorded materials, whether external or internal, of every kind or description in the possession of, or accessible to, Augusta, its witnesses, or its counsel.
2. Please identify by name, title, position, and responsibility the person or persons answering each of these data requests.
3. These requests shall be deemed continuing so as to require further and supplemental responses if Augusta receives or generates additional information within the scope of these requests between the time of the response and the time of any hearing conducted herein.
4. To the extent that the specific document, work paper, or information as requested does not exist, but a similar document, work paper, or information does exist, provide the similar document, work paper, or information.

5. To the extent that any request may be answered by a computer printout, spreadsheet, or other form of electronic media, please identify each variable contained in the document or file that would not be self-evident to a person not familiar with the document or file.

6. If Augusta objects to any request on the ground that the requested information is proprietary in nature, or for any other reason, please notify the undersigned counsel as soon as possible.

7. For any document withheld on the ground of privilege, state the following: date; author; addressee; indicated or blind copies; all persons to whom distributed, shown, or explained; and the nature and legal basis for the privilege asserted.

8. In the event any document requested has been destroyed or transferred beyond the control of Augusta, its counsel, or its witnesses, state: the identity of the person by whom it was destroyed or transferred and the person authorizing the destruction or transfer; the time, place, and method of destruction or transfer; and the reason(s) for its destruction or transfer. If such a document was destroyed or transferred by reason of a document retention policy, describe in detail the document retention policy.

9. If a document responsive to a request is a matter of public record, please produce a copy of the document rather than a reference to the record where the document is located.

Requests for Information

1. Identify the person or persons who prepared or assisted in the preparation of Augusta's Response to the Commission's Order of August 25, 2020.

2. Identify the persons who will testify on Augusta's behalf at any hearing held on Augusta's proposed wholesale rate adjustment.

3. Provide a copy of Augusta's Fiscal Year 2019 and Fiscal Year 2020 Audits.

4. Provide a copy of all debt instruments whose principal and interest payments are included in the debt service component of the proposed wholesale rate.

5. Provide a debt service schedule for each debt whose principal and interest payments are included in the proposed wholesale rate.

6. Given that a final decision on Augusta's proposed rates will be rendered in 2021, explain why determining annual debt service payments based upon the average of annual payments for the years 2021 through 2023 is not more accurate and reasonable than the average of annual payments for the years 2019 through 2021.

7. For each debt instrument whose principal and interest payments are included in the proposed wholesale rate, state the month(s) in which Augusta makes its principal payment and the months in which it makes interest payments.

8. Provide a copy of the bills for electric service to water treatment plant facilities, including well field pumps, for Fiscal Years 2019 and 2020. If the electric supplier has meters usage at different locations rather than at one location, identify the facilities that are served at each metered location.

9. For each current employee for whom a portion of his or her wages and benefits are allocated to the Water Treatment Plant, provide the following:

- a. Position;
- b. Current Wage Rate or Salary;
- c. Number of hours worked in test period;
- d. Number of regular hours worked in test period;
- e. Number of overtime hours worked in test period;

10. Describe the benefits package available to each Augusta employee listed in the Response to Question 10.

11. For each Augusta employee listed in the Response to Question 9, list the current cost of each benefit (e.g., health insurance, dental insurance, life insurance, retirement) that Augusta provides. State whether the employee is required to make any contribution towards the cost of the benefit (e.g., paying a portion of the cost of health insurance premiums). If the employee is required to contribute towards the benefit's cost, state the percentage of the total cost of the benefit that the employee is currently required to contribute and, if this percentage differs from the contribution rate in Fiscal Year 2019, state the required contribution rate in Fiscal Year 2019.

12. For each Augusta employee listed in the Response to Question 9, if any portion of that employee's wages and benefits are allocated to other city departments, identify the position, state the allocation formula and explain how the allocation formula was determined. Provide all studies, reports, and analyses used to develop the allocation formula.

13. Provide the minutes of the meeting of the Augusta City Council in which the three percent increase in the salaries of the employees listed in the Response to Question 9 was authorized.

14. Provide a list of all repair and supply expenses for Fiscal Year 2020 in the same Excel spreadsheet format as provided in Augusta's Response to Commission Staff's Second Request for Information, Question 2e.

15. Provide a depreciation schedule for the Water Treatment Plant for the Year Ended June 30, 2020.

16. Refer to Augusta's Response to Commission Staff's Second Request for Information, Spreadsheet labelled "Augusta_Responses_to_Information_Requests.xlsx". At Tab "Depr. Schedule," Line 28, an entry for "Master Meter BCWD" appears with a listed cost of

\$3,312.78. At Tab “PSC 2-3 FY19 Repairs,” Line 26, an entry for “Master Meter BCWD” appears with a listed cost of \$3,312.78.

