

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

2.4 *Product Volume:*

<i>PRODUCT (Brandname) (levels with other and no. u.l.)</i>	<i>PST CALENDAR YEAR Amounts Per Day (Daily Units)</i>		<i>ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)</i>	
	<i>Average</i>	<i>Maximum</i>	<i>Average</i>	<i>Maximum</i>

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:* \_\_\_\_\_

DATE OF ISSUE 04/05/2021

DATE EFFECTIVE 05/05/2021

ISSUED BY /s/ Josiah Cox

TITLE Bluegrass Water UOC, President

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
 IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

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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 Bluegrass Water UOC 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 Bluegrass Water UOC 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.)

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

**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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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.*

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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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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 ITO 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 ITO information?  
( ) Yes ( ) No

Has a toxic organic management plan (TOMP) been developed?  
( ) Yes, (Please attach a copy) ( ) No

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.

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*( ) 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 CPR 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*

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

- ( ) Air Flotation*
- ( ) Chemical precipitation*
- ( ) Cyclone*
- ( ) Flow Equalization*
- ( ) Grease Trap*
- ( ) Centrifuge*
- ( ) Chlorination*
- ( ) Filtration*
- ( ) Grease or Oil Separation, Type \_\_\_\_\_*
- ( ) Grinder Filter*

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- |  |  |
|--|--|
| <input type="checkbox"/> Grit Removal                          | <input type="checkbox"/> Ion Exchange                          |
| <input type="checkbox"/> Neutralization, pH correction         | <input type="checkbox"/> Ozonation                             |
| <input type="checkbox"/> Reverse Osmosis                       | <input type="checkbox"/> Screen                                |
| <input type="checkbox"/> Sedimentation                         | <input type="checkbox"/> Septic Tank                           |
| <input type="checkbox"/> Solvent Separation                    | <input type="checkbox"/> Spill Protection                      |
| <input type="checkbox"/> Sump                                  | <input type="checkbox"/> Biological Treatment, type: _____     |
| <input type="checkbox"/> Rainwater Diversion or Storage        | <input type="checkbox"/> Other Chemical Treatment, type: _____ |
| <input type="checkbox"/> Other Physical Treatment, type: _____ | <input type="checkbox"/> 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: \_\_\_\_\_ (specific hours) Part time: \_\_\_\_\_ (specific hours)

Classification: \_\_\_\_\_ Certification No. \_\_\_\_\_

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	1 <sup>st</sup>						
	2 <sup>nd</sup>						
	3 <sup>rd</sup>						
Shift start and end times:	1 <sup>st</sup>						
	2 <sup>nd</sup>						
	3 <sup>rd</sup>						

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:											

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:

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CANCELLING PSC KY NO. \_\_\_\_\_

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<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
<i>Comments:</i>											

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:

<i>Chemical</i>	<i>Quantity</i>
_____	_____
_____	_____

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

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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.

<input type="checkbox"/>	<i>an onsite disposal system</i>
<input type="checkbox"/>	<i>Sanitary sewer system (e.g. through a floor drain)</i>
<input type="checkbox"/>	<i>Storm drain</i>
<input type="checkbox"/>	<i>To ground</i>
<input type="checkbox"/>	<i>Other, specify</i>
<input type="checkbox"/>	<i>Not applicable, no possible discharge to any of the above routes</i>

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.

<i>Waste Generated</i>	<i>Quantity (per year)</i>	<i>Disposal Method</i>

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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.	_____	B.	_____
	_____		_____
	Permit# _____		Permit# _____

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.

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

<i>Milestone Activity</i>	<i>Completion Date</i>

**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 \_\_\_\_\_, 20\_\_.

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My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**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 Bluegrass Water UOC (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.*

Bluegrass Water UOC

User: \_\_\_\_\_

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By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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 Bluegrass Water UOC (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.*

*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 Book Reports of monitoring and analysis shall be submitted to the Utility as provided in Section 6.2 of the policy.*

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_


ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**NEW YORK**  
**PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**  
**5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original SHEET NO. 51

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

*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	_____	Caron	_____

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 or federal law or regulation.

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.

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.

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_


ISSUED BY /s/ Josiah Cox

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY**  
**PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**  
**5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

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 ("KP DES Permit 'J).

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. "*

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


DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>  <b>Linda C. Bridwell</b> Executive Director  
<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)



PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original SHEET NO. 53

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

*CERTIFICATON:*

*ACCEPTANCE:*

*Delaplain Disposal Company*

*User:* \_\_\_\_\_

*By:* \_\_\_\_\_

*By:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**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

Bluegrass Water UOC  
Self-Monitoring Report Form

Date of this report: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sampling

Collected by: \_\_\_\_\_

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sample Point Location: \_\_\_\_\_


DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY /s/ Josiah Cox

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director

<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 54 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

CANCELLING PSC KY NO. \_\_\_\_\_

SEWER SERVICE in entire service area

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

Analysis Performed by: \_\_\_\_\_

Type of Sample \_\_\_\_\_ Grab \_\_\_\_\_ Time Composite \_\_\_\_\_ Hours

\_\_\_\_\_ Flow Proportional Composite \_\_\_\_\_ Hours

**Analysis**

Parameter	Unit		Result	Limit	24 Hour Max.
	Avg. Peak	GPD 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			
TTO		Mg/L			
Boron		Mg/L			

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**

**5/5/2021**

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

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 55 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

Parameter	Unit	Result	Limit	24 Hour Max.
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			

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 \_\_\_\_\_, 20\_\_

My commission expires \_\_\_\_\_, 20\_\_

Note: Chain-of-Custody must be attached.

This report shall be postmarked no later than the 15th day of each month following the completed reported period and submitted to:

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

Original SHEET NO. 56

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

Bluegrass Water UOC  
1650 Des Peres Rd Suite 303  
St. Louis MO 63131  
Attn.: Self-Monitoring

Special Conditions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

11.2 Chain of Custody Form

BLUEGRASS WATER UOC  
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

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)**

DATE OF ISSUE 04/05/2021

DATE EFFECTIVE 05/05/2021

ISSUED BY /s/ Josiah Cox

TITLE Bluegrass Water UOC, President

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 57 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

--	--	--	--	--	--	--

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: \_\_\_\_\_

11.3 Wastewater Contribution Monitoring Report Form

WASTEWATER CONTRIBTION 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			

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 58 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

Parameter	Freq.	Type	Unit	Limit	Test Result	Test Method	Violation
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				
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: \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

Original SHEET NO. 59

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

Subscribed and sworn to by \_\_\_\_\_ Applicant's Representative, this \_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**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/l 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

DATE OF ISSUE 04/05/2021

DATE EFFECTIVE 05/05/2021

ISSUED BY /s/ Josiah Cox

TITLE Bluegrass Water UOC, President

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

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**Linda C. Bridwell**  
Executive Director




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**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)







Have a question about your water  
or wastewater services?

Case No. 2022-00432

Bluegrass Water's Response to PSC 4-10

Exhibit PSC 4-10(b)

Page 161 of 812



**BLUEGRASS WATER**

Utility Operating Company

A CSWR Managed Utility

Call: **UOC support**  
**1-866-752-8982**

Case No. 2022-00432  
Bluegrass Water's Response to PSC 4-10  
Exhibit PSC 4-10(b)  
Page 162 of 812



**Join us in supporting the  
Team Western Kentucky  
Tornado Relief Fund at  
[TeamWKYReliefFund.ky.gov](http://TeamWKYReliefFund.ky.gov)**



**BLUEGRASS WATER**  
Utility Operating Company  
A CSWR Managed Utility

November 19, 2020

Dear Bluegrass Customer:

We're writing to you about the wastewater services in your community.

Bluegrass Water Utility Operating Company, LLC (Bluegrass Water) has asked the Kentucky Public Service Commission (Commission) to acquire the system that serves your community. The Commission case number for that application is 2020-00028.

On September 30, 2020, Bluegrass Water submitted to the Commission a request for a general adjustment of rates charged for service. The request seeks to increase annual sewer operating revenues by \$2,177,052 (Case # 2020-00290). Since last year, Bluegrass Water has invested nearly \$2.5 million in urgently needed improvements in the Kentucky communities it serves to ensure access to clean, safe and reliable drinking water and wastewater systems. Over the next 18 months, Bluegrass Water intends to invest approximately \$5 million more in its Kentucky systems to ensure they are able to provide safe and reliable service. Increased costs attributable to these and other improvements make it necessary to seek a rate increase at this time.

As of November 19, 2020, Bluegrass Water Utility Operating Company, Inc. (Bluegrass Water), a Central States Water Resources (CSWR) company, is your new sewer services provider. We are committed to bringing you safe, reliable sewer services today, and every day, 365 days a year.

**Please take notice of the following information about the proposed rate adjustment that is described below and presented *on the enclosed table*:**

The table compares current rates for communities served by Bluegrass Water to the increased rates the company is requesting and shows the proposed increases as both a percentage and a dollar amount. The Commission, the state agency that regulates all utility services in Kentucky, will rule on this request and may order rates to be charged that differ from the proposed rates found in this notice. The average customer usage is unknown and the average bill in each service area relates directly to the current rates per month shown in the enclosed sheet. The date the proposed rates were filed with the Commission was September 30, 2020, with a proposed effective date of October 30, 2020. On October 30, 2020, the Commission suspended the proposed rates for six months while it reviews the application. As a result, the proposed rates will not go into effect before May 1, 2021.

*By prior arrangement*, you may examine Bluegrass Water's application at the offices of McBrayer PLLC, 201 East Main Street, Suite 900, Lexington, Kentucky. Please contact Bluegrass Water at 1-866-752-8982 to arrange to examine the application. Bluegrass Water's application also may be examined at the Commission's offices located at 211 Sower Boulevard, Frankfort, Kentucky, Monday through Friday, 8:00 a.m. to 4:30 p.m., or through the Commission's website at <http://psc.ky.gov>. Comments regarding the rate application (case # 2020-00290) or timely requests for intervention (that establish the grounds for the request, including the status and interest of the requester) may be submitted to the Commission through its website or by mail to:

Public Service Commission, Post Office Box 615, Frankfort, Kentucky 40602

If the Commission does not receive a written request for intervention establishing the grounds for the request (including the status and interest of the party) within thirty (30) days of the initial mailing of this notice, it may take final action on the application.

Josiah Cox

President

Bluegrass Water Utility Operating Company, LLC.



**Rate Comparison Table**

Type of Charge	Service Area	Present Rates (per month)	Proposed Rates (per month)	Change Requested	
				\$	%
<b>Total Monthly Sewer – Single Residential per unit</b>					
	Airview Estates	\$41.36	\$96.14	\$54.78	132.4%
	Brocklyn Subdivision- Single Unit	\$40.00	\$96.14	\$56.14	140.4%
	Fox Run Estates	\$55.85	\$96.14	\$40.29	72.1%
	Great Oaks Subdivision	\$28.84	\$96.14	\$67.30	233.4%
	Golden Acres Subdivision	\$39.57	\$96.14	\$56.57	143.0%
	Kingswood Development	\$38.84	\$96.14	\$57.30	147.5%
	Lake Columbia Estates	\$50.32	\$96.14	\$45.82	91.1%
	Longview and Homestead Subdivisions	\$30.00	\$96.14	\$66.14	220.5%
	Persimmon Ridge Subdivision	\$35.00	\$96.14	\$61.14	174.7%
	City of River Bluff and environs	\$58.16	\$96.14	\$37.98	65.3%
	Timberland Subdivision	\$34.71	\$96.14	\$61.43	177.0%
	Arcadia Pines Subdivision	\$25.00	\$96.14	\$71.14	284.6%
	Carriage Park Subdivision	\$16.00	\$96.14	\$80.14	500.9%
	Marshall Ridge Subdivision	\$15.00	\$96.14	\$81.14	540.9%
	Randview Subdivision	\$25.00	\$96.14	\$71.14	284.6%
	I-75 & Delaplain Road interchange area (Scott County)	\$12.50	\$96.14	\$83.64	669.1%
	Herrington Haven and Woodland Estates	\$49.66	\$96.14	\$46.48	93.6%
	Springcrest Sewer (Jessamine County)	\$27.43	\$96.14	\$68.71	250.5%
	Woodland Acres	\$19.47	\$96.14	\$76.67	393.8%
<b>Total Monthly Sewer – Multi Residential per unit</b>					
	Brocklyn Subdivision – Multi Unit	\$30.40	\$72.11	\$41.71	137.2%
	Randview Subdivision — Duplex	\$25.00	\$72.11	\$47.11	188.4%
<b>Total Monthly Sewer Bill – Commercial (Flat)</b>					
	Persimmon Ridge Subdivision	\$35.00 per residential equivalent of 12,000 gallons	\$240.36	\$205.36	234.7%
	Randview Subdivision	\$25 per residential equivalent	\$240.36	\$215.36	861.4%
<b>Total Monthly Sewer – Industrial/Commercial (Metered)</b>					
	I-75 & Delaplain Road interchange area (Scott County)	\$8.89 per 1000 gal	\$25.65 per 1000 gal	\$16.76 per 1000 gal	188.5%
<b>Total Monthly Water Bill - Residential</b>					
	Center Ridge	\$22.79	\$105.84	\$83.05	364.4%

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

PSC KY NO. 1

3rd Revised Cover Sheet

CANCELLING PSC KY NO. 1

2nd Revised Cover Sheet

BLUEGRASS WATER UTILITY OPERATING COMPANY, LLC

1630 Des Peres Rd, Suite 140

(T)

St. Louis, MO 63131

<http://www.centralstateswaterresources.com/communities/bluegrass/>

RATES – CHARGES – RULES - REGULATIONS

FOR FURNISHING

**SEWER SERVICES**

IN

KENTUCKY COUNTIES OF

Bullitt, Campbell, Franklin, Garrard, Graves, Hardin, Jessamine,

(T)

Madison, Marshall, McCracken, Oldham, Scott, and Shelby

(T)

FILED WITH THE  
PUBLIC SERVICE COMMISSION  
OF KENTUCKY

DATE OF ISSUE: April 8, 2022

DATE EFFECTIVE: March 31, 2022

ISSUED BY: /s/ Josiah Cox

TITLE: Bluegrass Water UOC, President

BY AUTHORITY OF THE PUBLIC SERVICE COMMISSION  
ORDER IN CASE NO. 2021-00265 DATED February 24, 2022

<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director

<b>EFFECTIVE 3/31/2022</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

5th Revised SHEET NO. 1

CANCELLING PSC KY NO. 1

4th Revised SHEET NO. 1

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

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PSC KY NO. 1

**Bluegrass Water Utility Operating Company, LLC**

Original SHEET NO. 1.1

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

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**Linda C. Bridwell**  
Executive Director



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PSC KY NO. 1

1st Revised SHEET NO. 1.2

CANCELLING PSC KY NO. 1

Original SHEET NO. 1

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

**General Index  
Territory Served**

<u>County</u>	<u>Community</u>	
Hardin	Airview Estates Subdivision	
McCracken	Arcadia Pines Subdivision	
Madison	Brocklyn Subdivision	
McCracken	Carriage Park Subdivision	
Campbell	Darlington Creek	(T)
Scott	Delaplain service area*	
Jessamine	Equestrian Woods Subdivision	
Franklin	Fox Run Estates Subdivision	
Marshall	Great Oaks Subdivision	
Marshall	Golden Acres Subdivision	
Garrard	Herrington Haven and Woodland Estates Subdivisions	
Bullitt	Kingswood Development	
Bullitt	Lake Columbia Estates	
Scott	Longview and Homestead Subdivisions	
McCracken	Marshall Ridge Subdivision	
Shelby	Persimmon Ridge Development	
Graves	Randview Subdivision	
Oldham	River Bluff, city and environs	
McCracken	Timberland Subdivision	
Bullitt	Woodland Acres Subdivision	

\* The Delaplain service area includes the Deer Run, Moonlake Estates, Shuttle Run, and Riffon Meadows Subdivisions, as well as the industrial park and commercial service properties at the interchange of I-75 and Delaplain Road.

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PSC KY NO. 1

Original SHEET NO. 1.3

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

CLASSIFICATION OF SERVICE – Residential (RS) (N)

Applicable to all customers for residential use throughout the service area (see Tariff Sheet No. 1.2), except in Equestrian Woods, Herrington Haven and Woodland Estates, and Woodland Acres Subdivisions and in the area at the interchange of I-75 and Delaplain Road in Scott County, Kentucky. Service is provided at a flat monthly rate per dwelling unit, whether to a stand-alone residence, duplex unit, or any other multi-unit building, and regardless of whether water utility service is provided to the unit through an individual water meter. (N)

Single Residential service is available to any dwelling/residence with an independent water service line and independent sewer lateral line (including Y-shaped sewer lateral line connections). (N)

Multi Residential service is available to any dwelling/residence with a shared water service line or shared sewer lateral line excluding Y-shaped lateral line connections. (N)

Single Residential Rate (per dwelling unit): \$85.97 per month (I)

Multi Residential Rate (per dwelling unit): \$64.48 per month (I)

CLASSIFICATION OF SERVICE – Commercial, flat-rate (CF) (N)

Applicable throughout the service area (see Tariff Sheet No. 1.2) except the Equestrian Woods, Herrington Haven and Woodland Estates, and Woodland Acres Subdivisions and the area at the interchange of I-75 and Delaplain Road in Scott County, Kentucky. Service is available for non-residential use, and is provided to a non-residential customer with an independent water service line or an independent sewer lateral line. Service is provided at a flat monthly rate per connection, regardless of whether water utility service is provided to the unit through an individual water meter. (N)

Commercial Flat Rate (per connection): \$214.93 per month (I)

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<b>KENTUCKY</b> <b>PUBLIC SERVICE COMMISSION</b>  <b>Linda C. Bridwell</b> Executive Director 
<b>EFFECTIVE</b> <b>8/1/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

Original SHEET NO. 1.4

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

NON-RECURRING CHARGES — RS and CF service (T)  
Applicable in the same parts of the service area to which the RS and CF Classifications of Service are applicable (see Tariff Sheet Nos. 1.2 and 1.3)

New Tap Fee		(T)
Arcadia Pines	\$500.00	
Marshall Ridge	\$500.00	
Great Oaks Subdivision	\$750.00	
Golden Acres Subdivision	\$250.00	

Late Payment Penalty	\$0.00	(R*)
Return Check Fee	\$0.00	(R*)
Termination/Reconnection Fees	\$0.00	(R*)
Field Collection Fee	\$0.00	(R*)

\* Zero amount represents a reduction for some parts of the applicable service area and no change for the other parts. (T)  
(T)

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**KENTUCKY**  
**PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**  
**8/1/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

1st Revised SHEETS NO. 2-3.1

CANCELLING PSC KY NO. \_\_\_\_\_

Original SHEETS NO. 2-3.1

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

RESERVED FOR FUTURE USE

(T)

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**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

PSC KY NO. 1

Original SHEET NO. 3.2

CANCELLING PSC KY NO. \_\_\_\_\_

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

**CLASSIFICATION OF SERVICE: DELAPLAIN SERVICE AREA**

Applicable to all customers in the vicinity of the interchange of I-75 and Delaplain Road in Scott County, Kentucky, formerly served by Delaplain Disposal Company.

Residential service is available exclusively to residential dwelling units, and for domestic or residential use only. Residential service is available in the Deer Run, Moonlake Estates, Shuttle Run, and Riffon Meadows subdivisions, all in the vicinity of the interchange.

Non-residential service is available to properties other than residential dwelling units and for any use not exclusively domestic or residential. It is available throughout the former service territory of Delaplain Disposal Company, including in the industrial park and commercial service properties at the interchange of I-75 and Delaplain Road. All non-residential customers are subject to the Industrial/Commercial User Policy (including excess treatment fees) instituted by Delaplain Disposal Company and incorporated into this tariff at Sheets 27 to 59.

**RECURRING RATES**

Residential Flat Rate per unit	\$12.50 per month
Non-residential Rate for commercial/industrial: (non-residential service is metered)	\$8.89 per 1000 gals.

**Non-Recurring Charges (applicable to residential and non-residential customers)**

Disconnection Fee:	\$500.00
Tap-On Fee	\$500.00

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**KENTUCKY**  
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**EFFECTIVE**  
**5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

Sewer Service Tariff

PSC KY NO. 1

Original SHEET NO. 3.3

CANCELLING PSC KY NO. \_\_\_\_\_

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

**CLASSIFICATION OF SERVICE: EQUESTRIAN WOODS SUBDIVISION**

Applicable to all customers in the Equestrian Woods subdivision in Jessamine County, Kentucky, formerly served by Springcrest Sewer Co., Inc.

**MONTHLY RATES**

Flat Rate per unit \$27.43  
(available for residential/domestic and commercial use)

**Non-Recurring Charges**

Late Payment Penalty 10%  
Re-Connection Fee \$25.00  
Field Collection Fee \$5.00 per trip

A field collection fee shall be assessed when a Bluegrass Water representative makes a trip to the premises of a customer for the purpose of terminating service. The charge shall be assessed if the Bluegrass Water representative actually terminates service, or if, in the course of the trip, the customer pays the delinquent bill to avoid termination. The charge shall also be made if the Bluegrass Water representative agrees to delay termination based on the customer's agreement to pay the delinquent bill on a specific date. This charge will be assessed no more than once during a billing cycle.

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**Bluegrass Water Utility Operating Company, LLC**

Sewer Service Tariff

PSC KY NO. 1

Original SHEET NO. 3.4

CANCELLING PSC KY NO. \_\_\_\_\_

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

**CLASSIFICATION OF SERVICE: HERRINGTON HAVEN and WOODLAND ESTATES  
SUBDIVISIONS**

Applicable to all customers in the Herrington Haven and Woodland Estates subdivisions in Garrard County, Kentucky, formerly served by Herrington Haven Wastewater Co., Inc. and available for domestic/residential use.

**MONTHLY RATES**

Residential Flat Rate per unit \$49.66

**Non-Recurring Charges**

Late Payment Penalty 10%

Re-Connect Fee \$150.00  
(when service has been physically disconnected)

Field Collection Fee \$5.00 per trip

A field collection fee shall be assessed when a Bluegrass Water representative makes a trip to the premises of a customer for the purpose of terminating service. The charge shall be assessed if the Bluegrass Water representative actually terminates service, or if, in the course of the trip, the customer pays the delinquent bill to avoid termination. The charge shall also be made if the Bluegrass Water representative agrees to delay termination based on the customer's agreement to pay the delinquent bill on a specific date. This charge will be assessed no more than once during a billing cycle.

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PSC KY NO. 1

1st Revised SHEETS NO. 4-10.3

CANCELLING PSC KY NO. \_\_\_\_\_

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**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

RESERVED FOR FUTURE USE

(T)

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**Bluegrass Water Utility Operating Company, LLC**

Sewer Service Tariff

PSC KY NO. 1

Original SHEET NO. 10.4

CANCELLING PSC KY NO. \_\_\_\_\_

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

**CLASSIFICATION OF SERVICE: WOODLAND ACRES SUBDIVISION**

Applicable to all customers in the Woodland Acres subdivision in Bullitt County, Kentucky, formerly served by Woodland Acres Utilities, LLC, and available for domestic/residential use.

**MONTHLY RATES**

Residential Flat Rate per unit \$19.47

**Non-Recurring Charges**

None

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PSC KY NO. 1

Original SHEET NO. 10.5

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

**CLASSIFICATION OF SERVICE – DARLINGTON CREEK SUBDIVISION**

Applicable to all customers in the Darlington Creek subdivision in Campbell County, Kentucky, formerly served by Darlington Creek Homeowner’s Association, Inc., and available for domestic/residential use.

**MONTHLY RATES**

Residential Flat Rate per unit

\$45.00

**NON-RECURRING CHARGES**

None

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PSC KY NO. 1

4th Revised SHEET NO. 11

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. 1

3rd Revised SHEET NO. 11

**RULES AND REGULATIONS**

This schedule of Rules and Regulations governs the furnishing of sewage service by the Bluegrass Water Utility Operating Company, LLC (hereinafter referred to as Bluegrass Water UOC) and applies to all service received from Bluegrass Water UOC. All Rules and Regulations are to be in effect so long as they are not in conflict with the rules and regulations of the Public Service Commission. Bluegrass Water UOC is further subject to all Rules and Regulations of the Public Service Commission.

The Rules and Regulations contained in this tariff apply in the service territory of Bluegrass Water UOC (see Tariff Sheet No. 1.2).

The Residential Rules and Regulations (Tariff Sheets 11-26) apply to the furnishing of sewage service by Bluegrass Water UOC (a) for residential users throughout the service territory and (b) for all other users in the service territory other than in the Delaplain service area. They also apply to the furnishing of non-residential service in the Delaplain service area to the extent not inconsistent with, or governed by, a more specific provision in the Industrial/Commercial Rules and Regulations (Tariff Sheets 27-59). (T)

**Residential Rules and Regulations**

**DEFINITIONS**

“Customer” shall mean any person, firm, corporation, or municipality that discharges to the Bluegrass Water UOC sewer system pursuant to these Rules and Regulations.

“Company” shall mean Bluegrass Water UOC acting through its officers, managers, or other duly authorized employees or agents.

“Customer’s service line” is the service lateral from the main collection line to the premises served.

“Commission” shall mean the Kentucky Public Service Commission.

“Domestic Waste” means the waste from residential users and from the sanitary conveniences of dwellings, commercial buildings, industrial facilities, and institutions.

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PSC KY NO. 1

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CANCELLING PSC KY NO. 1

Original SHEET NO. 12

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

“Pretreatment” means the reduction of the amounts of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater to a less harmful state by application of physical, chemical or biological processes or process changes prior to or in lieu of discharging or otherwise introducing such pollutants into a public sewer.

“Sanitary Sewer” means a sewer which is intended to convey only domestic waste and commercial and industrial wastes not specifically prohibited or restricted by these Regulations.

“Sewer” means a pipe or conduit for conveying wastewater.

“Shall” – is mandatory; “may” is permissive. (T)

“Storm Sewer” means a sewer which is intended to convey only storm waters, surface runoff, street wash waters and drainage, and which is not a part of the wastewater sewer system.

“Treatment Works” means any devices and systems owned by Bluegrass Water UOC in the conveyance, storage, treatment, recycling and reclamation of sewage or liquid industrial wastes including interceptor sewers, outfall sewers, sewage collection systems, pumping, power, and other equipment and appurtenances; extensions, improvements, remodeling, additions and alterations thereof; and any works, including the land that will be an integral part of the treatment process or is used for preventing, abating, reducing, storing, treating, separating or disposing of waste, or industrial waste. (T)

**SUBSTANCES NOT TO BE DISCHARGED INTO SEWERS**

No substances shall be placed into the sanitary sewer system which will create a combustible, gaseous, explosive or inflammable condition nor shall any substances or objects be placed or discharged into the system which will not dissolve and which will thus cause an obstruction and clogging within the system. No petroleum products shall be placed or discharged into the system. No substance which might be harmful to the sewage treatment process or receiving stream shall be discharged in the system.

No person shall discharge or cause to be discharged any storm water, surface water, and groundwater or roof runoff to any sewer. (T)  
(T)

The discharge of any wastewater into the sewer system by any person is unlawful except in compliance with the provisions set forth in this tariff, and any more stringent State or Federal Standards.

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PSC KY NO. 1

1st Revised SHEET NO. 13

CANCELLING PSC KY NO. 1

Original SHEET NO. 13

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

**GREASE OIL AND SAND TRAPS**

Bluegrass Water UOC may require pretreatment for certain types of discharge that could be harmful to the collection and/or treatment system. All restaurants, food service establishments and other commercial oil and grease generators shall provide grease and/or oil interceptor (or trap) for the proper handling of liquid wastes containing floatable grease in excessive amounts, or any flammable wastes, sand, or other harmful ingredients. In the maintaining of these interceptors the owner shall be responsible for the proper removal and disposal by appropriate means of the captured material and shall maintain records with the dates and means of disposal. Interceptors or traps will not be required for private living quarters of dwelling units.

All interceptors or traps shall be of a type and capacity approved by the Kentucky Department for Natural Resources and Environmental Protection and Kentucky Department of Housing, Buildings and Construction, and shall be located so as to be readily and easily accessible for cleaning and inspection. They shall be constructed of impervious materials capable of withstanding abrupt and extreme changes in temperatures and shall be of substantial construction, gastight, watertight, and equipped with easily removable covers.

All grease, oil and sand interceptors or traps shall be maintained by the user at his expense, in continuously efficient operation at all times. Bluegrass Water UOC may require an establishment to have interceptors or traps cleaned on a regular basis. Bluegrass Water UOC may reject potentially harmful wastes or may require control over the quantities and rates of discharge.

Approval of proposed facilities or equipment by the Kentucky Department of Natural Resources and Environmental Protection and Kentucky Department of Housing, Buildings and Construction, does not in any way guarantee that these facilities or equipment will function in the manner described by their constructor (T) or manufacturer, nor shall it relieve a person, firm or corporation of the responsibility of enlarging or otherwise modifying such facilities to accomplish the intended purpose.

**SERVICE PIPE CONNECTIONS**

Bluegrass Water UOC shall install and maintain that portion of the service pipe from the main to the boundary line of the easement, public road, or street, under which such main may be located. Bluegrass Water UOC is not responsible for extending a service main to serve additional properties.

No unauthorized person shall uncover, make any connections with, use, alter, or disturb any public sewer. Illegal or unauthorized connections shall be terminated immediately.

A separate and independent building sewer shall be provided for every structure.

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PSC KY NO. 1

1st Revised SHEET NO. 14

CANCELLING PSC KY NO. 1

Original SHEET NO. 14

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

All plumbing work done in connection with Customer service line fixtures connected with Bluegrass Water UOC mains shall be submitted for the inspection by Bluegrass Water UOC before such underground work is covered up. Whenever the Bluegrass Water UOC determines that a job of plumbing is obviously defective, although not in direct violation of these Rules and Regulations, Bluegrass may insist upon its being corrected before the sewer service is accepted.

(D)

The customer shall install and maintain that portion of the service pipe from the end of the Company's portion into the premises served. That portion of the service pipe installed and maintained by the customer shall conform to all reasonable rules of Bluegrass Water UOC. It shall be constructed of materials approved by the sewage utility and installed under the inspection of Bluegrass Water UOC, including but not limited to a sewer line clean out. Prior to tapping on to the sewer system, Bluegrass Water UOC shall be notified, and the appropriate tap-on fee paid.

(T)

|

(T)

(T)

A sewer service pipe shall not be laid in the same trench with a water pipe.

If a governmental agency requires an inspection of the customer's plumbing, Bluegrass Water UOC shall not connect the customer's service pipe until it has received notice from the inspection agency certifying that the customer's plumbing is satisfactory.

If excavation of sewer lines owned by Bluegrass Water UOC becomes necessary, Bluegrass Water UOC will restore the effected property when soil conditions and weather are appropriate. Bluegrass Water UOC shall not be held liable for repairs or restoration associated with repairs for lateral connections on private property. This includes lateral connections under driveways and roads that require service.

**PROTECTION BY CONSUMERS**

The Consumer shall protect the equipment of Bluegrass Water UOC on his premises and shall not interfere with Bluegrass Water UOC's property or permit interference except by duly authorized representatives of Bluegrass Water UOC.

**NOTICE OF TROUBLE**

The Consumer shall give immediate notice to Bluegrass Water UOC of any irregularities, any known defects, or unsatisfactory service.

DATE OF ISSUE: February 10, 2022

DATE EFFECTIVE: August 1, 2021

ISSUED BY: /s/ Josiah Cox

TITLE: Bluegrass Water UOC, President

BY AUTHORITY OF THE PUBLIC SERVICE COMMISSION  
ORDER IN CASE NO. 2020-00290 DATED August 2, 2021

<b>KENTUCKY</b> <b>PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director 
<b>EFFECTIVE</b> <b>8/1/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

1st Revised SHEET NO. 15

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. 1

Original SHEET NO. 1

**MAINTENANCE**

Bluegrass Water UOC may at any time deemed necessary suspend sewer service to any consumer or consumers for the purpose of making repairs, changes, or improvements upon any part of its systems. Bluegrass Water UOC shall give reasonable notice of such suspension of service to the customer(s).

**CONNECTIONS**

Bluegrass Water UOC will consider a request to connect to an existing serviceable main as a normal connection. The charge, if any, for a connection qualifying under this description shall be as set forth in the NON-RECURRING CHARGES section for that part of the service area. (T)  
(T)

Reconnection: A Customer disconnected due to non-payment of tariff charges or non-compliance with tariff rules or Commission regulations, will be required to pay a reconnection fee, if any, set forth as a NON-RECURRING CHARGE in the applicable tariff sheet for the classification of service, in addition to any unpaid past-due balance before service is restored. (T)  
(T)

Field Collection Fee: This fee is assessed when Bluegrass Water UOC's representative makes a trip to the premises of a customer for the purpose of terminating service. The fee will be assessed in the amount or at the rate set forth in the applicable NON-RECURRING CHARGES tariff sheet for the classification of service, if: (a) Bluegrass Water UOC's representative actually terminates service, (b) in the course of the trip, the customer pays the delinquent bill to avoid termination; or (c) Bluegrass Water UOC's representative agrees to delay termination based on the customer's agreement to pay the delinquent bill on a specific date. This fee is assessed no more than once during a billing cycle. (N)

Other Connections: A developer of an undeveloped area within Bluegrass Water UOC's service area shall be charged the full cost of installation. (N)

**LINE RELOCATION**

When necessary to move or relocate facilities, the cost will be paid by the party or parties requesting such relocation.

**EASEMENTS**

The customer shall not place structures of any kind or personal property on recorded easements. Any structure or property violating this provision shall be removed at the owner's expense

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<b>KENTUCKY</b> <b>PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director 
<b>EFFECTIVE</b> <b>8/1/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

1st Revised SHEET NO. 16

CANCELLING PSC KY NO. 1

Original SHEET NO. 16

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

**DISCONTINUANCE OF SERVICE**

(T)

Bluegrass Water UOC may refuse or terminate service for noncompliance with its tariff rules or commission regulations after having made a reasonable effort to obtain customer compliance. Said customer will be given at least ten (10) days written notice prior to termination. Bluegrass Water UOC will notify the customer in writing of the reasons for termination or refusal. The notice will be recorded along with the corrective action to be taken by the customer or Bluegrass Water UOC before service is restored or provided.

If a dangerous condition is found to exist service may be terminated without notice.

In the event that an illegal or improper connection is discovered, Bluegrass Water UOC shall take immediate steps to sever the connection in question. This includes those connections discovered during smoke testing and camera inspection of lines that are deemed illegal or improper and allow Inflow/Infiltration of water to the sewer system. A photograph of the connection and an explanation of the condition will be given by Bluegrass Water UOC either by mail or directly. Bluegrass Water UOC may terminate service for nonpayment of tariff charges after a five (5) day written notice of intent to terminate. Service will not be terminated before twenty (20) days after the mailing date of the original bill. If a medical certificate is presented service will not be terminated for thirty (30) days beyond the termination date.

When payments are delinquent Bluegrass Water UOC may file a complaint in court. Bluegrass Water UOC may request that all court costs be included in any judgment amount awarded to Bluegrass Water UOC. Bluegrass Water UOC may refer any delinquent accounts to a collection agency.

**BILLING, COLLECTION AND PENALTIES**

Billing for sewage service furnished by the sewer system shall be made by Bluegrass Water UOC on a monthly basis, bills are mailed the first week of each month and become due the last business day of each month. A late payment penalty will be assessed after the due date in the amount or at the rate set forth in the applicable NON-RECURRING CHARGES tariff sheet for the classification of service.

(T)  
|  
(T)

Failure to receive bill does not excuse payment.

**DEPOSITS**

At this time, Bluegrass Water UOC does not require a deposit for new sewer customers

DATE OF ISSUE: February 10, 2022

DATE EFFECTIVE: August 1, 2021

ISSUED BY: /s/ Josiah Cox

TITLE: Bluegrass Water UOC, President

BY AUTHORITY OF THE PUBLIC SERVICE COMMISSION  
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<b>KENTUCKY</b> <b>PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director 
<b>EFFECTIVE</b> <b>8/1/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)



PSC KY NO. 1

Original SHEET NO. 17

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company LLC**  
Sewer service in Bullitt, Franklin, Hardin, Madison, McCracken,  
Marshall, Scott, and Shelby Counties

### LIABILITY OF THE COMPANY

Bluegrass Water UOC shall not in any way or under any circumstances be held liable or responsible to any person or persons for any loss or damage resulting from the sewer service, due to any cause whatsoever. Bluegrass water UOC will undertake to use reasonable care and diligence in order to prevent and avoid interruptions and fluctuations in the service, but it cannot and does not guarantee that such will not occur.

Bluegrass Water UOC shall not be responsible for accidents or damages resulting from the discontinuance of service, nor by reason of the breaking of any main, sewer pipe, fixture or appliance whether owned by the Company or Customer, and no person shall be entitled to damages nor have any portion of a payment refunded for any interruption of service.


Bluegrass Water UOC shall not be considered in any manner an insurer of property or persons and it shall be free and exempt from any and all claims for damages on account of any injury to property or persons for any cause whatsoever.

### APPROVAL OF RULES AND REGULATIONS

All Rules and Regulations of Bluegrass Water UOC are subject to the approval of the Public Service Commission of the State of Kentucky.

DATE OF ISSUE October 21, 2019

DATE EFFECTIVE November 20, 2019

ISSUED BY 

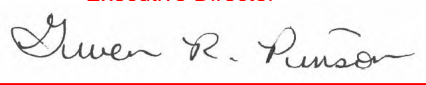
TITLE Bluegrass Water UOC, President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION

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

**KENTUCKY**  
**PUBLIC SERVICE COMMISSION**

**Gwen R. Pinson**  
Executive Director



**EFFECTIVE**  
**11/20/2019**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Industrial/Commercial Rules and Regulations**

**1.0 PURPOSE**

This Policy sets forth uniform requirements for existing and future industrial/commercial Users who discharge directly or indirectly into the wastewater collection and treatment system ("System") of Bluegrass Water UOC ("Utility"), formerly that of Delaplain Disposal Company. 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.

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY  /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO.  2020-00297 DATED  January 14, 2021

<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director

<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

**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 attorney's 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.

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 10.1 of 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, naphtha, fuel oil, or other flammable or explosive liquids, solids, or gases; and in no case any pollutant with a closed cup flashpoint of **Kentucky 40**

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_


ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**Kentucky 40**  
**PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**  
**5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

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

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DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_


ISSUED BY  /s/ Josiah Cox \_\_\_\_\_

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BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO.  2020-00297 DATED  January 14, 2021

**KENTUCKY**  
**PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

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.

**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;

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Linda C. Bridwell  
Executive Director



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- 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.

**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 15<sup>th</sup> of each month. Use 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~~

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laboratory according to methods contained in Title 40, Code of Federal Regulations, Part 136, or otherwise approved by the EPA ("EPA 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 in a period of five days at 20 degrees C, as determined by EPA approved procedures.

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KENTUCKY  
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- Total Suspended Solids (TSS) shall mean the insoluble solid matter suspended in waste-water that is separable by laboratory filtration according to EPA 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 EPA 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.
- 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.


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<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>
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<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)



**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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**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) Report
Flow	GPD	
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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**KENTUCKY  
PUBLIC SERVICE COMMISSION**

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**Linda C. Bridwell**  
Executive Director



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5/5/2021**  
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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: \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

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<b>Linda C. Bridwell</b> Executive Director

<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

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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).