- a. Are these entries referring to the same item?
- b. If yes, state whether Augusta agrees that both the purchase cost of the master meter and depreciation expense on the master meter are included in its revenue requirement calculations.
- c. State whether Augusta agrees that the cost of the master meter should be depreciated and not expensed. If no, explain why not.

17. Refer to Augusta’s Response to Commission Staff’s Second Request for Information, Spreadsheet labelled “Augusta_Responses_to_Information_Requests.xlsx”. At Tab “Depr. Schedule,” Line 29, an entry for “Chemical Feed Pump” appears with a listed cost of \$2,797.31 and an in-service date of September 28, 2018. At Tab “PSC 2-3 FY19 Repairs,” Line 49, an entry for “Potassium Pump” appears with a listed cost of \$2,797.31 and a date of October 25, 2018 .

- a. Are these entries referring to the same item?
- b. If yes, state whether Augusta agrees that both the purchase cost of the pump and depreciation expense on the pump are included in its revenue requirement calculations.
- c. State whether Augusta agrees that the cost of the pump should be depreciated and not expensed. If no, explain why not.

18. Refer to Augusta’s Response to Commission Staff’s Second Request for Information, Spreadsheet labelled “Augusta_Responses_to_Information_Requests.xlsx”. At Tab “Depr. Schedule,” Line 17, an entry for “Pump” appears with an in-service date of March 15, 2011 and a useful life of 10 years. State whether Augusta agrees that, if a final decision is entered in

this proceeding on or after March 15, 2021, this pump will be fully depreciated at the time of that decision.

19. Refer to Augusta's Response to Commission Staff's Second Request for Information, Question 2e. Attached to the response is a quote from Citco Water for the purchase and installation of a 4-inch Mag Flow Meter at a cost of \$5,231.12. State whether the cost of this meter is included in the proposed adjustment to test period Repairs and Suppliers expense. If yes, explain why the cost of this meter should be expensed rather than recovered through depreciation expense over the life of the meter.

20. Refer to Augusta's Response to Commission Staff's Second Request for Information, Spreadsheet labelled "Augusta_Responses_to_Information_Requests.xlsx," Tab "Depr. Schedule." Describe how Augusta determined the useful lives for the listed assets.

21. Refer to Augusta's Response to Commission Staff's Second Request for Information, Spreadsheet labelled "Augusta_Responses_to_Information_Requests.xlsx," Tab "PSC 2-3 FY19 Repairs." For each of the repairs/expense listed below, provide the invoice and describe the repair performed:

- a. Line 16, High Service Pump Repair
- b. Line 17, High Service Pump Repair
- c. Line 36, Repair Well Telemetry
- d. Line 37, Well #1 Repair
- e. Line 40, BCWD Master Meter
- f. Line 52, Well #1 Repair
- g. Line 56, Well #1 Repair
- h. Line 66, Hach Company
- i. Line 67, USA Bluebook

22. State whether any of the repairs listed in Question 22 extended the life of the asset or equipment repaired. If yes, identify the assets or equipment and state for each how long the asset or equipment's service life was extended.

23. Explain why, in light of current interest rates, Augusta has not refinanced its outstanding 2004 Series Bonds that currently have an interest rate of 4.5 percent.

24. Explain why Augusta did not refinance its 2004 Series Bonds when it refinanced its 1995 Series A and Series B Bonds in 2016.

25. State whether Augusta has considered refinancing its 2016 Series Bonds. If Augusta has considered such action, describe the actions that Augusta has taken to

26. Provide a copy of the minutes of each meeting of Augusta's City Council since January 1, 2019 in which the Water Treatment Plant is discussed.

27. Refer to Augusta's Response to Commission Staff's Second Request for Information, Spreadsheet labelled "Augusta_Responses_to_Information_Requests.xlsx," Tab "Depr. Schedule," Line 14. Describe the nature of the improvement listed as "Well recharge."

28. Does Augusta retained a professional engineer or professional engineering firm to regularly advise it on the operation, maintenance and performance of its water treatment plant? If yes, identify the engineer or engineering firm. State when this engineer or firm last advised Augusta. If no, state under what conditions Augusta will retain the services of a professional engineer or professional engineering firm. State the last time that Augusta retained the services of a professional engineer or professional engineering firm and the reason for retaining the engineer or firm.

29. Provide all studies, analyses, and reports conducted on the condition of the Water Treatment Plant since 2010. Describe all actions taken in response to the findings and recommendations contained in such studies, analyses, and reports.

30. Describe the current physical condition of the Water Treatment Plant.
31. Provide a copy of all chemical analyses performed on the Water Treatment Plant's groundwater wells since their installation. If no chemical analysis has been performed, state when Augusta plans to have such analyses performed.
32. State whether any video inspections of the groundwater wells have been performed. If such inspections have been performed, for each inspection state when such inspections were performed, identify who performed the inspection and provide a copy of all reports, written findings, results, and recommendations resulting from the inspection. If no such inspections have been performed, state when Augusta plans to conduct such inspections.
33. State whether any drawdown testing has been performed on the groundwater wells. If such testing has been performed, for each test state when the test was performed, identify who performed the test and provide a copy of the test results.
34. Describe Augusta's plans for performing any rehabilitation work on the groundwater wells. This description should include a description of the work to be performed and the expected date that the work will commence.
35. Provide the maintenance records for the period from 2015 to present for each of groundwater wells serving the Water Treatment Plant.
36. Provide a copy of the written maintenance program for the Water Treatment Plant equipment.
37. Provide a copy of the current maintenance schedule for the Water Treatment Plant's mechanical equipment, pumps and motors.
38. Provide the maintenance records for the period from 2015 to present for the Water Treatment Plant's major mechanical equipment, pumps and motors.

39. Provide the pumping curves for each pump serving the Water Treatment Plant's groundwater wells.
40. Provide the original and current pumping curves for the Water Treatment Plant's High Service Pumps serving Bracken District.
41. State when the Water Treatment Plant's backwash lagoons were last cleaned, or sludge removed from them.
42. Provide the maintenance records for the period from 2015 to present for the Water Treatment Plant's backwash lagoons.
43. Provide reports of all inspections of the Water Treatment Plant's backwash lagoons conducted by a third party since January 1, 2015.
44. For each year from 2015 to 2020, state:
 - a. The average hours the Water Treatment Plant operates per day;
 - b. The Water Treatment Plant's average daily production;
 - c. The Water Treatment Plant's maximum daily production.
45. Provide the maintenance records for the period from 2015 to present for the Water Treatment Plant's filters and filter media.
46. Provide reports of all inspections of the Water Treatment Plant's filters and filter media conducted by a third party since January 1, 2015.
47. State the number of filters that are operated during a normal production day.
48. State the length of time between filter backwashing.
49. State whether Augusta has conducted a filter profile to determine the media depth compared to the filter's original design parameter. If a filter profile has been conducted, describe how the filter are performing compared to design expectations.
50. State the current depth of the filter media and the composition of the filter media.

51. List all chemicals that are used in the Water Treatment Plant's treatment process and the chemical dosage rates and percent concentrations of each chemical.
52. Provide a process flow diagram depicting the Water Treatment Plant's treatment process and indicate on the diagram the location of each chemical injection point.
53. Provide the material safety data sheet for each chemical that Augusta uses in its water treatment process.
54. List the date, amount and cost of each purchase of each chemical used in the water treatment process for the period from 2018 through 2020.
55. Provide for each month for the period from January 2018 to January 2021 the Water Treatment Plant's monthly meter readings for the Bracken District master meter, Augusta master meter, raw water meters and those meters measuring treatment plant usage.
56. Provide for each month for the period from January 2018 to January 2021 the Water Treatment Plant's total monthly revenue and monthly revenue from each Water Treatment Plant customer (i.e., Bracken District, Augusta).
57. Refer to Exhibit A of this Request for Information, Page 7.
 - a. Confirm that the Kentucky Division of Water ("KDOW") conducted a Sanitary Survey of Augusta's water treatment and distribution systems in October 2020.
 - b. Confirm that Exhibit A is a copy of the report of the Sanitary Survey of Augusta's water treatment and distribution systems conducted by the KDOW in October 2020.
 - c. Confirm that the reported cost to produce water is \$1.84 per 1,000 gallons.
 - d. Explain how Augusta determined the cost to produce water was \$1.84 per 1,000 gallons. Show the calculations and state all assumptions on which this determination is based.

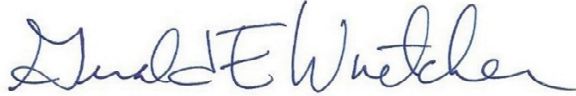
58. Refer to Exhibits A and B of this Request for Information. According to Exhibit A, Augusta reported to the KDOW that the Augusta Water Treatment Plant operated at 43.6 percent capacity of its rated design capacity and that its water loss was 12.1 percent. The rated capacity of Water Treatment Plant is 1.728 million gallons per day (“MGD”) or 1,200 gallons per minute. If operating at 43.6 percent of capacity, the Water Treatment Plant’s average daily production should be 0.753 million gallons. The monthly operating reports that Augusta has submitted to KDOW for calendar year 2019 indicate an average daily production of 0.712 MGD. Explain the difference in these amounts.