- Aluminum Forming
- Battery Manufacturing
- Coal Mining
- Copper Forming
- Electroplating
- Fertilizer Manufacturing
- Glass Manufacturing
- Inorganic Chemicals
- Leather Tanning and Finishing
- Nonferrous Meta Forming
- Organic Chemical Manufacture
- Paving and Roofing Manufacture
- Petroleum Refining
- Plastic, Synthetic Materials Mfgr.
- Rubber
- Steam Electric
- Textile mills
- Asbestos manufacturing
- Can Makin
- Coil Coating
- Electrical and Electronic Components Manufacture
- Feedlots
- Foundries (Metal Molding ad Casting)
- Frain Mills
- Iron and Steel
- Metal Finishing
- Nonferrous Metals Manufacturing
- Paint and Ink Formulating
- Pesticides Manufacturing
- Pharmaceutical
- Plastics Processing Manufacturing
- Soap and Detergent Manufacturing
- Sugar Processing
- Timber Produces

\* 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. \_\_\_\_

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ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_


TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
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**KENTUCKY  
PUBLIC SERVICE COMMISSION**

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**Linda C. Bridwell**  
Executive Director



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2.4 *Product Volume:*

<i>PRODUCT (Brandname) (levels with other and no. u.l.)</i>	<i>PST CALENDAR YEAR Amounts Per Day (Daily Units)</i>		<i>ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)</i>	
	<i>Average</i>	<i>Maximum</i>	<i>Average</i>	<i>Maximum</i>

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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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 Bluegrass Water UOC 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 Bluegrass Water UOC 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.)

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

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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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.

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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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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 ITO 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 ITO information?

( ) Yes ( ) No

Has a toxic organic management plan (TOMP) been developed?

( ) Yes, (Please attach a copy) ( ) No

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.

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*( ) 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 CPR 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*

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

- ( ) Air Flotation*
- ( ) Chemical precipitation*
- ( ) Cyclone*
- ( ) Flow Equalization*
- ( ) Grease Trap*
- ( ) Centrifuge*
- ( ) Chlorination*
- ( ) Filtration*
- ( ) Grease or Oil Separation, Type \_\_\_\_\_*
- ( ) Grinder Filter*

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- |  |  |
|--|--|
| <input type="checkbox"/> Grit Removal                          | <input type="checkbox"/> Ion Exchange                          |
| <input type="checkbox"/> Neutralization, pH correction         | <input type="checkbox"/> Ozonation                             |
| <input type="checkbox"/> Reverse Osmosis                       | <input type="checkbox"/> Screen                                |
| <input type="checkbox"/> Sedimentation                         | <input type="checkbox"/> Septic Tank                           |
| <input type="checkbox"/> Solvent Separation                    | <input type="checkbox"/> Spill Protection                      |
| <input type="checkbox"/> Sump                                  | <input type="checkbox"/> Biological Treatment, type: _____     |
| <input type="checkbox"/> Rainwater Diversion or Storage        | <input type="checkbox"/> Other Chemical Treatment, type: _____ |
| <input type="checkbox"/> Other Physical Treatment, type: _____ | <input type="checkbox"/> 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: \_\_\_\_\_ (specific hours) Part time: \_\_\_\_\_ (specific hours)

Classification: \_\_\_\_\_ Certification No. \_\_\_\_\_

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	1 <sup>st</sup>						
	2 <sup>nd</sup>						
	3 <sup>rd</sup>						
Shift start and end times:	1 <sup>st</sup>						
	2 <sup>nd</sup>						
	3 <sup>rd</sup>						

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:											

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:

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<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>
<i>Comments:</i>											

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:

<i>Chemical</i>	<i>Quantity</i>
_____	_____
_____	_____

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

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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.

<input type="checkbox"/>	<i>an onsite disposal system</i>
<input type="checkbox"/>	<i>Sanitary sewer system (e.g. through a floor drain)</i>
<input type="checkbox"/>	<i>Storm drain</i>
<input type="checkbox"/>	<i>To ground</i>
<input type="checkbox"/>	<i>Other, specify</i>
<input type="checkbox"/>	<i>Not applicable, no possible discharge to any of the above routes</i>

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.

<i>Waste Generated</i>	<i>Quantity (per year)</i>	<i>Disposal Method</i>

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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. _____	B. _____
_____	_____
Permit# _____	Permit# _____

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.

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

<i>Milestone Activity</i>	<i>Completion Date</i>

**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 \_\_\_\_\_, 20\_\_.

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My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**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 Bluegrass Water UOC (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.*

Bluegrass Water UOC

User: \_\_\_\_\_


DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director

<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)



PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original SHEET NO. 50

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
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 Bluegrass Water UOC (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.*

*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 Book Reports of monitoring and analysis shall be submitted to the Utility as provided in Section 6.2 of the policy.*

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_


ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**  
**5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

*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	_____	Caron	_____

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 or federal law or regulation.

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.

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.

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_


ISSUED BY /s/ Josiah Cox

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY**  
**PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**  
**5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

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 ("KP DES Permit 'J).

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. "*

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


DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director

<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

Original SHEET NO. 53

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

*CERTIFICATION:*

*ACCEPTANCE:*

*Delaplain Disposal Company*

*User:* \_\_\_\_\_

*By:* \_\_\_\_\_

*By:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**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

Bluegrass Water UOC  
Self-Monitoring Report Form

Date of this report: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sampling

Collected by: \_\_\_\_\_

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sample Point Location: \_\_\_\_\_

DATE OF ISSUE 04/05/2021

DATE EFFECTIVE 05/05/2021

ISSUED BY /s/ Josiah Cox

TITLE Bluegrass Water UOC, President

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

<b>KENTUCKY PUBLIC SERVICE COMMISSION</b>
<b>Linda C. Bridwell</b> Executive Director

<b>EFFECTIVE 5/5/2021</b> PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 54 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

CANCELLING PSC KY NO. \_\_\_\_\_

SEWER SERVICE in entire service area

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

Analysis Performed by: \_\_\_\_\_

Type of Sample \_\_\_\_\_ Grab \_\_\_\_\_ Time Composite \_\_\_\_\_ Hours

\_\_\_\_\_ Flow Proportional Composite \_\_\_\_\_ Hours

**Analysis**

Parameter	Unit		Result	Limit	24 Hour Max.
	Avg. Peak	GPD 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			
TTO		Mg/L			
Boron		Mg/L			

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE**

**5/5/2021**

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

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 55 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

Parameter	Unit	Result	Limit	24 Hour Max.
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			

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 \_\_\_\_\_, 20\_\_

My commission expires \_\_\_\_\_, 20\_\_

Note: Chain-of-Custody must be attached.

This report shall be postmarked no later than the 15th day of each month following the completed reported period and submitted to:

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. 1

Original SHEET NO. 56

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

Bluegrass Water UOC  
1650 Des Peres Rd Suite 303  
St. Louis MO 63131  
Attn.: Self-Monitoring

Special Conditions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

11.2 Chain of Custody Form

BLUEGRASS WATER UOC  
INDUSTRIAL/COMMERCIAL USER PROGRAM  
CHAIN-OF-CUSTODY

Type of Inspection:  Scheduled  Unscheduled  Demand  Self monitoring

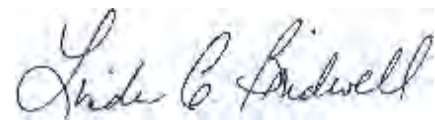
Company: \_\_\_\_\_ Sample Location: \_\_\_\_\_

Permit Number: \_\_\_\_\_

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

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

DATE OF ISSUE 04/05/2021

DATE EFFECTIVE 05/05/2021

ISSUED BY /s/ Josiah Cox

TITLE Bluegrass Water UOC, President

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 57 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

--	--	--	--	--	--	--

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: \_\_\_\_\_

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			

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



EFFECTIVE

**5/5/2021**

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

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021



PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original \_\_\_\_\_ SHEET NO. 58 \_\_\_\_\_

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

CANCELLING PSC KY NO. \_\_\_\_\_

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

Parameter	Freq.	Type	Unit	Limit	Test Result	Test Method	Violation
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				
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: \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. 2020-00297 DATED January 14, 2021

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

**Linda C. Bridwell**  
Executive Director



**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

PSC KY NO. \_\_\_\_\_ 1 \_\_\_\_\_

Original SHEET NO. 59

CANCELLING PSC KY NO. \_\_\_\_\_

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

**Bluegrass Water Utility Operating Company, LLC**

SEWER SERVICE in entire service area

Subscribed and sworn to by \_\_\_\_\_ Applicant's Representative, this \_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**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/l 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

DATE OF ISSUE \_\_\_\_\_ 04/05/2021 \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_ 05/05/2021 \_\_\_\_\_

ISSUED BY \_\_\_\_\_ /s/ Josiah Cox \_\_\_\_\_

TITLE \_\_\_\_\_ Bluegrass Water UOC, President \_\_\_\_\_

BY AUTHORITY of ORDER of the PUBLIC SERVICE COMMISSION  
IN CASE NO. \_\_\_\_\_ 2020-00297 \_\_\_\_\_ DATED \_\_\_\_\_ January 14, 2021

**KENTUCKY  
PUBLIC SERVICE COMMISSION**

---

**Linda C. Bridwell**  
Executive Director




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**EFFECTIVE  
5/5/2021**  
PURSUANT TO 807 KAR 5:011 SECTION 9 (1)

# **BLUEGRASS WATER**

**Utility Operating Company**

A CSWR Managed Utility

## **Wellhead Protection Plan**

for

### **Center Ridge Water System**

KY0180549, Calloway County

11 Whisper Drive West

Murray, KY 42071

Approved by the Kentucky Division of Water on December 15, 1998

Revisions and recertification to be conducted by water system personnel every five (5) years.

Revised by Central States Water Resources EH&S personnel on August 20, 2020

# Table of Contents

---

1. Facility Service Area Map
2. June 2020 Monthly Operating Report
3. Historical Well Inspection
4. Bluegrass Water UOC Planning Team
5. Wellhead Protection Area Delineation Information
6. Wellhead Protection Area Delineation Map
7. Contaminant Source Inventory Summary and Map
8. Previous and Proposed Management Strategies
9. Contingency and Wellhead Protection Planning Information
10. Public Education Materials

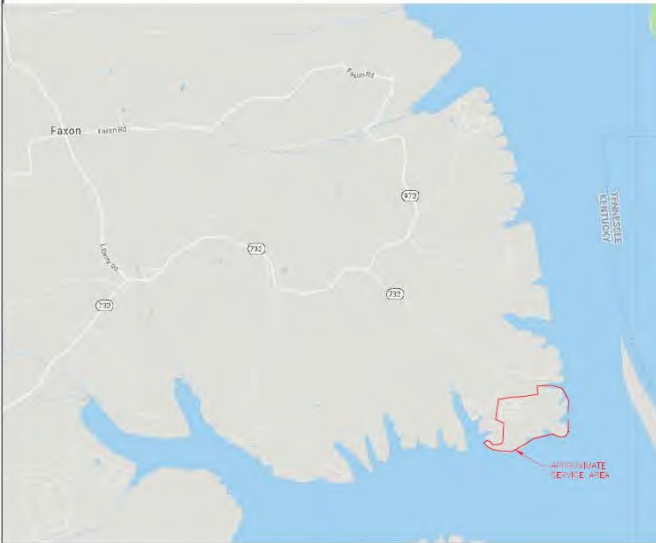
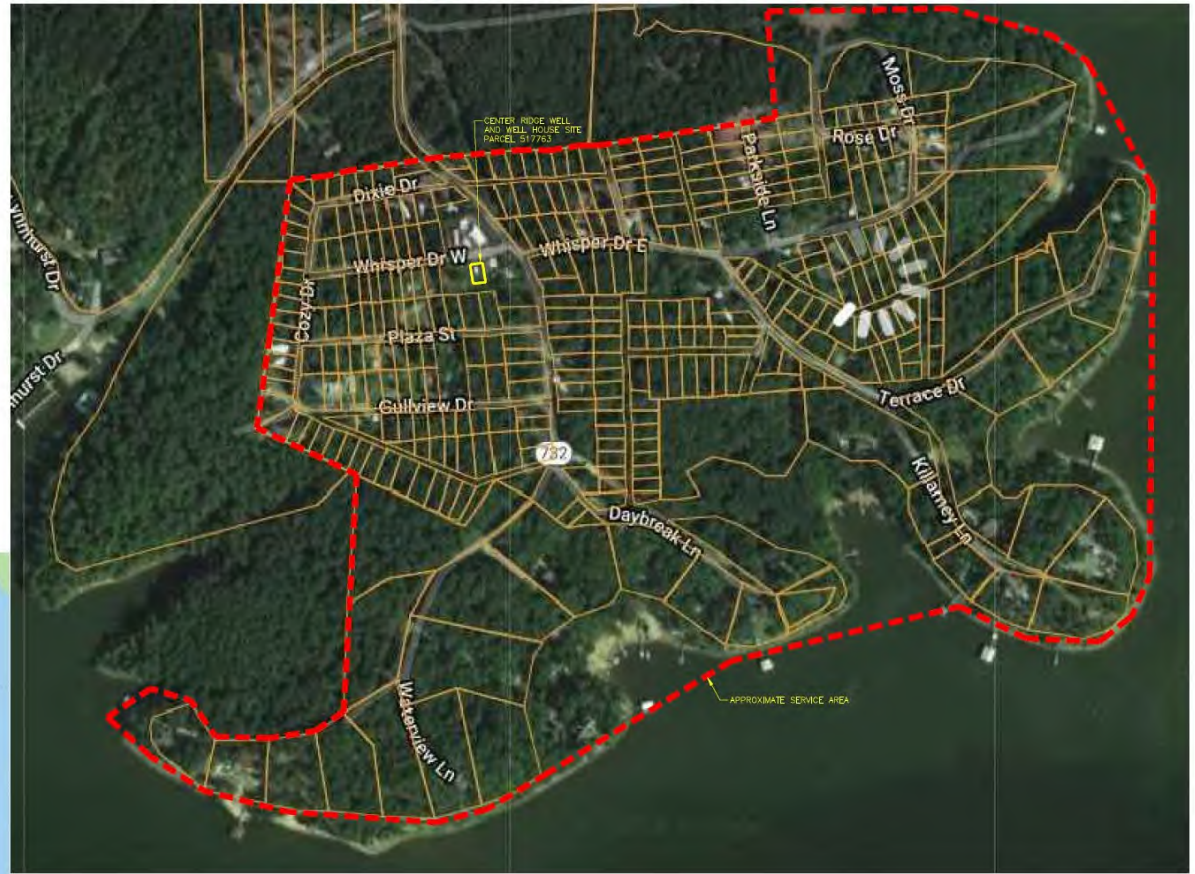
# Attachment 1

## Service Area of Center Ridge Water System



**Legend**

- Well house
- Service area



Utility Note Disclaimer:

The utilities shown herein are depicted based on the original design plans provided by the system manager. 21 Design Group, Inc. performed no field verification of the layout and are unable to determine the exact location of the lines. The location represents approximate location only and should not be construed as being 100% accurate. It is shown to provide general layout of the system only and should not be used to interpret encroachments.

DATE	02/24/22
BY	ETD
CHECKED BY	ETD
SCALE	AS SHOWN
PROJECT	2022-00432
CLIENT	Bluegrass Water

**21**  
**DESIGN GROUP INC.**  
ENGINEERING SURVEYING

1351 Jeffersonville Pike  
Washington, MO 63090  
Phone: 636-433-6029  
Email: info@21designgroup.com

# Attachment 2 June MOR

## KENTUCKY DIVISION OF WATER DRINKING WATER BRANCH

Revised 05/26/20



### MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS

MONTH & YEAR (mm/yyyy)

06/2020

Indicate one  
with "X"

- |                                     |                          |
|-------------------------------------|--------------------------|
| <input type="checkbox"/>            | SURFACE WATER            |
| <input checked="" type="checkbox"/> | GROUNDWATER              |
| <input type="checkbox"/>            | PURCHASE/DISTRIBUTE ONLY |

PWS ID :	KY0180549	PLANT ID: A	PLANT NAME:	Center Ridge Water System #1
PWS NAME:	Center Ridge Water System #1	PLANT CLASS: I	DIST. CLASS: I	
AGENCY INTEREST (AI):	33828	DATE MAILED:		
SOURCE NAME:	Well	COUNTY:	Calloway	
OPERATOR(S) RESPONSIBLE / IN-CHARGE		CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	Freddie O 'Bryan	IV	595	
WTP SHIFT 2:				
WTP SHIFT 3:				
DISTRIBUTION:	Freddie O'Bryan	III	27595	

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

**TREATMENT PLANTS COMPLETE:**

1. DESIGN CAPACITY (gpm): 25
2. TYPE OF FILTRATION USED: \_\_\_\_\_
3. DESIGN FILTRATION RATE (gpm/sq. ft.): \_\_\_\_\_
4. PERCENT BACKWASH WATER USED: 0.0
5. DATE FLOCCULATION BASIN(S) LAST CLEANED: \_\_\_\_\_
6. DATE SETTLING BASIN(S) LAST CLEANED: \_\_\_\_\_

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

X  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PWS ID : KY0180549  
 PLANT ID: A

REPORT MONTH/YEAR: 06/2020  
 PAGE 1 OF 11

APPLICABLE TO ALL PLANTS

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	1,100	0.7									0.01	1.1
2	800	0.5									0.01	1.5
3	500	0.3									0.00	1.0
4	700	0.5									0.01	0.9
5	1,100	0.7									0.01	1.1
6	900	0.6									0.01	1.3
7	900	0.6									0.01	1.3
8	700	0.5									0.01	1.0
9	900	0.6									0.01	1.3
10	800	0.5									0.01	1.5
11	700	0.5									0.01	1.0
12	1,300	0.9									0.01	0.9
13	1,200	0.9									0.01	1.0
14	1,400	0.9									0.01	0.8
15	900	0.6									0.01	1.2
16	1,500	1.0									0.01	0.8
17	700	0.5									0.01	0.9
18	700	0.5									0.01	0.9
19	1,100	0.7									0.01	1.1
20	1,300	0.9									0.01	0.9
21	700	0.5									0.01	0.9
22	600	0.5									0.01	1.0
23	600	0.5									0.01	1.0
24	600	0.5									0.01	1.0
25	4,000	2.6									0.03	0.9
26	800	0.5									0.01	0.7
27	800	0.5									0.01	0.7
28	600	0.5									0.01	1.0
29	600	0.5									0.01	1.0
30	1,000	0.7									0.01	1.2
31												
TOTAL	29,500	20.2									0.2	
AVERAGE	983	0.7									0.0	1.0
MAX	4,000											

NUMBER DAYS IN OPERATION 30

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

PWS ID : KY0180549  
 PLANT ID: A

**APPLICABLE TO ALL PLANTS**

REPORT MONTH/YEAR: 06/2020

PAGE 3 OF 11

ANALYTICAL RESULTS (mg/L OR PPM UNLESS OTHERWISE SPECIFIED)														
DAY	pH			TOTAL ALKALINITY		TOTAL HARDNESS		CHLORINE RESIDUAL				TURBIDITY (NTU)		
	RAW	TOP OF FILTER	TAP	RAW	TAP	RAW	TAP	TOP OF FILTER		PLANT TAP		RAW	SETTLED WATER	PLANT TAP
								TOTAL	FREE	TOTAL	FREE			
1											1.26			
2											1.37			
3											1.40			
4											1.45			
5											1.21			
6											1.32			
7											1.46			
8											0.96			
9											0.94			
10											0.82	0.75		
11											0.33	0.25		
12											1.11	0.99		
13											0.75	0.76		
14											0.71	0.64		
15											0.68	0.52		
16											0.83	0.74		
17											0.75	0.61		
18											0.82	0.74		
19											0.83	0.73		
20											1.02	0.96		
21											1.75	1.11		
22											0.92	0.66		
23											0.99	0.71		
24											0.87	0.56		
25											0.75	0.37		
26											1.53	0.51		
27											1.14	1.53		
28											1.00	1.15		
29											2.00	2.04		
30											2.00	2.06		
31														
AVERAGE											1.10	0.88		



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

PWSID: KY0180549  
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 06/2020

\*Please answer Y/N question below this chart.

PAGE 5 OF 11

ANALYTICAL RESULTS (mg/L OR PPM UNLESS OTHERWISE SPECIFIED)												
DAY	FLUORIDE		IRON		MANGANESE		PHOSPHATE		Lowest Daily Chlorine Residual Plant Tap On-Line Chlorine Analyzer Total	RAINFALL INCHES	WATER TEMP. DEGREES F°/C°	
	RAW	TAP	RAW	TAP	RAW	TAP	RAW	TAP				
1									1.26			
2									1.37			
3									1.40			
4									1.45			
5									1.21			
6									1.32			
7									1.46			
8									0.96			
9									0.94			
10									0.82			
11									0.33			
12									1.11			
13									0.75			
14									0.71			
15									0.68			
16									0.83			
17									0.75			
18									0.82			
19									0.83			
20									1.02			
21									1.75			
22									0.92			
23									0.99			
24									0.87			
25									0.75			
26									1.53			
27									1.14			
28									1.00			
29									2.00			
30									2.00			
31												
AVERAGE									Monthly Minimum		Total Rainfall	AVG Temp
									0.33			
									Number of readings	30	0.00	
									For Free Chlorine, # less than 0.2 mg/L	0		
									For Chloramines, # less than 0.5 mg/L			

Disinfectant Chloramines? (Y/N) **N**

PWS ID : KY0180549  
 PLANT ID: A

REPORT MONTH/YEAR: 06/2020

**ALL WATER SYSTEMS**

PAGE 7 OF 11

DAY	DISTRIBUTION SYSTEM OPERATION											
	CHEMICALS ADDED			TEST RESULTS								
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS		TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)								
				NORTH		SOUTH		EAST		WEST		
			T	F	T	F	T	F	T	F		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10					0.62							
11					0.31							
12					1.02							
13					0.45							
14					0.73							
15					0.43							
16					0.64							
17					0.63							
18					0.43							
19					0.65							
20					0.75							
21					0.53							
22					0.62							
23					0.60							
24					0.52							
25					0.53							
26					0.46							
27					1.00							
28					0.64							
29					1.21							
30					1.43							
31												
AVERAGE			Average		0.68							
TOTAL			Total Minimum									
			Free Minimum		0.31							

Total # Chlorine Samples	0	21	0	0	0	0	0	0	0	0
# Less than 0.2 mg/L/0.5 mg/L	0	0	0	0	0	0	0	0	0	0

Number of Free Residuals	21	Minimum Monthly Free Residual	<b>0.31</b>
Number of Total Residuals	0	Minimum Monthly Total Residual	<b>0.00</b>
Total # Less than 0.2 mg/L	<b>0</b>		
Total # Less than 0.5 mg/L			

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

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

PWS ID KY0180549

MONITORING PERIOD (MMYYYY) 06/2020

Y **NOTE: COMPLETE ALL APPLICABLE FIELDS!!! NOT ALL OF THE FIELDS ARE PRE-POPULATED FOR YOU!!!**  
N

**PLANT INFORMATION  
APPLICABLE TO ALL PLANTS**

PLANT ID <u>A</u>	TOTAL WATER TREATED (gallons)	<u>29,500</u>
PLANT NAME <u>Center Ridge Water System #1</u>	AVE. DAILY PRODUCTION (gallons)	<u>983</u>
AGENCY INTEREST <u>0</u>	MAXIMUM PUMPAGE (gallons per day)	<u>4,000</u>

**INDIVIDUAL FILTER EFFLUENT TURBIDITY  
APPLICABLE TO ALL PLANTS WITH FILTRATION**

ANALYTE CODE 0100

Was each filter monitored continuously? (Y/N) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

<b>COMBINED FILTER EFFLUENT TURBIDITY APPLICABLE TO ALL PLANTS WITH FILTRATION</b>	<b>ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION APPLICABLE TO ALL PLANTS</b>
--	---

ANALYTE CODE <u>0100</u>	ANALYTE CODE <u>0999</u>
Number of hours of plant operation <u>20.2</u>	Number of days of plant operation <u>30</u>
Were samples taken every 4 hours of plant operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input checked="" type="checkbox"/>
Number of samples taken <u>0</u>	Number of lowest chlorine samples recorded <u>30</u>
Highest single turbidity reading <u>0.00</u>	Lowest single chlorine reading <u>0.33</u>
For all filtration except slow sand filtration:	If less than required:
Number of samples exceeded 0.1 NTU _____	Was residual restored within 4 hours of plant operation? (Y/N) <input type="checkbox"/>
Number of samples exceeded 0.3 NTU _____	<u>Free Chlorine</u> (for all disinfectants except chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.2 mg/L <u>0</u>
When filtration is slow sand filtration:	<u>Total Chlorine</u> (when disinfectant is Chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.5 mg/L _____
Number of samples exceeded 5 NTU _____	

<b>CHLORINE DIOXIDE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE</b>	<b>CHLORITE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE</b>
--	--

ANALYTE CODE <u>1008</u>	ANALYTE CODE <u>1009</u>
Number of days of plant operation <u>30</u>	Number of days of plant operation <u>30</u>
Were samples taken each day of operation? (Y/N) <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) <input type="checkbox"/>
Number of samples taken <u>0</u>	Number of samples taken <u>0</u>
Highest single chlorine dioxide reading <u>0.00</u>	Highest single chlorite reading <u>0.00</u>
Number of chlorine dioxide samples exceeded 0.8 mg/L <u>0</u>	Number of chlorite samples exceeded 1 mg/L <u>0</u>

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

**X**  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



RECEIVED  
OCT 21 1998

2

# KENTUCKY WELL INSPECT FORM

Record  
0004-9099

(if app

Note: Water well labels begin with "8".  
monitoring well labels begin with "8".

(1) AKGWA NUMBER 0004-9099

(2) OWNER/FACILITY INFORMATION  
Well Owner's Name: Tom Holderby Center Ridge Water System  
Mailing Address: 1715 Holiday Dr Murray KY Zip: 42071  
City: Murray State: KY Zip: 42071  
Phone: (502) 253-7124

(3) WELL RECORD LABEL LOCATION:  
 well casing  pressure tank  water pipe  
 well cap  electric box  not labeled  
 pump  other *pump line in well*

(4) USGS Quadrangle Name Rushing Creek County Callaway  
WELL LOCATION Latitude 36° 38' 48" Longitude 88° 04' 59"

(5) PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 Blue Grass  Ohio River Alluvium  
 E. Coal Field  W. Coal Field  
 Miss. Plateau  Jackson Purchase *M.B.S. Embayment*

(6) DRILLER INFORMATION  
Who Constructed Well?  unknown  
Address: State: Zip:  
City: State: Zip:  
Date Well Completed:  unknown  
Month Day Year

(13) WELL USE (check all that apply)  
 domestic  livestock  not used  
 public  irrigation  abandoned  
 industrial  monitoring  
 other  
PWSID# 0180549  
Water Withdrawal Permit #

(18) ELEVATION  
480 ft. AMSL  
From  ground surface  top of casing  
By  map  survey  report  GPS

(7) GENERAL  
Type of Construction:  
 drilled/augered  
 excavate & backfill  
 hand dug/blasted  
Depth of Well: 170 ft.  
 measured  
 reported  
 unknown  
Static Water Level, ft. below surface:  
 measured  
 reported  
 not measured  
 can't be measured  
Well Yield:  
 gpm  gph  gpd  
 measured  
 estimated  
 unknown

(9) WELLHEAD  
Is Well Located in a Pit?  
 yes  no  unknown  
Wellhead (casing top):  
 well cap  sanitary seal  
 flush mount  locking cap  
 open  unknown  
Casing Above Ground Level?  
 yes  no  unknown  
12 inches above ground.  
Discharge Pipe Below Surface?  
 yes  no  unknown  
Pitless Adapter Used?  
 yes  no  unknown

(14) WELL SERVICE  
Number of People Served: 231  
Number of Service Connections: 77  
Any Quantity Problems?  yes  no  
Any Quality Problems?  yes  no  
If "yes", describe in COMMENTS section, below.

(19) TREATMENT SYSTEM  
 none  
 water softener  
 ultraviolet  
 chlorination  
 aeration  
 charcoal filter  
 sand filter  
 iron treatment  
 fluoridation  
 other  
Treatment Bypass Available?  yes  no

(8) SURFACE ANNULAR MATERIAL:  
 clay  drill cuttings  
 cement  unknown  
 open  sand  gravel  
 concrete pad

(10) PUMP DETAILS  
Date Installed: 78  
 unknown Month Day Year  
Pump Type:  
 submersible  bailer  
 turbine  jet  hand pump  
 none  other  unknown  
Intake Level: ft. below surface  
Electric Connection:  
 2 wire  3 wire  unknown

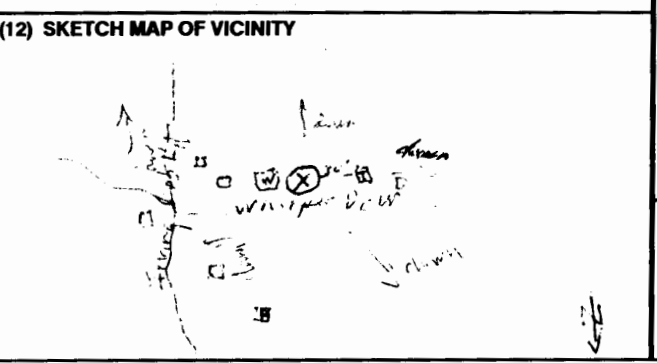
(15) COMPLIANCE TO STANDARDS  
Construction in Compliance with KY Standards?  
 yes  no  unknown  pre-law  
If "no", describe in COMMENTS section, below.

(16) RELATIVE LOCATION  
 upgradient  sidegradient  unknown  
 downgradient  varying  N/A  
(17) INSPECTION INFORMATION  
Date of Inspection: 12 17 97  
Month Day Year  
Water Quality Sample Taken:  yes  no  
Reason for Inspection:  
 general survey  
 specific complaint investigation  
 spill or incident response  
 contamination site investigation  
 enforcement  
 general water quality analysis  
 ambient groundwater monitoring  
 other *Wellhead Protection Program*  
Program Name and Facility ID#:  
Alternate Well ID#:

(20) OPTIONAL USE  
Will Owner Allow State Access?  
 yes  no  unknown  
Extent of Monitoring Allowed:  
 collect sample  
 measure SWL  
 pump well  
 complete access  
 notification required  
 other (describe below)  
Monitoring Feasibility:

(11) WELL CONSTRUCTION DETAILS

Feet Below Surface From	To	Casing Inside Dia. (in.)	Casing Type	Casing Wall Thickness (in.)
		4"		



(21) COMMENTS: w/ Site Dev...  
W = wellhead  
T = turbine

(22) INSPECTOR IDENTIFICATION  
Name: ELLISON ERNIE A  
Last First MI Inspector ID#  
Agency:  DOW  DWM  CHR  KGS  other  
Signature of Inspector: [Signature] Date: 12/17/97

## **Attachment 4**

### **WHPP Drinking Water Planning Team**

Leader:

Jay Favor, CSWR – Director Environmental Health & Safety  
Oversees all facility operations for Bluegrass Water UOC. Directs team to carry out operation tasks.

Team:

Ali Alexander, CSWR – Environmental Compliance Officer  
Oversees facility compliance with State and Federal Regulations/Statutes.

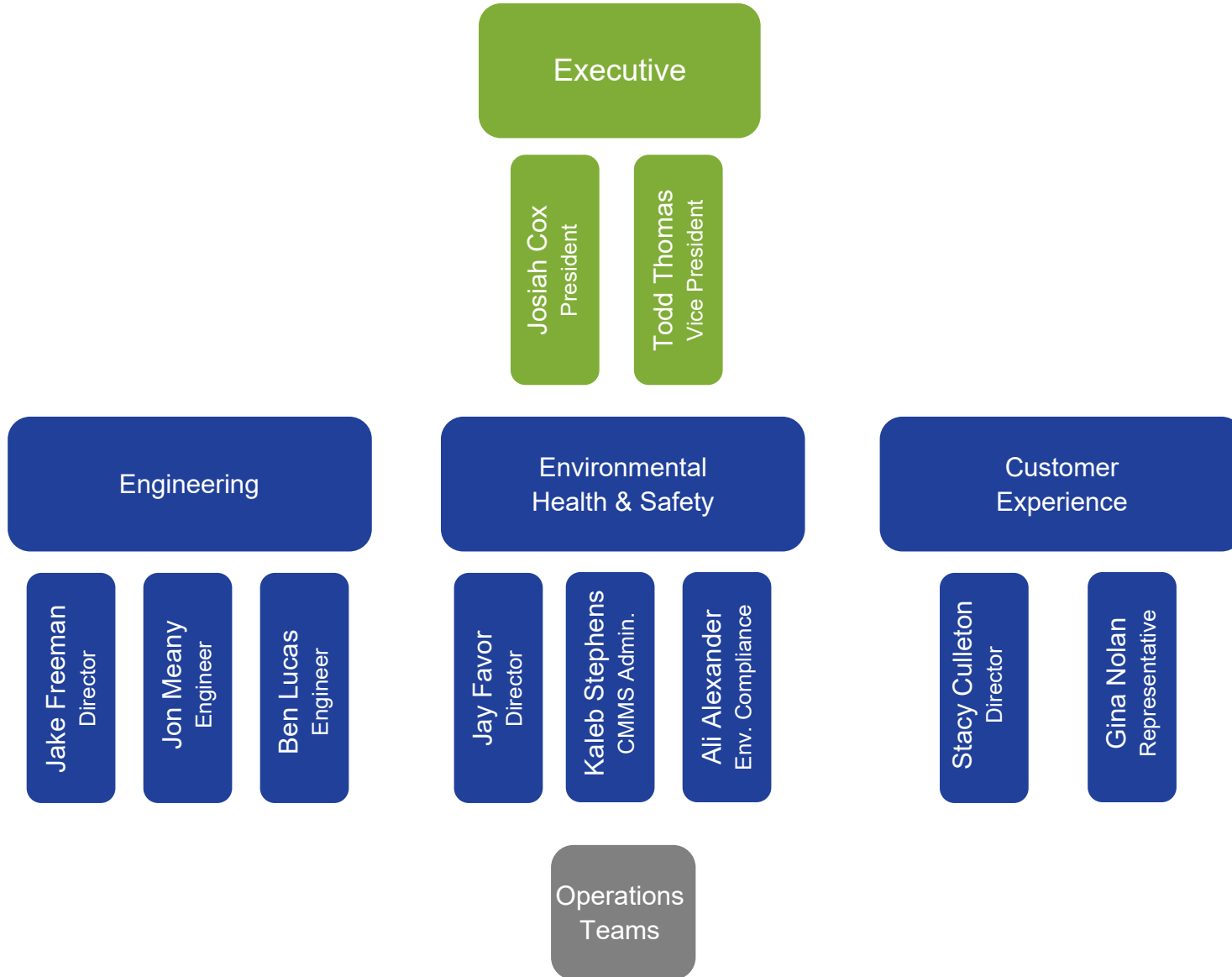
Stacy Culleton, CSWR – Director Customer Experience  
Oversees communications between operators and customers.

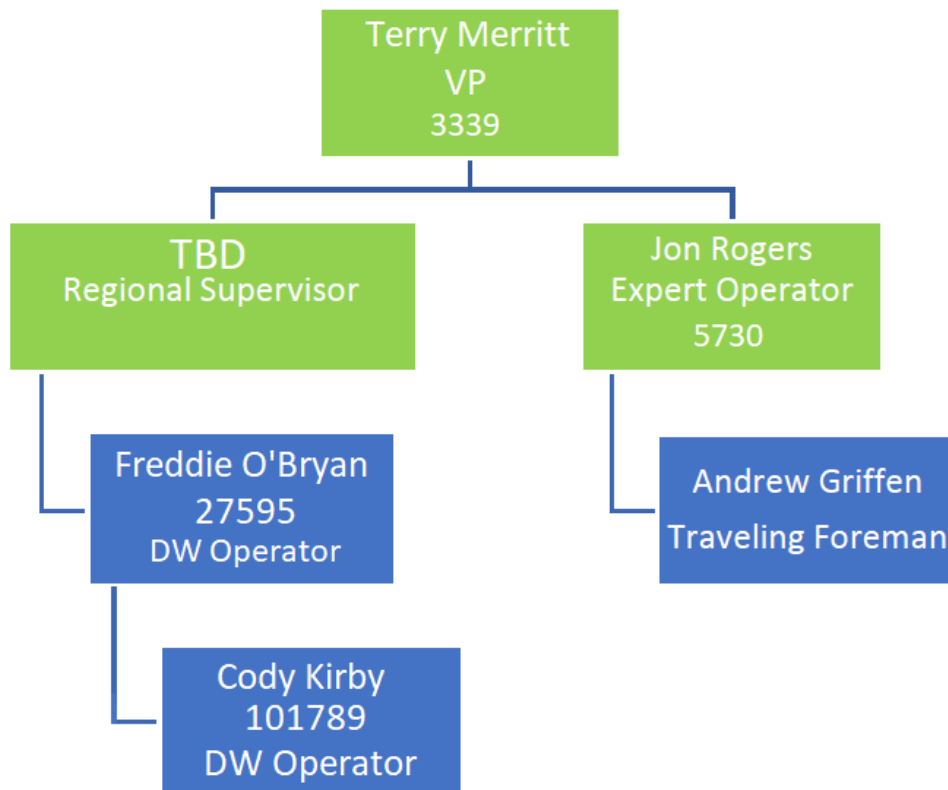
Gina Nolan, CSWR – Customer Experience Representative  
Carries out customer communication.

Terry Merritt, Midwest Water Operations – Vice President  
Oversees all facility operators and directs staff to carry out daily operation tasks.

Freddie O’Bryan, Midwest – Operator (Primary)  
Oversees facility operations.

Cody Kirby, Midwest – Operator (Back-up)  
Oversees facility operations.







## **Attachment 5**

### **WHPA Delineation Information**

The well at Center Ridge Water System is a four (4) inch diameter well with an approximate surface elevation of 440' msl.

The well has a reported depth of 170 feet for a completion elevation of 270' msl. There is approximately 25' of standing water in the well for a static water elevation of 291' msl. No pump tests have been performed on the well so there is very little documentation of aquifer characteristics or well performance.

A search of the Division of Water's data shows two (2) wells are located close to Center Ridge Water System, both of the wells are privately owned and there has been no pump tests on either of these wells.

Most of the hydro logic information therefore is derived from the hydrologic atlas. It appears from the information gathered and the well locations that all of the wells are completed in the Fort Payne Formation.

The Fort Payne yields the most water from gravel like chert rubble in the formation caused by pre-cretaceous erosion and along solution opening of joints along fault zones. The chert rubble has hydrologic characteristics resembling unconsolidated gravel. Water in the rubble drains from areas of pinnacles of limestone towards collapse structures (areas of thick deposits of chert rubble formed by solutinal collapse along former drainage channels and fracture zones. In areas of faulting the chert zones tend to be thicker, which will allow for more water movement.

No pump tests or aquifer tests were conducted to determine aquifer characteristics, well construction information did not include screen length so that the WHP A could not be calculated. Therefore, the 400' radius will be used as the WHPA-1, and the hydrologic boundaries will be the WHPA-2 and WHPA-3.

All public water systems using groundwater as their water source must delineate a Wellhead Protection Area (WHPA).