59. State the total amount due, if any, to Augusta’s Water Treatment Plant Fund from Augusta’s other Funds (e.g., Water Fund, Gas Fund, Sewer Fund) as of June 30, 2019, as of June 30, 2020 and as of January 31, 2021. Identify each Augusta fund that has a liability owed to the Water Treatment Plant Fund and the amount of that liability as of June 30, 2019, as of June 30, 2020 and as of January 31, 2021.

60. In 2017, 2018, and 2019, KDOW cited the Augusta Water Treatment Plant for being out of compliance with KDOW regulations because of the condition of its backwash lagoons. Describe the actions taken to correct the condition of the lagoons. Indicate the date and cost of each corrective action taken. State the current condition of the backwash lagoon and whether it complies with KDOW regulations.

Dated: February 10, 2021

Respectfully submitted,




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Counsel for Bracken County Water District

CERTIFICATE OF SERVICE

In accordance with 807 KAR 5:001, Section 8, I certify that Bracken County Water District's electronic filing of this Request for Information is a true and accurate copy of the same document being filed in paper medium; that the electronic filing was transmitted to the Public Service Commission on February 10, 2021; that there are currently no parties that the Public Service Commission has excused from participation by electronic means in this proceeding; and that within 30 days following the termination of the state of emergency declared in Executive Order 2020-215, this Motion in paper medium will be delivered to the Public Service Commission.



Gerald E. Wuetcher

EXHIBIT A

KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER

Drinking Water Sanitary Survey

Managerial and Financial Assessment of Surface Water & Ground Water Systems

PWS ID: **KY0120013**

Agency Interest Number: **386**

AI Name: **Augusta Regional Water System**

County: **Bracken**

Regional Office: **Florence Regional Office**

Capacity Development Inspection Date(s): **10/27/2020**

SYSTEM CONTACT INFORMATION					
Full Name: Doug Padgett			Title: Operations Manager		
Phone Number: 606-756-3305		FAX Number: 606-756-3258		E-Mail Address: dpadgett@augustaky.com	
Mailing Address: PO Box 85			City: Augusta		State: KY
Physical Address of Office: 203 Ferry Street			Zip Code: 41002		
WATER TREATMENT PLANT INFORMATION					
Plant Contact Person: Susan Butts			Title: WTP Supervisor		Phone Number: 606-756-3305
Physical Street Address: 203 Ferry Street			City: Augusta		
Plant Type: C (community)		Plant Class: III (500,000-3,000,000 gpd)		Plant Capacity: 1.728 MGD 1,200 GPM	
DISTRIBUTION SYSTEM INFORMATION					
Distribution Contact Person: Darian Blevins			Title: Maintenance Supervisor		Phone Number: 606-756-2182
Distribution Class: IID-Pop. 1500-15,000			System Service Connections (meters): 571		
System Population Served Calculated: 1,536			System Population Served Reported: 1,536		
Meters Served Outside Your System: 2,779			Consecutive Systems Population Served Calculated: 7,474		
WATER PURCHASED, SOLD, & EMERGENCY CONNECTIONS					
WATER PURCHASED FROM: <input checked="" type="checkbox"/> Not Applicable			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			
WATER SOLD TO: <input type="checkbox"/> Not Applicable			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			
Bracken Co Water District	KY0120039	33805	1	13,271,559	6,500,000 (Min)
COMMENTS: This survey was conducted via phone and email due to the Coronavirus Pandemic with the following participants: Doug Padgett and Susan Butts					

I. OPERATOR COMPLIANCE

Are operators cross-trained (by shift, by plant, with distribution, with maintenance, etc)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Do you have contingency plans for replacing retiring system personnel?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Who provides training/technical assistance for license renewal? (✓ all that apply): <input checked="" type="checkbox"/> AWWA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOW <input checked="" type="checkbox"/> KRWA <input type="checkbox"/> KWWOA <input checked="" type="checkbox"/> RCAP <input checked="" type="checkbox"/> Other <u>Buffalo Trace ADD</u>				
What type of training is typically obtained? (✓ all that apply): <input checked="" type="checkbox"/> REGULATIONS <input checked="" type="checkbox"/> SAFETY <input type="checkbox"/> UMI <input checked="" type="checkbox"/> WATER QUALITY				
Does the system pay for registration, lodging and meals?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system allow operators to attend training on company time?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	<u>Water Treatment Plant</u>	<u>Distribution System</u>		
Length of each shift:	<u>12</u> hours	<u>8</u> hours		
Number of operators per shift:	<u>1</u>	<u>1</u>		
How are weekends covered?	<u>Scheduled Operator</u>	<u>On-Call</u>		
How are holidays covered?	<u>Regular Schedule</u>	<u>On-Call</u>		
Do operators leave the water plant property while the plant is producing water?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
How long are the operators typically away from the plant? <u>15 - 30 Minutes on Weekends</u>				
What duties are they performing when they are away from the plant? <u>System Related Duties</u>				
OPERATOR CERTIFICATION				
LICENSEE NAME	LICENSEE AI #	LICENSE ID	LICENSE TYPE	
Blevins, Darian L.	31125	17227	DW Distribution IID	
Butts, Susan E.	26803	405	DW Treatment IVA	
	26803	16888	DW Distribution IIID	
Olson, John R.	84739	20310	DW Treatment IIIA	
	84739	27291	DW Distribution ID	
Padgett, Doug W.	128116	30201	DW Treatment IIIA	
Litzinger, Lowell D.	130572	31696	DW Treatment IIA	
Is the system staffed with appropriately certified operators? (Verify certification with DCA.)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
COMMENTS: Consider the following: Cross-training operators between the plant, distribution, and maintenance; Developing contingency plans for replacing retiring system personnel				