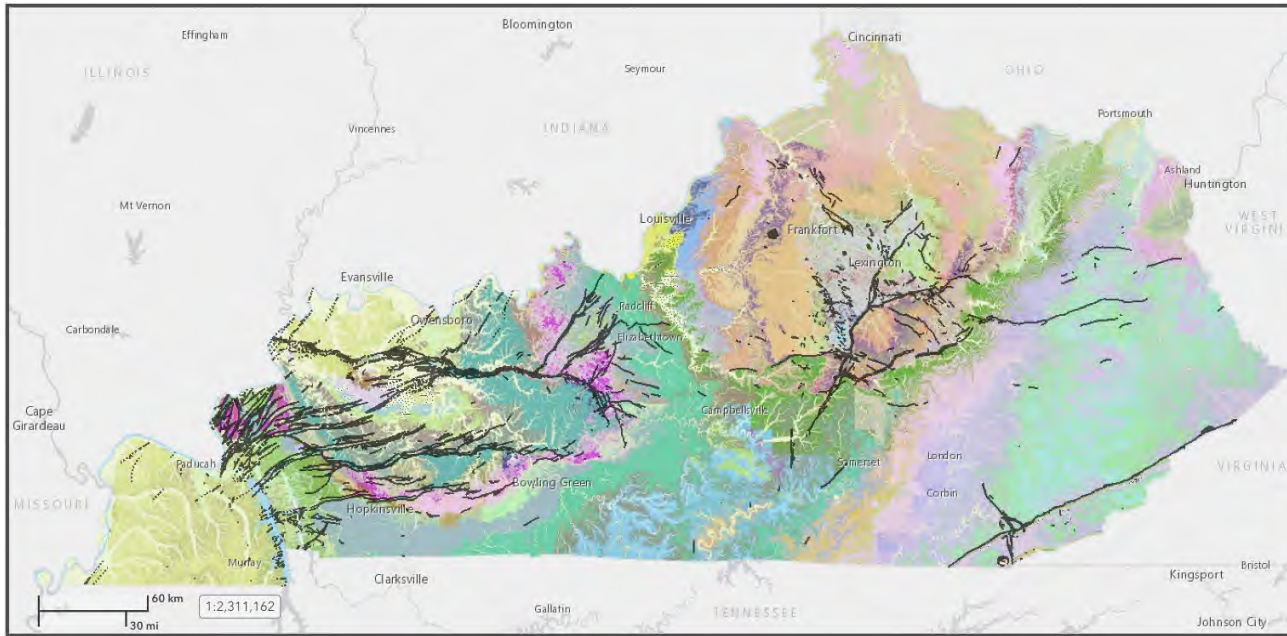
The WHPA is divided into three (3) categories designated at WHPA-1, WHPA-2, and WHPA-3. WHPA-1 is the area directly adjacent to the well and is based on a 180-day time-of-travel or a 400' fixed radius depending upon the availability of data. WHPA-2 is farther away from the well and is based on the ten (10) year time-of-travel. WHPA-3 is the boundary marking the outer limits of the recharge area (hydrogeologic boundary).

Center Ridge Water System wellhead protection area WHPA-1 is delineated as a 400' fixed radius. Due to the cost of performing well tests there is very little aquifer data and no well pump data it is impossible to determine a 180-day time-of-travel.

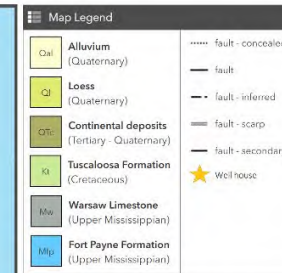
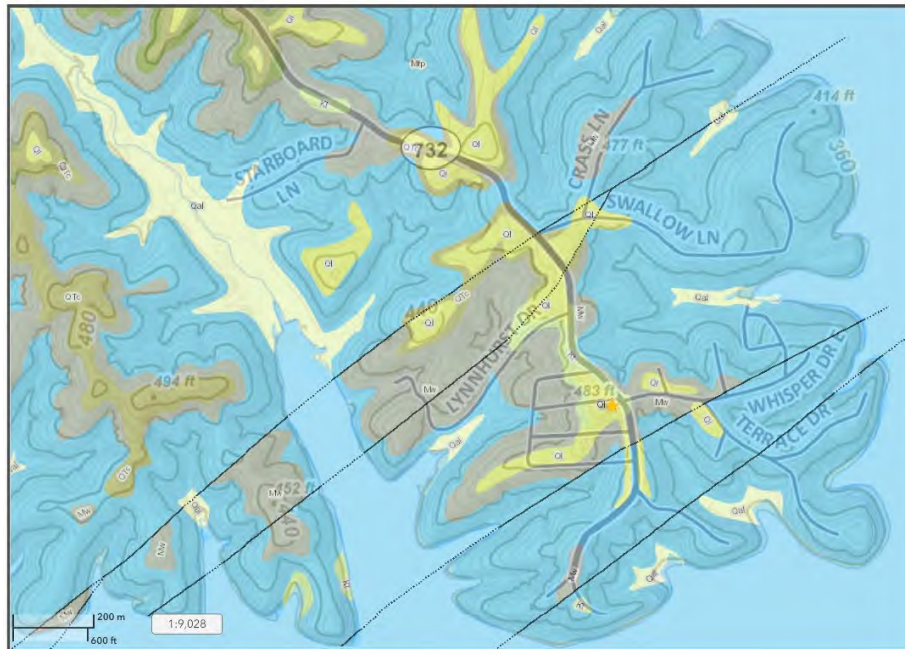
WHPA-2 and WHPA-3 were determined to be the same area since it was not possible to determine a ten (10) year time-of-travel. WHPA-2/WHPA-3 is the potential hydrologic boundary for the zone of contribution.

Since there are several faults in the area of the well the most conservative hydrogeologic boundary was chosen. The WHPAs are shown on the map (Attachment 6).

# Kentucky Geology



# Center Ridge Water System Geology






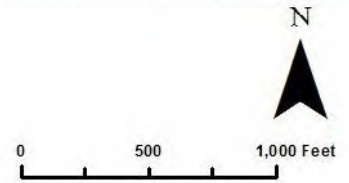
**Attachment 6  
Delineation Map**



Note: KY Beach resort WHPA partially lies within the Center Ridge #1 WHPA

**Center Ridge #1 WHPA**

-  WHP Area 1
-  WHP Areas 2 & 3
-  Well

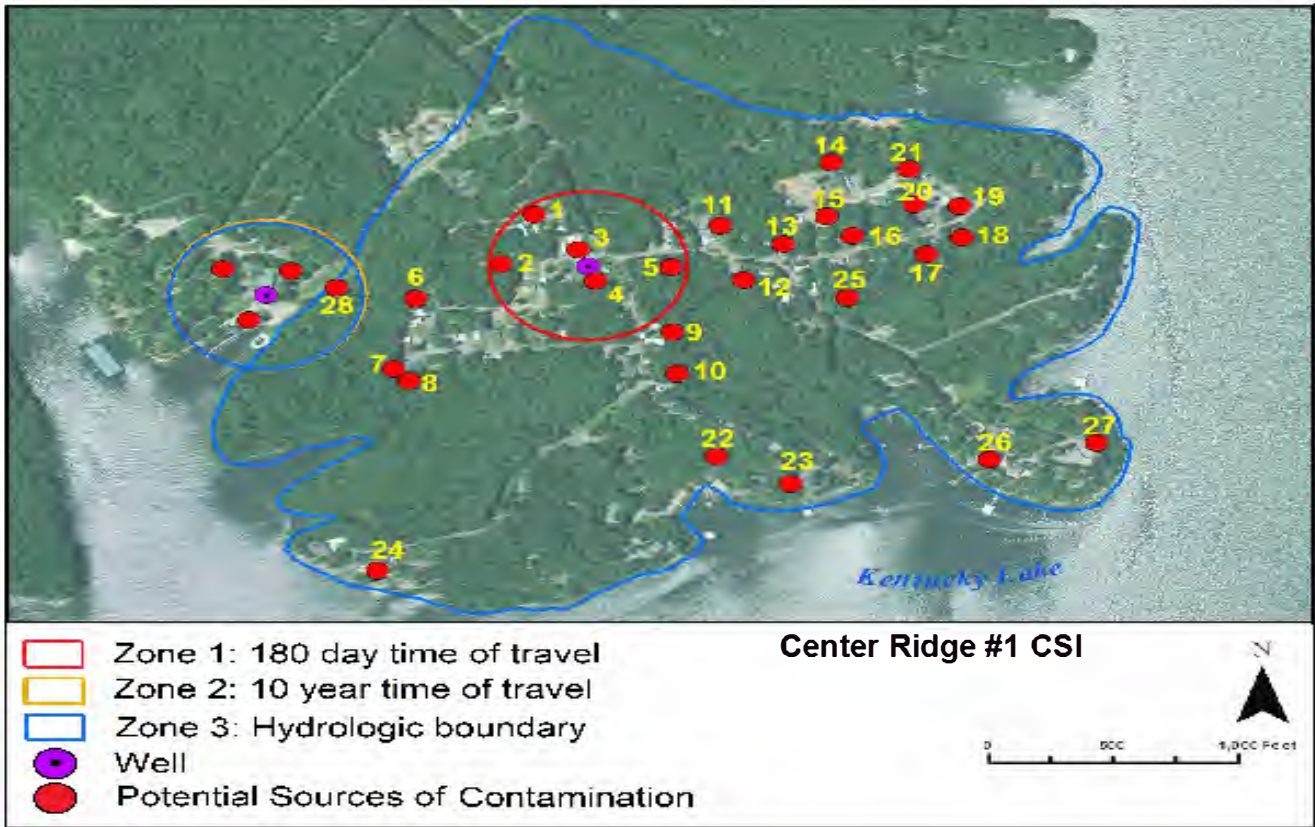


## Attachment 7 CSI Summary & Map

The Center Ridge Water System withdraws water from the Mississippi Embayment (Jackson Purchase) region of Kentucky. According to the Kentucky Division of Water's Guide for Wellhead protection, the hydro logic sensitivity value for the aquifer rates as a two on a scale of one to three (three being the highest).

There are a total of twenty-seven potential sources of contamination within Center Ridge's wellhead protection areas. All of these potential sources are ranked as having a medium risk to contamination of the aquifer. Each source that has been identified is a septic system located in either WHPA-1 or WHPA-3.

Since there are no low risk or high risk sources, with twenty-seven medium risk sources the aquifer has been determined to have a medium risk ranking. This ranking is influenced by the nature of the aquifer that has a medium sensitivity value, the nature of the potential contaminant sources, and historical water quality results.



<b>Contaminant Source Inventory and Susceptibility Analysis for Center Ridge Water District #1</b>									
Contaminant Source ID #	Contaminant Source/Land Use	Address	Quantity	WHPA	Proximity Ranking	Contaminant Value	Hydrologic Sensitivity	Numeric Rating	Susceptibility Ranking
1-5	Septic Systems	Center Ridge #1, New Concord, KY	5	1	3	2	4	16	High
6-28	Septic Systems	Center Ridge #1, New Concord, KY	23	3	1	2	4	12	Medium
<b>Susceptibility Ranking Totals:</b>							High	Med	Low
28							5	23	0

## **Attachment 8**

### **Previous Management Strategy and Newly Proposed Management Strategies**

The purpose behind managing a wellhead protection area is to minimize the impact of land uses that threaten the quality and quantity of the public's drinking water supply. The underlying theme is simply to prevent pollution. Preventing pollution is the key to keeping groundwater supplies safe and to protect public health. Once a drinking water supply becomes contaminated, the community is faced with the difficult and costly task of installing additional treatment facilities or locating an alternate source.

Virtually all man-made land use activities have the potential to degrade groundwater quality. There are numerous factors that control the impact of land uses upon groundwater. The two most prominent factors are the geology of the area and the type of land use. The geology controls the direction and rate that a contaminant can travel, whereas the land use dictates the quantity and toxicity of the contaminant. This means that a particular land use in a less sensitive geologic setting may never significantly impact groundwater quality, but the same land use in a geologically sensitive setting can render groundwater unusable for human consumption. This is why a management plan must be tailored to each public water system.

The overall strategy of the management plan is to minimize the impact of the threats identified in the contaminant source inventory through regulatory and/or non-regulatory means.

#### **Management Strategies**

The Center Ridge System well field is located in a rural community. Most contaminant sources can be directly controlled through existing regulatory programs. Therefore, the management strategies for protecting the drinking water supply will be a combination of regulatory compliance and public education.

The rationale for this decision is to use as many management strategies as possible to prevent contamination of the aquifer. Regulatory compliance management strategies will be used for those potential contaminant sources already identified through the contaminant source inventory that are subject to Groundwater Protection Planning regulations (401 KAR 5:037) or Kentucky's Agriculture Water Quality Act of 1994. The purpose of a groundwater protection plan is to ensure protection for all current and future uses of groundwater and to prevent groundwater pollution. Public awareness will be used to educate the surrounding community in their part in protecting the groundwater resource.

Center Ridge Water System proposes the following management strategies for protecting their water supply.

#### **Regulatory Compliance Objectives:**

1. Center Ridge Water System will comply with groundwater protection planning regulations by completing a groundwater protection plan for their water supply well.

#### **Public Education and Awareness Objectives:**

2. A public notice will be posted to inform residents about their wellhead protection plan.

## Attachment 9 WHPP Contingency and Planning

### Emergency Response Phone List

Local Emergency Response	Phone Number
Operator: <b>Freddie O'Bryan</b>	(270) 331-8482
Ambulance District: <b>Murray-Calloway Co. EMS</b>	(270) 753-9333
Fire Department: <b>Fire-Rescue</b>	(270) 753-4112
Kentucky State Fire Marshall	(502) 573-0382
Sheriff's Department: <b>Calloway</b>	(270) 753-3151
State Highway Patrol: <b>KSP Post 1</b>	(270) 856-3721

Kentucky DOW: <b>Frankfort</b>	(502) 564-3410
Kentucky DOW RO: <b>Paducah</b>	(270) 898-8468
Kentucky Environmental Response Team	(502) 564-2380
24-hr Emergency Response Line	(800) 928-2380
County Health Department: <b>Calloway</b>	(270) 753-3381
Kentucky Public Service Commission	(502) 564-3940

Bluegrass Water UOC Customer Service	(866) 752-8982
Jay Favor	(314) 380-8525
Ali Alexander	(314) 380-8533
Stacy Culleton	(314) 380-8546
Gina Nolan	(314) 380-8544

### Procedures for Public Notification:

In the event of a water system emergency that would threaten the health or life of the public, use the following procedure. Provide Jay Favor, Ali Alexander, Stacy Culleton, and Gina Nolan a summary of the issue including time of onset, if the KyDOW was notified, and if the County Health Department was notified. Stacy & Gina will draft public notification and directions for customers which will be provided to customers on the Bluegrass Water UOC website, facebook, by email, and/or by direct handout via the operator. Stacy & Gina will coordinate with Ali to communicate with appropriate regulatory authority as needed. If additional notification is needed use the local newspaper as directed.

### Potential Future Problems:

The most common scenario that could threaten the water supply is bacteriological and/or chemical contamination from a leaking septic system.

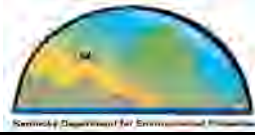
### Alternative Water Supply (Short and Long Term):

Bacteriological contamination is mitigated by disinfecting the water system. If there were indicators of bacteriological contamination in the drinking water the facility would be placed on a boil water advisory until the problem is eliminated. If chemical contamination (such as nitrate/nitrite) is discovered in the water the facility would be placed on a do not drink advisory until the source of contamination was discovered and eliminated. If a long-term solution is needed, the facility would add centralized/localized treatment to eliminate the issue. As needed, water could be hauled in for use during these events.

### Schedule for Update and Review:

The Wellhead Protection Plan will be reviewed regularly and updated every five years as required by regulation.

**Attachment 10  
Public Education Material**



**Energy and Environment Cabinet**

**Generic Groundwater Protection Plan:  
Residential Septic Systems**

**HOMEOWNER'S SEPTIC SYSTEM GUIDE AND  
RECORD KEEPING FOLDER**

The purpose of 401 KAR 5:037 and this groundwater protection plan is to prevent groundwater pollution. Understanding how your septic system works and following good operation and maintenance practices are the keys to preventing groundwater pollution.

This folder provides you with that information. By carefully reading it and following the guidelines, you will not only protect groundwater, but also should receive many years of trouble-free service from your system.

Keeping records will enable you to better protect and maintain your septic system. In case you sell your house, your records will show a prospective buyer that your system has been properly maintained.

**FOR YOUR RECORDS**

1. Maintenance Log: Date, what was done and reason for the maintenance (Example: measure sludge and scum layers, pump the tank).
2. Inspection Log: Date, what you observed upon walking over the septic system (Example: any unpleasant odors, soggy soil, lush green grass over the lateral lines, surfacing wastewater).
3. Site Drawing: Show accurately the layout of the system on your lot. Include exact distances of each portion of the system from at least two (2) fixed reference points (corner of house, garage, large trees, property line markers).
4. Any permits or receipts.
5. Residential Address \_\_\_\_\_

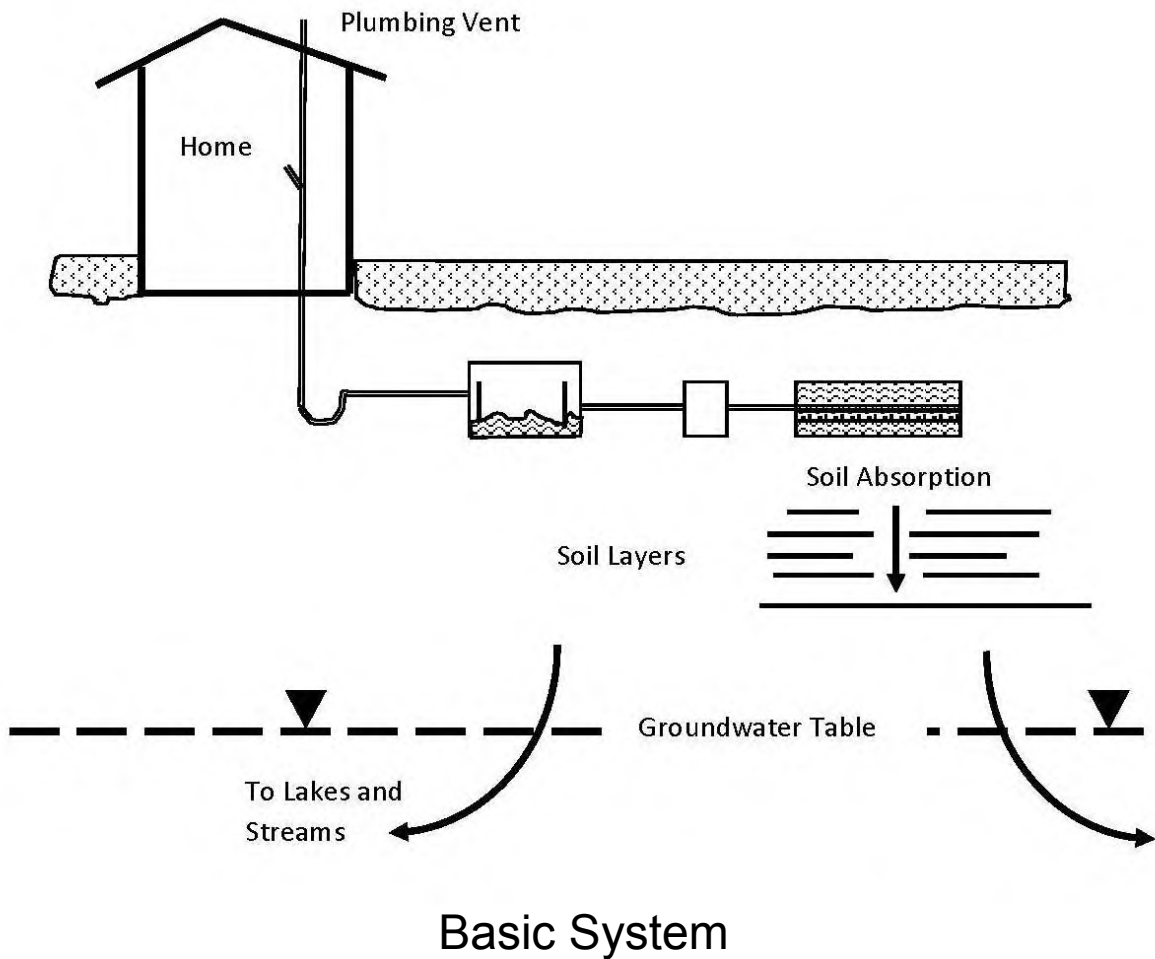






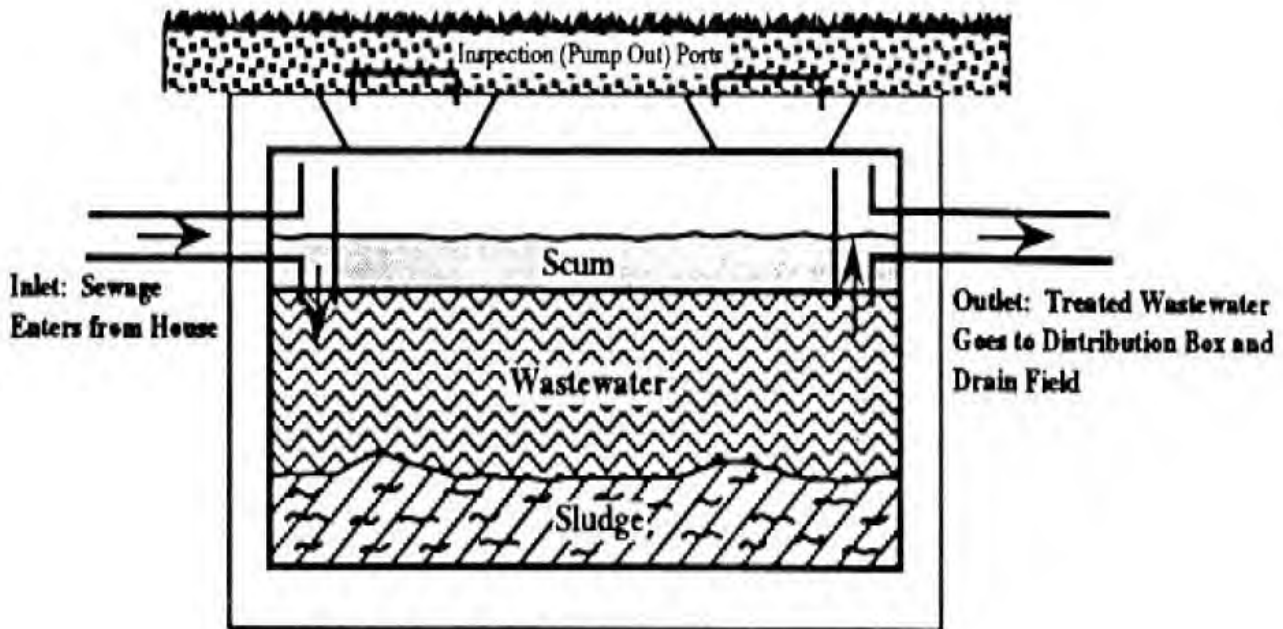
# SYSTEM DESCRIPTION

A septic system uses natural processes to treat and dispose of the wastewater in your home. It typically consists of a septic tank and a drainfield (also called a leachfield, lateral field, or subsurface soil absorption beds/trenches). The system accepts both "blackwater" (toilet wastes) and "greywater" (wastes from the kitchen sink, bath tub/showers, and laundry). Water that should not be discharged to the system includes water from foundation or footing drains, roof gutters, and other "clear" water.



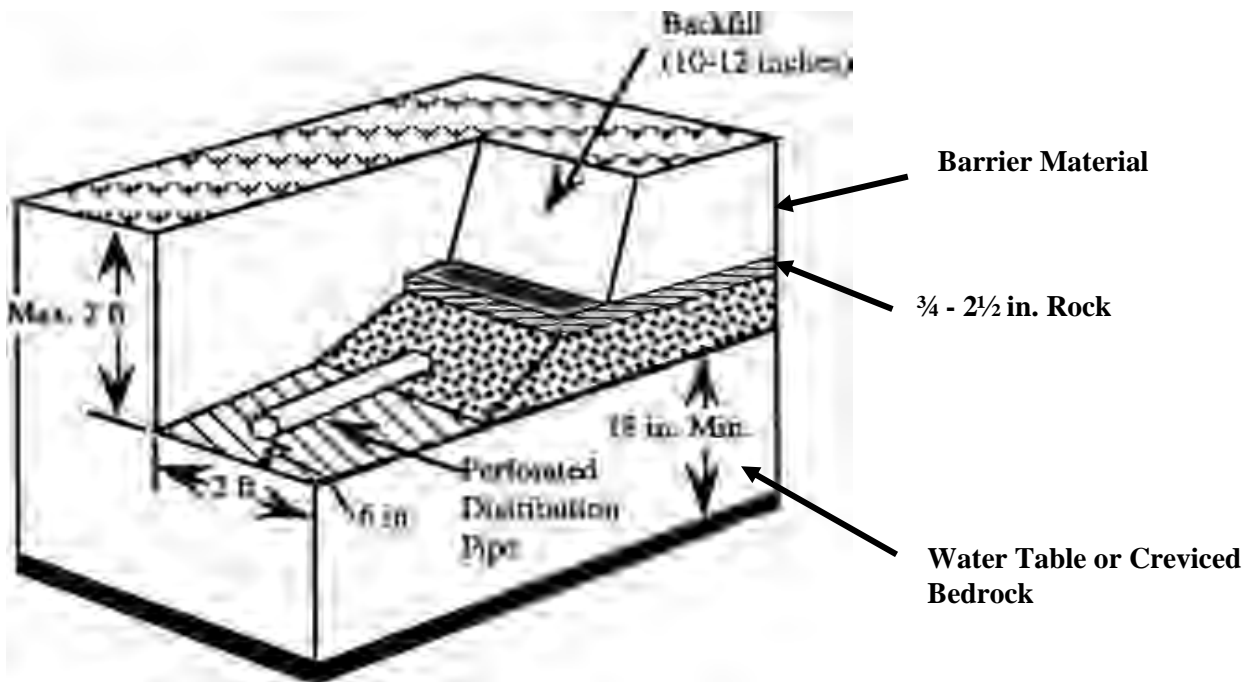
# SEPTIC TANK

The septic tank provides the first step in treatment by separating the solids from the liquids. The wastewater is retained in the tank for 24 hours or more. During this time the heavier solids settle the bottom to form a sludge layer while the lighter solids float to the top to form a scum layer. Bacteria break down the solids, producing carbon dioxide, hydrogen sulfide, and other gases in the process. These gases are vented through the plumbing vent on your house roof. Since the bacteria reduce only about 40 percent of the sludge and scum volume, the tank must be pumped regularly (approximately every three to five years) to remove the accumulated solids. If the tank fills with sludge and scum, the solids will overflow into the drainfield and quickly clog the soil, resulting in system failure.



# THE DRAINFIELD

The drainfield provides the final treatment of the wastewater and disposes of it through groundwater recharge. The typical drainfield is composed of trenches or beds which are shallow, level excavations installed one to one and a half feet above the groundwater table. Each trench contains a perforated distribution pipe through which wastewater drains into the gravel. The water is stored in the gravel until it can seep into unsaturated soil underlying and adjacent to the trench. As the wastewater moves slowly through the gravel and soil, many of the disease-causing bacteria and viruses are filtered out, or adsorbed and held by the soil particles until they die. Where soils do not permit a drainfield to adequately treat septic tank effluent, an additional or alternative treatment system must be used in conjunction with the drainfield. Alternative systems primarily used in Kentucky are constructed wetlands and sewage lagoons. These alternative systems have their own operation and maintenance guidelines. If you would like information about these guidelines, contact the Groundwater Section.

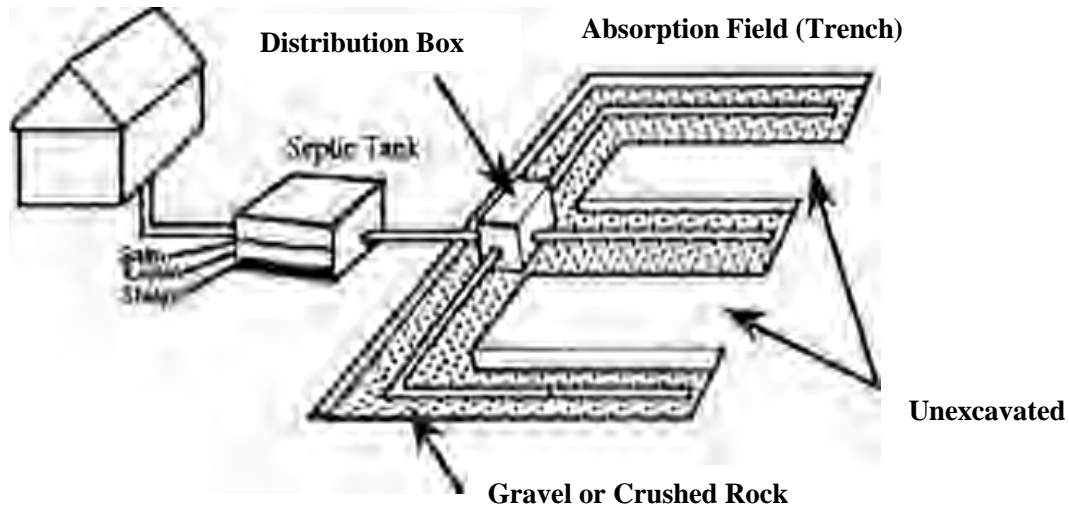


Conventional Rock Drainfield Trench Cross-Section

# TAKING CARE OF YOUR SYSTEM

Your septic system represents a significant investment worth protecting. The old "An ounce of prevention is worth a pound of cure" is so true when it comes to the care of your septic system. If you follow the operation and maintenance guidelines below, your system will function better and last longer, and you will avoid the nightmare and se of a failed system. Most important, your a will not be polluting groundwater.

## Conventional Septic System



### DO

- Conserve water to reduce the amount of wastewater that must be treated and disposed.
- Repair any leaking faucets and toilets.
- Discharge only biodegradable wastes into system.
- Divert down spouts and other surface water away from your drainfield.
- Keep your septic tank cover accessible for tank inspections and pumping
- Have your septic tank pumped regularly and checked for leaks and cracks.
- Call a professional when you have problems
- Compost your garbage or put in trash.

### DON'T

- Use a garbage grinder.
- Flush sanitary napkins, tampons, disposable diapers, condoms and other non-biodegradable products into your system.
- Dump solvents, oils, paints, thinners, disinfectants, pesticides or poisons down the drain. These materials can disrupt the treatment process and contaminate the groundwater.
- Dig in your drainfield or build anything over it.
- Plant anything over the drainfield except grass
- Drive over you drainfield or compact the soil in any way.

If you have any questions or need additional information, contact:

The **Groundwater Protection Program Coordinator**

**Kentucky Energy and Environment Cabinet  
Kentucky Division of Water  
Watershed Management Branch  
Groundwater Section  
300 Sower Boulevard, 3<sup>rd</sup> floor  
Frankfort, KY 40601  
(502) 564-3410**

**Groundwater Protection Plan Regulation 401 KAR 5:037**  
<http://water.ky.gov/groundwater/Pages/GroundwaterProtection.aspx>

**Kentucky Cabinet for Health and Family Services  
Department of Public Health  
Environmental Management Branch  
275 E. Main St.  
Frankfort, Ky. 40621  
(502) 564-4856**

**Onsite Regulations 902 KAR 10:085  
Septic Tank Servicing Regulation 902 KAR 10:170**  
<http://chfs.ky.gov/dph/info/phps/enviromgmt.htm>

***Homeowner's Manual Onsite Sewage Disposal Systems***  
<http://chfs.ky.gov/NR/rdonlyres/CA014E47-2256-444D-8FE4-84C9FF456C8E/0/onsitesewagemanual.pdf>

**Check List  
for  
Evaluating Your Septic System**

- 1.** Find and mark the location of the septic system, you should map this information in the space provided in your Groundwater Protection Plan: "Homeowner's Septic System Guide and Record Keeping Folder."
- 2.** When was the septic tank last pumped?  
\_\_\_\_\_
- 3.** If the tank was last pumped over three years ago, or if you have recently moved into the house and don't know when the tank was last pumped, contact a septic tank pumper. Have him service the tank and check the baffles.
- 4.** Do toilets flush slowly and does water drain slowly from sinks and tubs, or does either "gurgle"?  
Yes  No
- 5.** Is there any standing water, soggy ground, or smelly liquid in or near the drainfield?  
Yes  No
- 6.** Does the ground slope toward the septic system?  
Yes  No
- 7.** Are your septic tank and drainfield less than 100 feet from a lake, stream, or pond?  
Yes  No
- 8.** Are water-loving trees such as willows, sycamores, birches, or water maples growing within 10 feet of the septic tank?  
Yes  No
- 9.** Are there any areas over the septic tank or drainfield where people have frequently driven their cars or trucks?  
Yes  No
- 10.** Have any additions been made to the house since the present septic system was installed?  
Yes  No
- 11.** Do you have dripping faucets or a toilet that runs continuously or gradually loses water from its tank?  
Yes  No
- 12.** Do you put cigarette butts, coffee grounds, cooking fats, disposable diapers, facial tissue, wet-strength towels, or other non-biodegradable materials into your septic tank?  
Yes  No

If you have answered YES to one or more of questions 4 - 12, the septic system may not be functioning correctly. Call your local health department, or seek other professional help. Should repair of the system be necessary, be sure to engage the services of a professional who has a groundwater protection plan on file.

# **BLUEGRASS WATER**

**Utility Operating Company**

A CSWR Managed Utility

## **Wellhead Protection Plan**

for

### **Center Ridge Water District #2**

KY0180509, Calloway County

356 Pineview Drive  
New Concord, KY 42076

WPP Phase I approved on January 24, 2000 & WPP Phase II approved on  
September 4, 2003 by the Kentucky Division of Water

Revisions and recertification to be conducted by water system personnel every five (5) years.  
Revised by Central States Water Resources EH&S personnel on August 20, 2020



# Table of Contents

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1. Facility Service Area Map
2. June 2020 Monthly Operating Report
3. Historical Well Inspection
4. Bluegrass Water UOC Planning Team
5. Wellhead Protection Area Delineation Information
6. Wellhead Protection Area Delineation Map
7. Contaminant Source Inventory Summary and Map
8. Previous and Proposed Management Strategies
9. Contingency and Wellhead Protection Planning Information
10. Public Education Materials

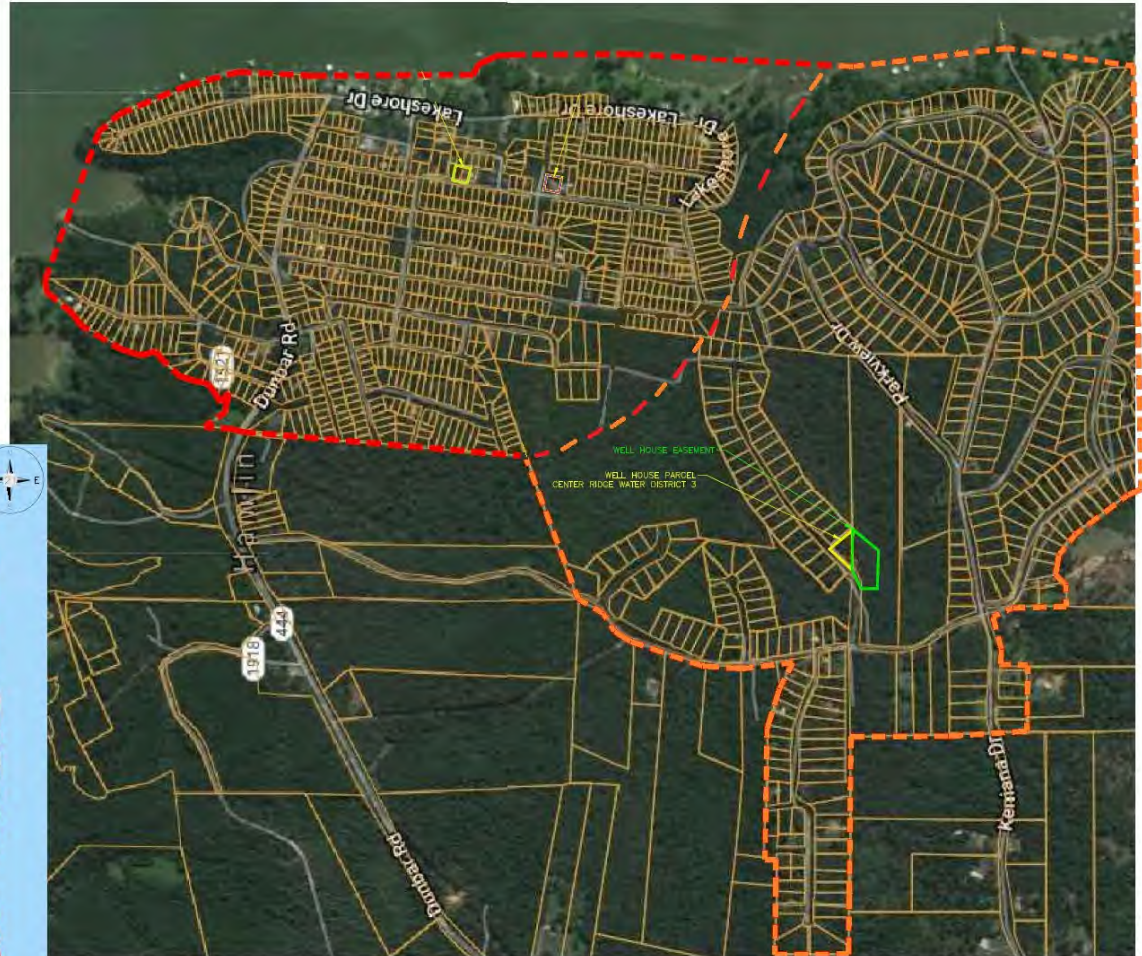
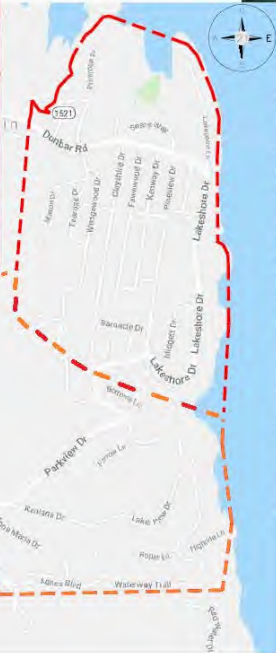
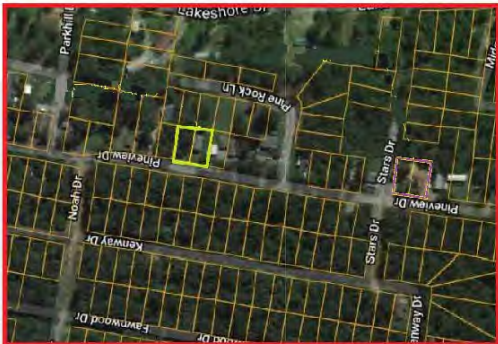
# Attachment 1

## Service Area of Center Ridge Water District #2



- Legend**

  - CRWD #2 Service area
  - Well #1
  - Well #2
  - CRWD #3 Service area
  - Well #1 & #2
  - Easement



Utility Note Disclaimer:  
The utilities shown hereon are depicted based on the original design plans provided by the system manager. 21 Design Group, Inc performed no field verification of the layout and are unable to determine the exact location of this time. The location represents approximate location only and should not be construed as being 100% accurate. It is shown to provide general layout of the system only and should not be used to interpret encroachments.