II. MONITORING, REPORTING & DATA VERIFICATION

(Part A must be completed for all water systems. Part B must be completed for groundwater systems only.)

PART A (Complete for all water systems.)		
REPORTING ITEM – Information gathered from DWW	RETENTION TIME	
<i>Bacteriological</i> – <u>2</u> per month (See DWW)	5 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Chlorine/Chloramines</i> – Free chlorine monthly with BACTs, daily for MORs, residual chlorine monthly	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>C-T Profiling Data</i>	See if doing/min 1 year	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Individual Filter Turbidity Data</i> (Other than MOR)	3 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>MORs</i> – Monthly (Turbidity Analysis)	1 Year	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Lead & Copper</i> – <u>10</u> every 3 years (June to September)	12 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Nitrate</i> – Annually	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Nitrite</i> – 1 sample in the 1 st 3 years of the 9 year compliance cycle	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Secondary/Corrosivity</i> – Annually	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Sodium</i> – annually; can be with SECs	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>IOCs</i> (Inorganic Chemicals) – Annually	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>SOCs</i> (Synthetic Organic Compounds) – >3300, 2 quarterly samples in 12 consecutive months in 3 years.	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>VOCs</i> (Volatile Organic Chemicals) – Annually	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>TOCs</i> (Total Organic Carbon) – Monthly, Raw TOC/Alkalinity & CFE TOC	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>TTHM & HAA5</i> <u>1</u> per <u>Year</u> (see DWW)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Asbestos</i> – 1 sample in the 1 st 3 years of the 9 year compliance cycle (SOC) *Check for Waiver (only purchasers can have waiver)*	Begin 2011/2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>RADs</i> (Radionuclides) – Every 6 years	See if conducting	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>LT2 Cryptosporidium and E.coli Plan</i> – 3 years after bin classification (see rule - first one is April 2009)	3 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>LT2 Source Water Monitoring Avoidance</i>	3 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>LT2 Toolbox Treatment Monitoring Results</i>	3 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Stage 2 IDSE Sampling Plan or 40/30 Certification</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Stage 2 IDSE Report</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Bromate</i> (Only used on systems treating with Ozone)	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Chlorine Dioxide</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Chlorite</i> (Only used on systems treating with Chlorine Dioxide)	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Dioxin</i> – w/SOCs if required *Check for Waiver*	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Data Summaries</i> (if actual data not retained)	12 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOVs</i> (Notices of Violation)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Sanitary Surveys</i> (every 3 years)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>CCR</i> (Consumer Confidence Report) – Annually by July 1 (by April 1 to consecutive systems)	Current one on file	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for BacTs?	Date updated 2015	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for LCR?	Date updated 2015	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for DBPs?	Date updated 2015	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

<p>Does the system have an up-to-date map of distribution assets? (Map shall show a minimum of all line sizes, cutoff valves, fire hydrants, flush hydrants, tanks, booster pumps, chlorination stations, connections to emergency or alternative sources, wholesale customer master meters, & the type of piping material in the distribution system and its location.)</p>	<p>Date updated 2017 (BTADD)</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
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<p align="center">PART B (Complete for groundwater systems only.) <input type="checkbox"/> Not Applicable</p>		
GWR Corrective Action	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
GWR Public Notices	3 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
GWR Fecal-positive invalidation	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
GWR State-specified minimum disinfectant residual (letter from CTAB)	10 years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>GWR Lowest daily disinfectant residual level (submitted with MOR) What method is used to record this? (i.e. SCADA, chart recorders, download to CD)</p>	5 years Daily Log Sheet	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
GWR Date and duration of time less than minimum daily disinfectant residual level	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
GWR Records of state-specific compliance requirements for membrane filtration and alternative treatment	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

<p>Does the system maintain compliance records as required? (answer for both Parts A & B)</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>COMMENTS:</p>	