DATE	12/04/20
BY	21 DESIGN GROUP
SCALE	AS SHOWN
HEET	1 of 1
PROJECT	2022-00432

1301 Jefferson, Suite 301  
Washington, NC 27880  
Phone: 703.432.9279  
Fax: 703.432.9279

**Attachment 2  
June MOR**

**KENTUCKY DIVISION OF WATER  
DRINKING WATER BRANCH**

Revised 05/26/20



**MONTHLY OPERATION REPORT (MOR)--ALL WATER SYSTEMS**

MONTH & YEAR (mm/yyyy) **06/2020**

Indicate one with "X"

<input type="checkbox"/>	SURFACE WATER
<input checked="" type="checkbox"/>	GROUNDWATER
<input type="checkbox"/>	PURCHASE/DISTRIBUTE ONLY

PWS ID :	<u>KY0180509</u>	PLANT ID: <u>A</u>	PLANT NAME:	<u>Center Ridge Water System #2</u>
PWS NAME:	<u>Center Ridge Water System #2</u>	PLANT CLASS: <u>I</u>	DIST. CLASS:	<u>I</u>
AGENCY INTEREST (AI):	<u>33825</u>	DATE MAILED:	_____	
SOURCE NAME:	<u>Well</u>	COUNTY:	_____	
OPERATOR(S) RESPONSIBLE / IN-CHARGE		CLASS	CERTIFICATION NUMBER	
WTP SHIFT 1:	<u>Freddie 'Bryan</u>	<u>IV</u>	<u>595</u>	
WTP SHIFT 2:	_____	_____	_____	
WTP SHIFT 3:	_____	_____	_____	
DISTRIBUTION:	<u>Freddie O'Bryan</u>	<u>III</u>	<u>27595</u>	

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

**TREATMENT PLANTS COMPLETE:**

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

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

X  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PWS ID : KY0180509  
 PLANT ID: A

REPORT MONTH/YEAR: 06/2020  
 PAGE 1 OF 11

**APPLICABLE TO ALL PLANTS**

DAY	RAW WATER TREATED GALLONS	HOURS PLANT OPERATED	COAGULANT		COAGULANT		pH ADJUSTMENT		DISINFECTANT		DISINFECTANT	
			LBS	PPM	LBS	PPM	Pre		Pre		Post	
							LBS	PPM	LBS	PPM	LBS	PPM
1	No meter											
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
TOTAL												
AVERAGE												
MAX												

NUMBER DAYS IN OPERATION 0

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

PWS ID : KY0180509  
 PLANT ID: A

**APPLICABLE TO ALL PLANTS**

REPORT MONTH/YEAR: 06/2020

PAGE 3 OF 11

ANALYTICAL RESULTS (mg/L OR PPM UNLESS OTHERWISE SPECIFIED)														
DAY	pH			TOTAL ALKALINITY		TOTAL HARDNESS		CHLORINE RESIDUAL				TURBIDITY (NTU)		
	RAW	TOP OF FILTER	TAP	RAW	TAP	RAW	TAP	TOP OF FILTER		PLANT TAP		RAW	SETTLED WATER	PLANT TAP
								TOTAL	FREE	TOTAL	FREE			
1										0.80				
2										0.72				
3										0.67				
4										0.70				
5										0.76				
6										0.77				
7										0.81				
8										0.50				
9										0.56				
10										0.71	0.64			
11										0.71	0.67			
12										0.54	0.82			
13										0.75	0.81			
14										0.76	0.80			
15										0.71	0.81			
16										0.74	0.59			
17										0.64	0.63			
18										0.76	0.74			
19										0.70	0.65			
20										0.72	0.62			
21										0.67	0.52			
22										0.68	0.52			
23										0.71	0.87			
24										0.75	0.90			
25										0.82	1.01			
26										0.98	0.98			
27										0.99	1.00			
28										0.87	0.85			
29										0.86	0.83			
30										0.81	0.84			
31														
AVERAGE										0.74	0.77			

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

PWSID: KY0180509  
 PLANT ID: A

APPLICABLE TO ALL PLANTS

REPORT MONTH/YEAR: 06/2020

\*Please answer Y/N question below this chart.

PAGE 5 OF 11

ANALYTICAL RESULTS (mg/L OR PPM UNLESS OTHERWISE SPECIFIED)												
DAY	FLUORIDE		IRON		MANGANESE		PHOSPHATE		Lowest Daily Chlorine Residual Plant Tap On-Line Chlorine Analyzer Total	RAINFALL INCHES	WATER TEMP. DEGREES F°/C°	
	RAW	TAP	RAW	TAP	RAW	TAP	RAW	TAP				
1									0.80			
2									0.72			
3									0.67			
4									0.70			
5									0.76			
6									0.77			
7									0.81			
8									0.50			
9									0.56			
10									0.71			
11									0.71			
12									0.54			
13									0.75			
14									0.76			
15									0.71			
16									0.74			
17									0.64			
18									0.76			
19									0.70			
20									0.72			
21									0.67			
22									0.68			
23									0.71			
24									0.75			
25									0.82			
26									0.98			
27									0.99			
28									0.87			
29									0.86			
30									0.81			
31												
AVERAGE									Monthly Minimum		Total Rainfall	AVG Temp
									0.50			
									Number of readings	30	0.00	
									For Free Chlorine, # less than 0.2 mg/L	0		
									For Chloramines, # less than 0.5 mg/L			

Disinfectant Chloramines? (Y/N)

N

PWS ID : KY0180509  
 PLANT ID: A

REPORT MONTH/YEAR: 06/2020

ALL WATER SYSTEMS

PAGE 7 OF 11

DAY	DISTRIBUTION SYSTEM OPERATION											
	CHEMICALS ADDED			TEST RESULTS								
	CHLORINE BOOSTER LBS	CHLORINE BOOSTER LBS		TOTAL (T) AND FREE (F) CHLORINE RESIDUAL (ppm)								
				NORTH		SOUTH		EAST		WEST		
			T	F	T	F	T	F	T	F		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10					0.55							
11					0.52							
12					0.53							
13					0.61							
14					0.56							
15					0.45							
16					0.51							
17					0.52							
18					0.64							
19					0.52							
20					0.41							
21					0.51							
22					0.61							
23					0.65							
24					0.63							
25					0.64							
26					1.02							
27					0.60							
28					0.63							
29					0.61							
30					0.52							
31												
AVERAGE			Average		0.58							
TOTAL			Total Minimum									
			Free Minimum		0.41							

Total # Chlorine Samples	0	21	0	0	0	0	0	0	0	0
# Less than 0.2 mg/L/0.5 mg/L	0	0	0	0	0	0	0	0	0	0

Number of Free Residuals	21	Minimum Monthly Free Residual	0.41
Number of Total Residuals	0	Minimum Monthly Total Residual	0.00
Total # Less than 0.2 mg/L			
Total # Less than 0.5 mg/L			

Disinfectant Chloramines? (Y/N)   Y  
 Number of days of operation? 0 N

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

PWS ID           **KY0180509**          

MONITORING PERIOD (MMYYYY) **06/2020**

Y **NOTE: COMPLETE ALL APPLICABLE FIELDS!!! NOT ALL OF THE FIELDS ARE PRE-POPULATED FOR YOU!!!**  
N

**PLANT INFORMATION  
APPLICABLE TO ALL PLANTS**

PLANT ID <u>  <b>A</b>  </u>	TOTAL WATER TREATED (gallons)	_____
PLANT NAME <u>          <b>Center Ridge Water System #2</b>          </u>	AVE. DAILY PRODUCTION (gallons)	_____
AGENCY INTEREST <u>          <b>0</b>          </u>	MAXIMUM PUMPAGE (gallons per day)	_____

**INDIVIDUAL FILTER EFFLUENT TURBIDITY  
APPLICABLE TO ALL PLANTS WITH FILTRATION**

ANALYTE CODE           **0100**          

Was each filter monitored continuously? (Y/N) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

<b>COMBINED FILTER EFFLUENT TURBIDITY APPLICABLE TO ALL PLANTS WITH FILTRATION</b>	<b>ENTRY POINT RESIDUAL DISINFECTANT CONCENTRATION APPLICABLE TO ALL PLANTS</b>
--	---

ANALYTE CODE <u>          <b>0100</b>          </u>	ANALYTE CODE <u>          <b>0999</b>          </u>
Number of hours of plant operation _____ <u>          <b>0.0</b>          </u>	Number of days of plant operation _____ <u>          <b>0</b>          </u>
Were samples taken every 4 hours of plant operation? (Y/N) _____ <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) _____ <input checked="" type="checkbox"/> <b>y</b>
Number of samples taken _____ <u>          <b>0</b>          </u>	Number of lowest chlorine samples recorded _____ <u>          <b>30</b>          </u>
Highest single turbidity reading _____ <u>          <b>0.00</b>          </u>	Lowest single chlorine reading _____ <u>          <b>0.50</b>          </u>
For all filtration except slow sand filtration:	If less than required:
Number of samples exceeded 0.1 NTU _____	Was residual restored within 4 hours of plant operation? (Y/N) _____ <input type="checkbox"/>
Number of samples exceeded 0.3 NTU _____	<u>Free Chlorine</u> (for all disinfectants except chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.2 mg/L _____ <u>          <b>0</b>          </u>
When filtration is slow sand filtration:	<u>Total Chlorine</u> (when disinfectant is Chloramine):
Number of samples exceeded 1 NTU _____	Number of samples under 0.5 mg/L _____
Number of samples exceeded 5 NTU _____	

<b>CHLORINE DIOXIDE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE</b>	<b>CHLORITE ENTRY POINT MONITORING APPLICABLE TO PLANTS UTILIZING CHLORINE DIOXIDE</b>
--	--

ANALYTE CODE <u>          <b>1008</b>          </u>	ANALYTE CODE <u>          <b>1009</b>          </u>
Number of days of plant operation _____ <u>          <b>0</b>          </u>	Number of days of plant operation _____ <u>          <b>0</b>          </u>
Were samples taken each day of operation? (Y/N) _____ <input type="checkbox"/>	Were samples taken each day of operation? (Y/N) _____ <input type="checkbox"/>
Number of samples taken _____ <u>          <b>0</b>          </u>	Number of samples taken _____ <u>          <b>0</b>          </u>
Highest single chlorine dioxide reading _____ <u>          <b>0.00</b>          </u>	Highest single chlorite reading _____ <u>          <b>0.00</b>          </u>
Number of chlorine dioxide samples exceeded 0.8 mg/L _____ <u>          <b>0</b>          </u>	Number of chlorite samples exceeded 1 mg/L _____ <u>          <b>0</b>          </u>

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

**X**  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT





# KENTUCKY WELL INSPECTION FORM

## Attach Well Record

(1) AKGWA NUMBER 0 0 0 4 - 9 0 7 5



(2) OWNER/FACILITY INFORMATION  
 Well Owner's Name: Marty Futtrell  
Cool Water Works  
 Last First MI  
 Mailing Address: 405 SOUTH FOURTH STREET  
 City: MURRAY State: KY Zip: 42071  
 Well Address (if different) 400 PINEVIEW DRIVE  
 City: HAMLIN State: KY Zip:  
 Phone: (502) 753-7668

(3) WELL RECORD LABEL LOCATION:  
 well casing  pressure tank  water pipe  
 well cap  electric box  not labeled  
 pump  other

(4) USGS Quadrangle Name HAMLIN County Callaway  
 WELL LOCATION Latitude 36° 35' 33" Longitude 88° 04' 07.5"

(5) PHYSIOGRAPHIC OR HYDROLOGIC REGION  
 Blue Grass  Ohio River Alluvium  
 E. Coal Field  W. Coal Field  
 Miss. Plateau  Jackson Purchase *Miss. Embayment*

(6) DRILLER INFORMATION  
 Who Constructed Well?  unknown  
 Address:  
 City: State: Zip:  
 Date Well Completed: Month / Day / Year  unknown

(13) WELL USE (check all that apply)  
 domestic  livestock  not used  
 public  irrigation  abandoned  
 industrial  monitoring  
 other  
 PWSID# 0180509  
 Water Withdrawal Permit #

(18) ELEVATION  
500 ft. AMSL  
 From  ground surface  
 top of casing  
 By  map  
 survey  
 report  
 GPS

(7) GENERAL  
 Type of Construction:  
 drilled/augered  
 excavate & backfill  
 hand dug/blasted  
 Depth of Well: ft.  
 measured  
 reported  
 unknown  
 Static Water Level, ft. below surface:  
 measured  
 reported  
 not measured  
 can't be measured  
 Well Yield:  
 gpm  gph  gpd  
 measured  
 estimated  
 unknown

(9) WELLHEAD  
 Is Well Located in a Pit?  
 yes  no  unknown  
 Wellhead (casing top):  
 well cap  sanitary seal  
 flush mount  locking cap  
 open  unknown  
 Casing Above Ground Level?  
 yes  no  unknown  
 inches above ground.  
 Discharge Pipe Below Surface?  
 yes  no  unknown  
 Pitless Adapter Used?  
 yes  no  unknown

(14) WELL SERVICE  
 Number of People Served: 409  
 Number of Service Connections: 124  
 Any Quantity Problems?  yes  no  
 Any Quality Problems?  yes  no  
 If "yes", describe in COMMENTS section, below.

(19) TREATMENT SYSTEM  
 none  
 water softener  
 ultraviolet  
 chlorination  
 aeration  
 charcoal filter  
 sand filter  
 iron treatment  
 fluoridation  
 other  
 Treatment Bypass Available?  yes  no

(8) SURFACE ANNULAR MATERIAL:  
 clay  drill cuttings  
 cement  unknown  
 open  sand  gravel  
 concrete pad

(10) PUMP DETAILS  
 Date Installed:  unknown Month / Day / Year  
 Pump Type:  
 submersible  bailer  
 turbine  jet  hand pump  
 none  other  unknown  
 Intake Level: ft. below surface  
 Electric Connection:  
 2 wire  3 wire  unknown

(15) COMPLIANCE TO STANDARDS  
 Construction in Compliance with KY Standards?  
 yes  no  unknown  pre-law  
 If "no", describe in COMMENTS section, below.

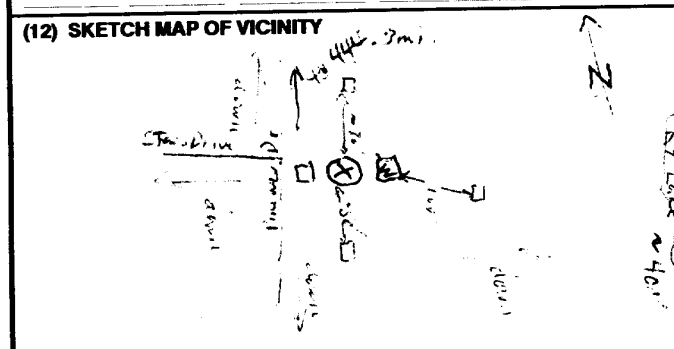
(16) RELATIVE LOCATION  
 upgradient  sidegradient  unknown  
 downgradient  varying  N/A

(17) INSPECTION INFORMATION  
 Date of Inspection: 12/17/97  
 Month / Day / Year  
 Water Quality Sample Taken:  yes  no  
 Reason for Inspection:  
 general survey  
 specific complaint investigation  
 spill or incident response  
 contamination site investigation  
 enforcement  
 general water quality analysis  
 ambient groundwater monitoring  
 other Wellhead protection program  
 Program Name and Facility ID#:  
 Alternate Well ID#:

(20) OPTIONAL USE  
 Will Owner Allow State Access?  
 yes  no  unknown  
 Extent of Monitoring Allowed:  
 collect sample  
 measure SWL  
 pump well  
 complete access  
 notification required  
 other (describe below)  
 Monitoring Feasibility:

(11) WELL CONSTRUCTION DETAILS

Feet Below Surface From	To	Casing Inside Dia. (in.)	Casing Type	Casing Wall Thickness (in.)
			<u>PVC</u>	



(21) COMMENTS: w/ Jan Devers  
0.3 miles from Pineview Rd  
0.8 miles from Hamlin on 444

(22) INSPECTOR IDENTIFICATION  
 Name: ELLISON ERNIE A  
 Last First MI Inspector ID#  
 Agency:  DOW  DWM  CHR  KGS  other  
 Signature of Inspector: [Signature] Date: 12/17/97

# KENTUCKY WATER WELL INSPECTION FORM

(1) AROWA NUMBER:

0 0 0 6 - 4 3 9 9 - [ ] [ ]

0006-4399

(2) GENERAL INFORMATION:

Well Owner & Name: Center Ridge Water District #2  
 Mailing Address: 69 Marguerite Blvd  
 City: New Concord State: KY Zip: 42076  
 Phone: 270-293-6228

(3) WELL RECORD LABEL LOCATION:

No Place  well casing  other

(4) WELL LOCATION:

USGS Quadrangle Name: Hamlin  
 County: Calloway  
 Elevation:  map  altimeter  other  
 Latitude: 36.594170 Longitude: 88.068312  
 Physiographic or Hydrologic Region:  
 Blue Grass  Ohio River Alluvium  E. Coal Field  
 Mes. Plateau  Jackson Purchase  W. Coal Field

(7) WELL USE:

domestic  public  irrigation  
 industrial  livestock  monitoring  
 unused  other  
 PWSID #: KY0180509 (Plant B)  
 Water Withdrawal Permit #:

(10) TYPE OF TREATMENT SYSTEM:

none  
 water softener  
 ultra violet  
 chlorination  
 aeration  
 charcoal filter  
 sand filter  
 iron inhibitor  
 other

(5) WELL CHARACTERISTICS:

Is this a hand dug well?  yes  no  unknown  
 When constructed well?  unknown  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date well was completed: \_\_\_\_\_  
 Total depth: 168 ft.  measured  reported  unknown  
 Does the casing extend above the ground?  yes  no  unknown

Casing Type(s)	Casing Inside Diameter (in)	Feet Below Surface From	To	Casing Well Thickness
<u>MC</u>	<u>4"</u>			

(8) WELL SERVICE:

Number of people served: 392  
 Number of service connections: 132  
 Any quantity problems?  yes  no  
 Any quality problems?  yes  no  
 Describe:

(9) COMPLIANCE TO STANDARDS:

Is this well in compliance with state water well construction standards?  yes  no  unknown  
 If no, describe deficiencies:

Is a treatment bypass available?  yes  no  
 Describe water quality problem requiring treatment: Regulatory requirement

(6) WELL CHARACTERISTICS (continued):

Is the well located in a pit?  yes  no  unknown  
 Is the water discharge pipe below ground surface?  yes  no  unknown  
 Is a pitless adapter used?  yes  no  unknown  
 Well yield:  gpm  gph  gal  unknown  
 measured  estimated  unknown  
 Surface annular material:  clay  sand  cement  
 dirt/clay  gravel  open annulus  unknown  
 other  
 Well head (casing top):  well cap  sanitary seal  open  
 other  
 Pump type:  jet  submersible  hand pump  turbine  
 none  bailer bucket  other  
 Level #1 pump intake: \_\_\_\_\_  
 Age of pump: \_\_\_\_\_ yrs  unknown  
 Electric connection for pump:  2 wire, 110V  3 wire, 220V  unknown  
 Static water level: \_\_\_\_\_ ft. below surface  measured  reported  
 unknown  can't be measured  not measured  
 Does the owner have any log or record concerning this well?  
 yes  no If yes, specify

(11) INSPECTION INFORMATION:

Date of inspection: 4 / 11 / 13  
 Check one:  original inspection  re-inspection  
 yes  no  
 Was a water quality sample taken as part of this inspection?  
 Reason for inspection (check all that are applicable):  
 general water quality analysis requested  
 specific complaint investigation  
 general survey  
 ambient groundwater monitoring  
 other: Routine Inspection  
 Permit Program Name:  
 Other ID #: \_\_\_\_\_  
 Well inventory #: \_\_\_\_\_