III. MANAGEMENT & OPERATIONS

<p>What professional organizations does the water system belong to? <u>KRWA; RCAP; KLC</u></p>		
Is the system subject to Public Service Commission regulations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
Does the system attend Water Management Council meetings of the Area Development District?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does the system have a governing entity? If not, explain: <u>Mayor/City Council</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>What is the name of the system's MAYOR? <u>Michael Taylor</u></p>		
<p>What is his or her mailing address? <u>Same as System</u></p>		
<p>How often does the governing body meet? <u>Monthly</u></p>		
Do operators attend these meetings?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>Is the governing entity provided with documented information regarding technical, managerial, and financial operations of the water system? (Inspect)</p>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Is the governing entity familiar with water treatment/distribution?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does the system offer continuing education opportunities for members of the governing entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does the governing entity visit the water plant?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>How often? <u>OTHER (Occasionally)</u></p>		

Does the system have regular staff meetings? How often? <u>Weekly (Tuesday Mornings)</u> Who is involved? <u>All Employees</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have a documented strategic plan (mission statement, goals and objectives)? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have a defined organizational structure?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have a documented description of each job classification with minimum position qualifications? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have documented policies and procedures governing human resource management (such as an employee handbook)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system periodically review its insurance coverage is in place for liability, property, automobiles, directors, and officers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have a documented policy for delegation of authority such as signing agreements, contracts, resolutions, easements, etc.?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have a documented procurement policy for purchasing supplies?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have professional services available under a current contract, retainer, or other similar arrangement for engineering, accounting, and legal counsel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have an asset management program?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have a documented preventive maintenance program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have a capital improvement plan? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
How many years does the plan cover? <u>As Needed/Funds Become Available</u>			
Does the system have a documented policy governing water main extensions? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are chemicals inventoried? If so, how? <u>Daily; Running Inventory; Replaced as Used</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are distribution materials inventoried? If so, how? <u>Stored in proper location; Keep Minimum on Hand</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there a bid process for chemicals, pipe, or large item purchases?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have rules and regulations governing the provision of service? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system make available in a public place the rules, rates, and regulations? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide 24-hour service response for customers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system notify customers prior to performing scheduled maintenance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system log customer complaints and track resolution?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide any educational activities to the public? Who is responsible for providing this? <u>System Staff</u> What types of educational activities are done? <u>Tours and School Presentations</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have sufficient O & M manuals? (Inspect) (O & M manuals shall include: a detailed design of the plant, daily operating procedures, a schedule of testing requirements designating who is responsible for the tests, and safety procedures for operation of the facility – including storage and inventory requirements for materials and supplies.) How are the operators made aware of O & M procedures? _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has the system received any NOVs for MCLs in the last 3 years? If yes, answer the following:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If more than one NOV, were any for the same contaminant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was a public notice issued when required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

What remedial measures did the system take to prevent future occurrences of these violations?

Does the system maintain a log of all breaks or ruptures per 401 KAR 8:150, Section 4? (Inspect) Yes No N/A

Is the system operating at or above 85% of its Rated Design Capacity or using at or above 85% of water available through purchase contracts? (see COW) Yes No N/A
Plant is currently operating at 91.6% (gpm) and 43.6% (gpd) of its Rated Design Capacity.

If system's average daily demand (including volume of water specified through contracts) exceeds 85% of total available capacity (including both plant capacity and water available through purchase contracts), does system have a plan for obtaining additional capacity, including cost and timeframes to address the needed additional capacity? Yes No N/A
If applicable, describe plan for obtaining additional capacity: Potential to backfeed from Bracken CWD

COMMENTS: *System should maintain an O&M Manual per 401 KAR 8:020, Section 3 (12). Expand the Distribution portion of the O&M Manual to include the following items: Distribution system description; Creating a Boil Water and Consumer Advisory procedure; Daily Operating Procedures;
*Ensuring all required information is recorded in the linebreak log per 401 KAR 8:150, Section 4(2)(h).
Consider the following: Continuing to develop the asset management program; Ranking the capital improvement plan items in order of priority; Attaching a page to track updates/revisions to the O&M manual

IV. FINANCIAL

Does the system prepare an annual operating budget? (Provide summary) Yes No N/A

Does the system prepare an annual capital budget? (Inspect) Yes No N/A
Who prepares the budget? Mayor; City Clerk

Do the operators have input into the budget? Yes No N/A

Are training and license funds built into the budget? Yes No N/A

Does the governing entity review and approve the budget? Yes No N/A

Does the system prepare regular monthly reports to show variances between budgeted and actual revenue and expenses? (Inspect) Yes No N/A

Does the system maintain its financial records utilizing the Kentucky Uniform System of Accounting or a comparable system? (Inspect) Yes No N/A

Are financial statements audited by a CPA as required? (Inspect) Yes No N/A
(Water districts, special districts – i.e. regional water commissions and cities have specific requirements.)
Yes No N/A
If audit is completed, does the governing entity receive and review the audit report?

Does the system employ a method for depreciation of system assets? Yes No N/A

Is the system operating at a retained earnings surplus? (Retained earnings is the net income that is available at the end of the year and available for transfer.) Yes No N/A

Is the current debt-to-equity ratio below 1.0? (The debt-to equity ratio for any given year is computed by dividing total liabilities by total equity.) Yes No N/A

Does the water system meet a debt coverage ratio needed for bond ordinances, loan agreements, and bond requirements? A typical value is 1.2. (Debt coverage ratio is computed by dividing cash available for debt service (net income with annual interest, depreciation, amortization, and other non-cash items added back) by debt service requirements for the year.) Yes No N/A

Does the water system revenue go to meet other expenses (i.e. electric, sewer or garbage)? Yes No N/A

Is there a documented policy for delinquent accounts? Yes No N/A

What is it? <u>Per City Ordinance</u>			
For accounts payable, has the system kept payments less than 45 days past due over the last 12 months?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system write-off bad debt annually?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Where does the system typically go for financial assistance? <u>USDA RD; KRWAFC; KIA</u>			
Does the system have any long-term debts?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system current on all debt service payments (if applicable)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system meeting reserve account requirements (if applicable)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is there an approved* rate structure in place? (Provide copy of rate sheet.) (*Approved by governing entity/PSC as applicable.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What are the dates of the system's last 2 rate increases? <u>2020; 2018</u>			
Does the system perform a review annually to determine if the rates fully cover the expenses?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are long-term needs built into rate increases?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Do rates promote conservation in time of drought?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
COST OF WATER PRODUCED, PURCHASED AND SOLD			
Does the system calculate the cost to produce water?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Producers	How much does it cost your system to produce 1,000 gallons of water?	<u>\$1.84</u>	N/A <input type="checkbox"/>
Purchasers	What is the highest wholesale price you pay per 1,000 gallons of water?	\$_____	N/A <input checked="" type="checkbox"/>
	What is the lowest wholesale price you pay per 1,000 gallons of water?	\$_____	N/A <input checked="" type="checkbox"/>
Sellers	What is your highest wholesale price which you charge per 1,000 gallons of water?	<u>\$2.35</u>	N/A <input type="checkbox"/>
	What is your lowest wholesale price which you charge per 1,000 gallons of water?	<u>\$2.35</u>	N/A <input type="checkbox"/>
WATER LOSS			
Does the system track water loss on a monthly basis?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Report water loss for the past year as a percentage of total water produced/purchased in gallons and as a dollar value (use \$1.50 as an example if cost to produce water is unknown).	<u>12.10%</u>		
	<u>31,523,000</u> gallons		
	<u>\$~58,002</u>		
If water loss is above 15%, does the system have a plan to address this?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, describe plan to address water loss: <u>Master Meter Calibration; Meter Replacement</u>			
COMMENTS: Consider the following: Preparing an annual capital budget; Ensuring that operators have input into the budget process; Meeting all reserve account requirements; Ensuring the system's long-term needs are built into the rate increases			
*Per the FY2019 Audit: The city is diligently working to meet their reserve account requirements in FY2020			

V. SECURITY

Does the system have a documented safety policy?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide regular safety training to its employees?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the utility a member of the Local Emergency Planning Committee?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have an updated Emergency Response Plan that is reviewed annually? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the emergency response plan include a plan for responding to water shortages and loss of	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

service?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the Emergency Response Plan exercised?			
How is the Emergency Response Plan communicated to all employees? <u>Used as Reference; Local EMA Coordinator</u>			
Are there safeguards on water plant operations when operators may be doing work outside on the plant grounds?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What types of safeguards? <u>Gates; Locks</u>			
Does the plant ever disable the telemetry/SCADA system and run on manual?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has the system developed procedures for securing computer/SCADA usage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are backup copies of O & M manuals maintained in a location other than the water plant?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Is the raw water, treatment, distribution, and purchased water source equipped with emergency standby power generation or is there a secondary source of power? (e.g. contracts in place with suppliers for emergency generators or dual electrical feed)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are backup emergency generators exercised regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is other backup equipment exercised regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have arrangements been made with outside contractors, other utilities, etc. to provide needed emergency equipment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If the system has an inactive water plant, is the plant exercised to maintain preparedness for emergencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
How often? _____			
How is the plant disinfected prior to bringing it back on line? _____			
Is equipment shared with the wastewater plant?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If so, how is the equipment disinfected prior to use at the water plant? _____			
COMMENTS: Consider the following: Maintaining a backup copy of the O&M manual in a location other than the water plant; Acquiring a source of backup power generation			
*System has the ability to view Bracken Co Water District's SCADA system			

DOCUMENTATION (✓ all that apply)
<input checked="" type="checkbox"/> Photographs obtained by DEP <input checked="" type="checkbox"/> Copies of records obtained by DEP <input type="checkbox"/> Other documentation

OVERALL COMPLIANCE STATUS			
<input type="checkbox"/> No Violations Observed			
<input type="checkbox"/> No Violations Observed – Advisory Action Taken (impending trends)			
<input checked="" type="checkbox"/> Out of Compliance – Verbal Notice Given (non-recurrent deficiency noted or violation corrected at time of inspection)			
<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">CDPM: Ryan Reed</td> <td style="width:33%; border: none;">Title: Environmental Scientist IV</td> <td style="width:33%; border: none;">Date: 11/18/2020</td> </tr> </table>	CDPM: Ryan Reed	Title: Environmental Scientist IV	Date: 11/18/2020
CDPM: Ryan Reed	Title: Environmental Scientist IV	Date: 11/18/2020	

EXHIBIT B

Water Treatment Plant Capacity = 1,728

Water Distribution System/Year Sold

WTP Production

Month	Residential	Commercial	School	Total	August Water Loss	City of Augusta	WTP	Bremen Co. WD	% Of Rated Capacity	Total WTP Production (Sum = Col G + Col H - Col I)	Total WTP Production Daily Average	Monthly Production from MOR Data	Days per Month	Average Daily per MOR	% Of Rated Capacity	MOR Data less BOWD (Col M - Col I)
1/2019	1,808,869	327,460	31,240	2,167,569	55%	4,844,000	206,045	11,862,183	31.6%	16,902,228	545,533	20,130,000	31	649,355	37.6%	7,566,161
2/2019	1,652,830	229,800	44,880	1,927,510	60%	4,798,000	207,083	12,766,639	36.4%	17,771,922	634,712	20,323,000	28	725,821	42.0%	8,277,817
3/2019	1,841,330	395,591	56,490	2,293,411	62%	5,291,300	222,584	13,341,585	38.1%	19,325,878	623,738	21,658,000	31	688,645	40.0%	8,470,015
4/2019	1,832,241	289,449	55,570	2,177,260	54%	4,715,000	204,396	12,051,281	32.7%	16,970,647	563,688	19,999,000	30	666,633	38.6%	7,947,739
5/2019	2,397,000	283,010	35,970	2,716,000	48%	4,890,000	231,775	14,495,923	34.4%	19,696,298	635,564	22,352,000	31	721,032	41.7%	7,856,477
6/2019	1,974,102	388,250	6,360	2,368,712	48%	4,617,000	210,474	13,098,878	34.4%	17,825,952	594,198	20,690,000	30	689,667	39.9%	7,591,522
7/2019	2,300,300	382,020	8,510	2,691,450	43%	4,762,000	226,857	15,506,134	38.3%	20,464,991	661,129	23,731,000	31	765,516	44.3%	8,234,866
8/2019	1,748,107	369,800	34,570	2,152,477	47%	4,022,000	156,433	14,534,455	34.9%	18,771,888	603,609	22,635,000	31	730,161	42.3%	8,190,545
9/2019	1,868,559	311,370	44,130	1,924,059	54%	3,991,000	194,028	10,689,210	40.6%	21,024,538	700,818	24,698,000	30	816,933	47.3%	7,646,490
10/2019	1,629,469	354,570	50,340	2,034,379	50%	4,020,000	194,182	13,849,194	33.7%	18,053,326	582,965	21,821,000	31	703,903	40.7%	7,917,836
11/2019	1,456,986	293,940	61,370	1,817,696	55%	4,072,000	138,121	11,695,773	30.7%	15,905,894	530,196	19,912,000	30	663,733	38.4%	8,216,227
12/2019	1,681,389	653,960	56,800	2,392,150	54%	5,192,000	164,183	12,136,689	32.7%	17,482,876	564,286	22,189,000	31	715,129	41.4%	8,032,207
AVERAGE per MONTH	1,813,472	384,559	40,526	2,208,559	53%	4,654,442	192,094	13,920,233	34.9%	220,164,438	603,251	259,928,000	305	712,132	41.2%	97,920,202
TOTAL per DAY	59,621	11,857	1,332	72,610	53%	153,023	6,315	443,912								289,219

TOTAL OF August, WTP & BOWD 220,164,438 Calendar Year 2019
603,251 Average per Day

City of Augusta
Est. FY 19
147,836,000
Reported FY 19
59,392,000

Bremen Co. WD
Est. FY 19
147,836,000
Reported FY 19
147,836,000

95%

Average Daily Usage all Others