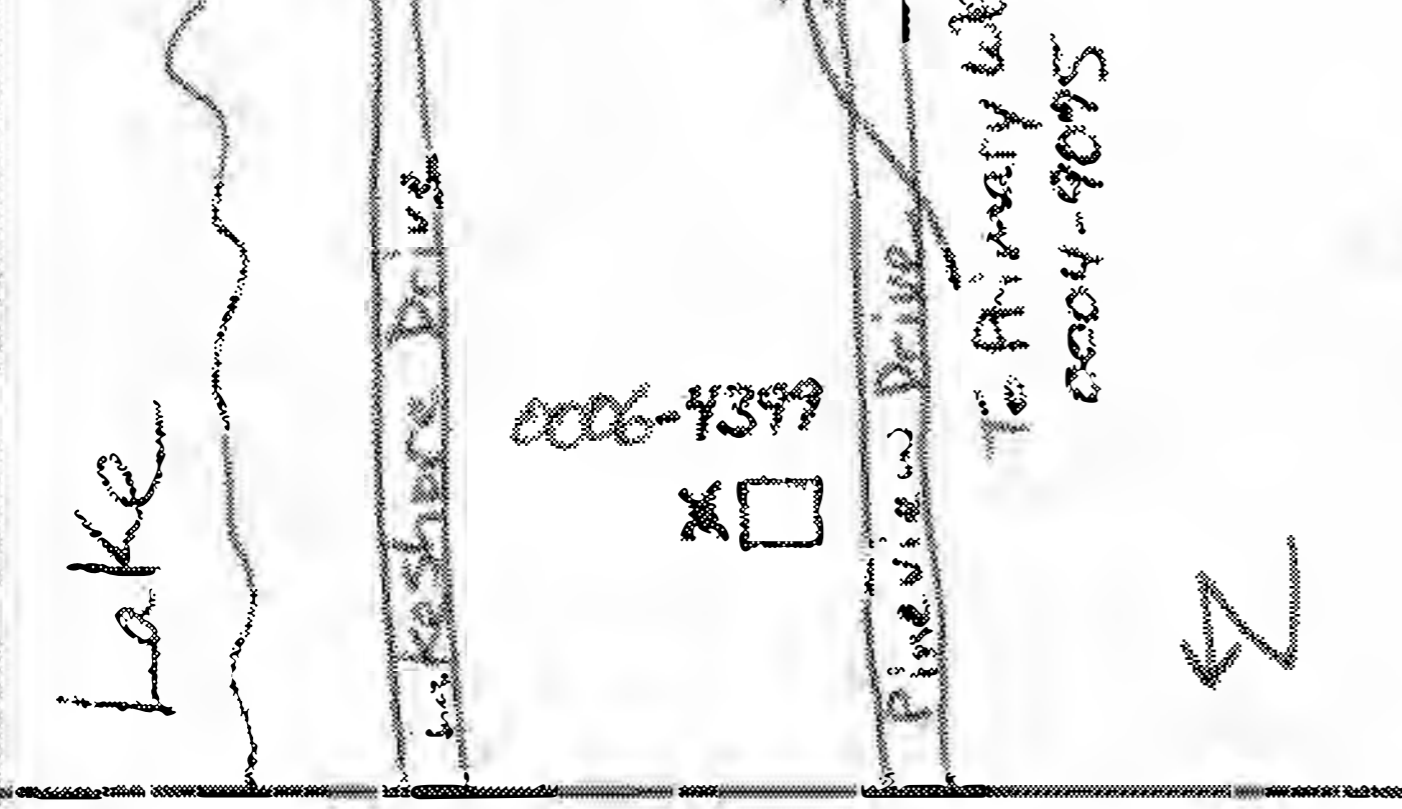
(12) OPTIONAL USE:

Will well owner allow state monitoring?  yes  no  unknown  
 Extent of monitoring allowed:  collect sample  measure static water level  
 pump well  remove well cap  other  
 Monitoring feasibility: Good

(13) COMMENTS:

This PWS well is for back up plant B and has not been used in recent years.  
AI 33825

(14) SKETCH MAP:



(14) INSPECTOR IDENTIFICATION:

Name: Topolski Rob License #: 886  
 Agency:  CHS  DOW  DWM  KGS  SOAP  
 Other  
 Signature of Inspector: Rob Topolski  
 Date: 4 / 11 / 13  
 Number of Attached pages: 2 of 2

CA 10/11/13

## **Attachment 4**

### **WHPP Drinking Water Planning Team**

Leader:

Jay Favor, CSWR – Director Environmental Health & Safety  
Oversees all facility operations for Bluegrass Water UOC. Directs team to carry out operation tasks.

Team:

Ali Alexander, CSWR – Environmental Compliance Officer  
Oversees facility compliance with State and Federal Regulations/Statutes.

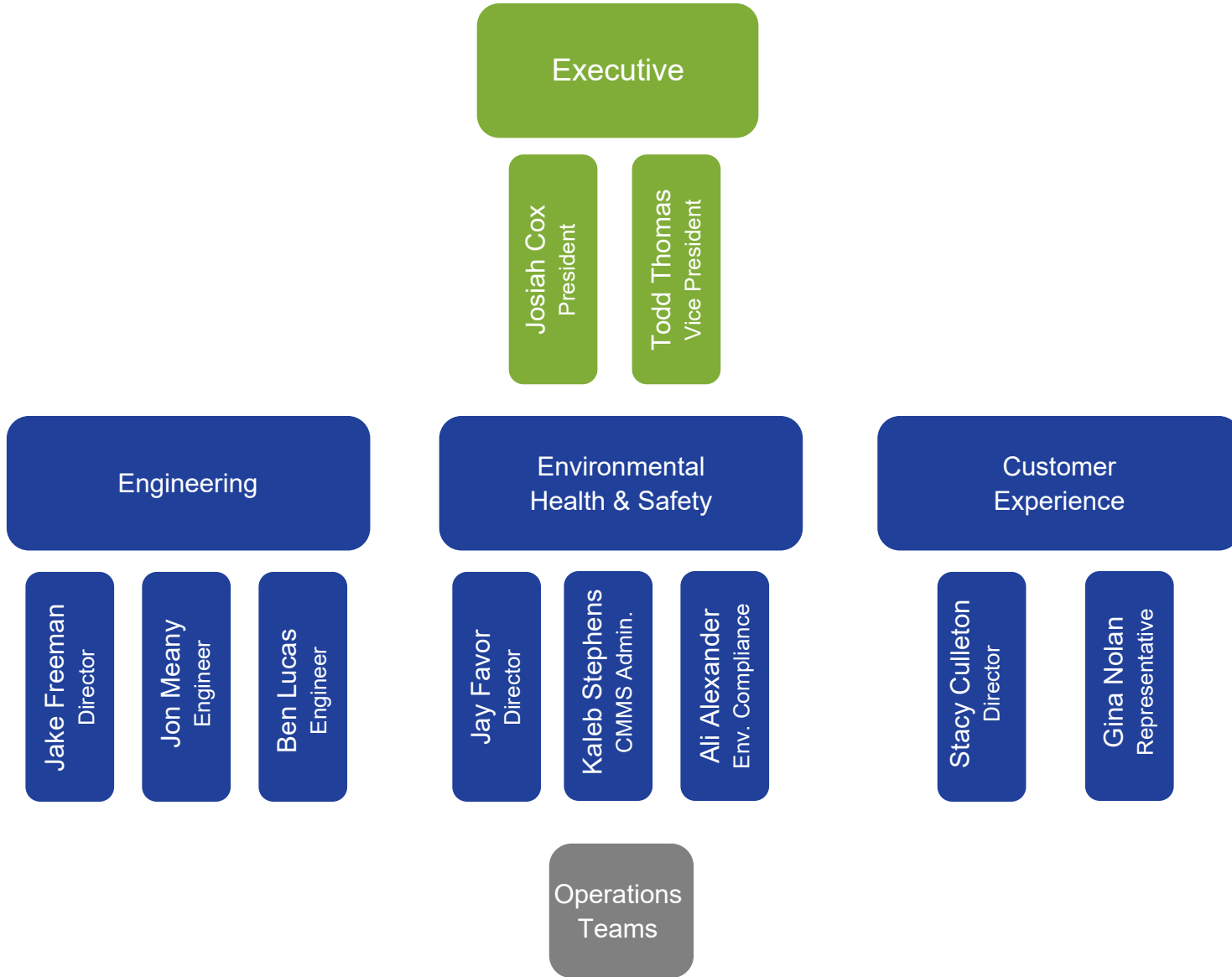
Stacy Culleton, CSWR – Director Customer Experience  
Oversees communications between operators and customers.

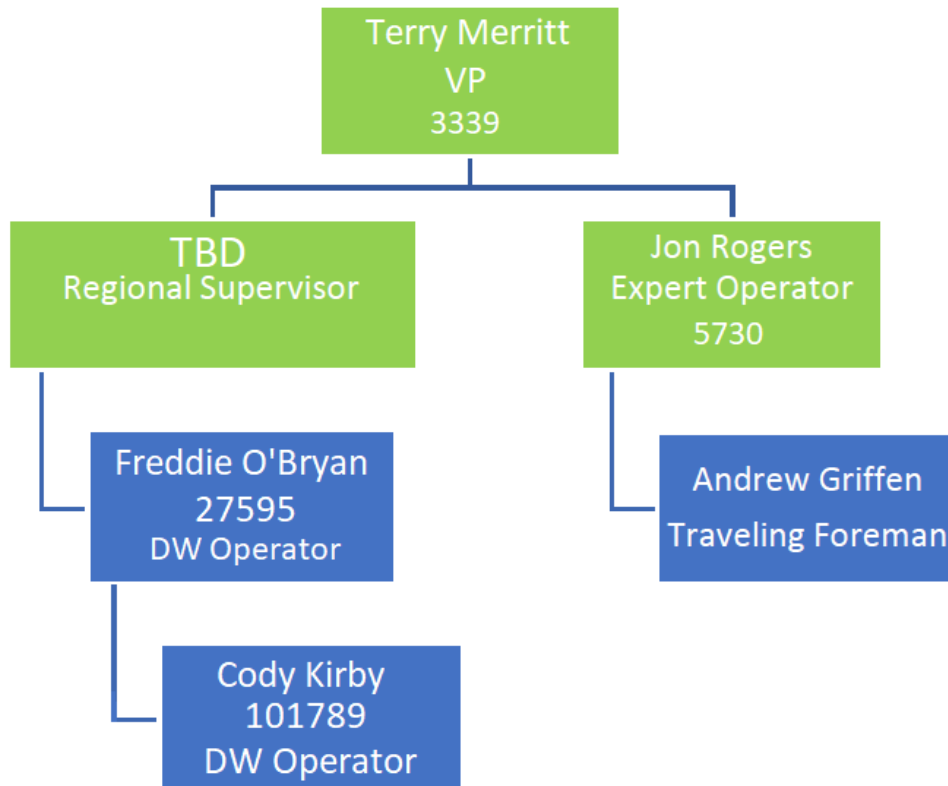
Gina Nolan, CSWR – Customer Experience Representative  
Carries out customer communication.

Terry Merritt, Midwest Water Operations – Vice President  
Oversees all facility operators and directs staff to carry out daily operation tasks.

Freddie O’Bryan, Midwest – Operator (Primary)  
Oversees facility operations.

Cody Kirby, Midwest – Operator (Back-up)  
Oversees facility operations.





## **Attachment 5**

### **WHPA Delineation Information**

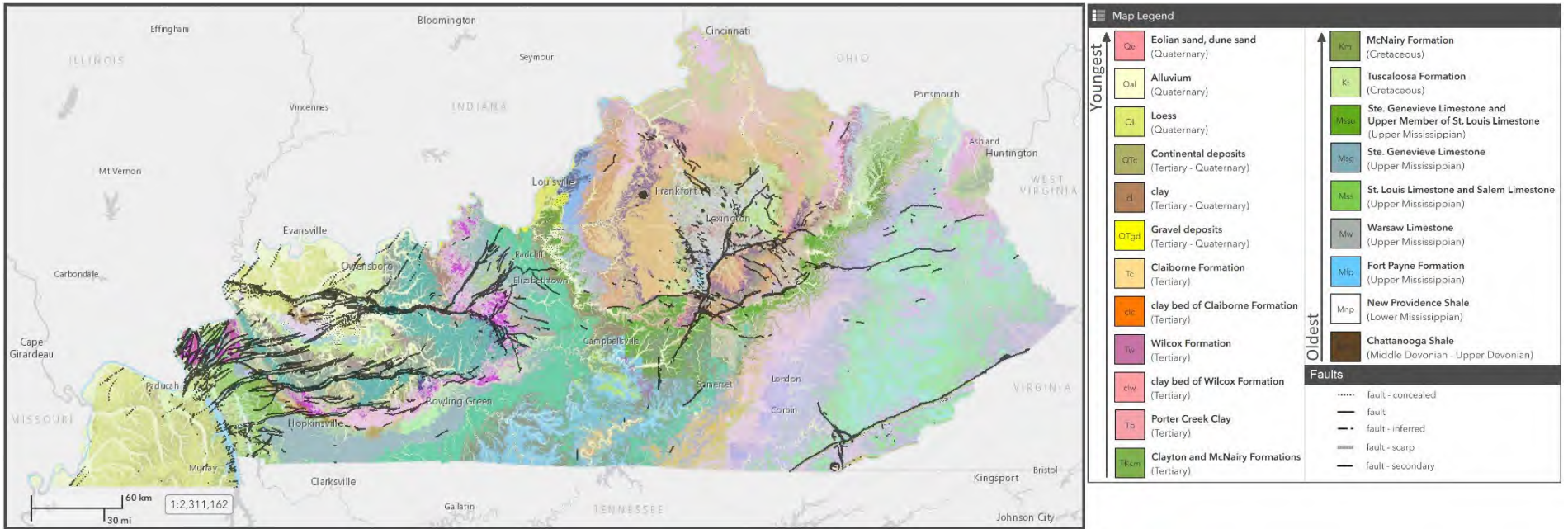
There was no pump testing or slug testing done to determine aquifer characteristics. Well construction records were absent. The information available was not sufficient to run a groundwater modeling program.

Center Ridge Water District #2 (previously named Cool Water Works) is situated directly over a northeast-southwest trending fault system.

Due to the nature of the fault system, it was decided that an arbitrary fixed radius method could not be used. Therefore, a conservative delineation was employed which encompasses the entire fault system in the WHPA zone 1. WHPA zones 2 and 3 were determined to be the hydrologic boundary of the watershed where the Cool Water Works well is located, as seen on the delineation map (Attachment #6).

Unfortunately, this type of delineation of the WHPA is not the most accurate method to use in determining protection areas. However, due to the limited information available, the type of aquifer in use, and the cost of obtaining data, the conservative delineation is the best available method for determining the wellhead protection area.

# Kentucky Geology



# Center Ridge Water District #2 Geology





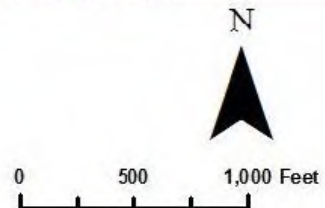


Attachment 6  
Delineation Map



**Center Ridge #2 WHPA**

-  WHP Area 1
-  WHP Area 2 & 3
-  PWS well



## Attachment 7 Contaminant Source Inventory Summary & Map

Center Ridge Water District #2 withdraws water from the fractured limestone of the Fort Payne Formation. The surrounding area is primarily rural in nature. The susceptibility analysis suggests the aquifer's susceptibility to contamination to be a medium risk. This is influenced by the nature of the aquifer, which has a medium sensitivity value, as well as the number of potential contaminates located in the protection area. The wellhead protection area delineation was completed by the Kentucky Division of Water and approved in 2000.

A total of 124 potential sources of contamination are located within the entire wellhead protection area. All of potential contaminant sources are classified as medium risk. These would include 97 septic tanks located within WHPA-1, and 27 septic tanks in WHPA-2. Therefore, since the majority of potential contaminant sources possess a medium risk, the aquifer has been determined to have a medium risk.



Contaminant Source Inventory and Susceptibility Analysis for Center Ridge Water District 2									
Contaminant Source ID #	Contaminant Source/Land Use	Address	Quantity	WHPA	Proximity Ranking	Contaminant Value	Hydrologic Sensitivity	Numeric Rating	Susceptibility Ranking
1	Septic Systems	Center Ridge #2, Lakeshore Dr, Hamlin, KY	97	1	3	2	4	16	High
2	Septic Systems	Center Ridge #2, Lakeshore Dr, Hamlin, KY	27	3	1	2	4	12	Medium
<b>Susceptibility Ranking Totals:</b>							<b>High</b>	<b>Med</b>	<b>Low</b>
124							97	27	0

## **Attachment 8**

### **Previous Management Strategy and Newly Proposed Management Strategies**

The purpose behind managing a wellhead protection area is to minimize the impact of land uses that threaten the quality and quantity of the public's drinking water supply. The underlying theme is simply to prevent pollution. Preventing pollution is the key to keeping groundwater supplies safe and to protect public health. Once a drinking water supply becomes contaminated, the community is faced with the difficult and costly task of installing additional treatment facilities or locating an alternate source.

Virtually all man-made land use activities have the potential to degrade groundwater quality. There are numerous factors that control the impact of land uses upon groundwater. The two most prominent factors are the geology of the area and the type of land use. The geology controls the direction and rate that a contaminant can travel, whereas the land use dictates the quantity and toxicity of the contaminant. This means that a particular land use in a less sensitive geologic setting may never significantly impact groundwater quality, but the same land use in a geologically sensitive setting can render groundwater unusable for human consumption. This is why a management plan must be tailored to each public water system.

The overall strategy of the management plan is to minimize the impact of the threats identified in the contaminant source inventory through regulatory and/or non-regulatory means.

#### Management Strategies

The Center Ridge Water District #2 possesses no jurisdictional or regulatory authority; therefore, it will work within the framework of existing regulations to protect its groundwater. The District will write a groundwater protection plan to address the operation of a groundwater supply well and septic tanks.

As a public water supply, the District serves a community population of residential homes. Therefore, an intensive public education initiative will not be beneficial as the population is continually changing. The groundwater protection plan will serve as the primary management tool utilized by Center Ridge Water District #2.

## Attachment 9 WHPP Contingency and Planning

### Emergency Response Phone List

Local Emergency Response	Phone Number
Operator: <b>Freddie O'Bryan</b>	(270) 331-8482
Ambulance District: <b>Murray-Calloway Co. EMS</b>	(270) 753-9333
Fire Department: <b>Fire-Rescue</b>	(270) 753-4112
Kentucky State Fire Marshall	(502) 573-0382
Sheriff's Department: <b>Calloway</b>	(270) 753-3151
State Highway Patrol: <b>KSP Post 1</b>	(270) 856-3721

Kentucky DOW: <b>Frankfort</b>	(502) 564-3410
Kentucky DOW RO: <b>Paducah</b>	(270) 898-8468
Kentucky Environmental Response Team	(502) 564-2380
24-hr Emergency Response Line	(800) 928-2380
County Health Department: <b>Calloway</b>	(270) 753-3381
Kentucky Public Service Commission	(502) 564-3940

Bluegrass Water UOC Customer Service	(866) 752-8982
Jay Favor	(314) 380-8525
Ali Alexander	(314) 380-8533
Stacy Culleton	(314) 380-8546
Gina Nolan	(314) 380-8544

### Procedures for Public Notification:

In the event of a water system emergency that would threaten the health or life of the public, use the following procedure. Provide Jay Favor, Ali Alexander, Stacy Culleton, and Gina Nolan a summary of the issue including time of onset, if the KyDOW was notified, and if the County Health Department was notified. Stacy & Gina will draft public notification and directions for customers which will be provided to customers on the Bluegrass Water UOC website, facebook, by email, and/or by direct handout via the operator. Stacy & Gina will coordinate with Ali to communicate with appropriate regulatory authority as needed. If additional notification is needed use the local newspaper as directed.

### Potential Future Problems:

The most common scenario that could threaten the water supply is bacteriological and/or chemical contamination from a leaking septic system.

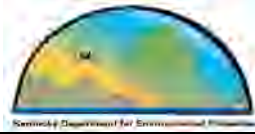
### Alternative Water Supply (Short and Long Term):

Bacteriological contamination is mitigated by disinfecting the water system. If there were indicators of bacteriological contamination in the drinking water the facility would be placed on a boil water advisory until the problem is eliminated. If chemical contamination (such as nitrate/nitrite) is discovered in the water the facility would be placed on a do not drink advisory until the source of contamination was discovered and eliminated. If a long-term solution is needed, the facility would add centralized/localized treatment to eliminate the issue. As needed, water could be hauled in for use during these events.

### Schedule for Update and Review:

The Wellhead Protection Plan will be reviewed regularly and updated every five years as required by regulation.

**Attachment 10  
Public Education Material**



**Energy and Environment Cabinet**

**Generic Groundwater Protection Plan:  
Residential Septic Systems**

**HOMEOWNER'S SEPTIC SYSTEM GUIDE AND  
RECORD KEEPING FOLDER**

The purpose of 401 KAR 5:037 and this groundwater protection plan is to prevent groundwater pollution. Understanding how your septic system works and following good operation and maintenance practices are the keys to preventing groundwater pollution.

This folder provides you with that information. By carefully reading it and following the guidelines, you will not only protect groundwater, but also should receive many years of trouble-free service from your system.

Keeping records will enable you to better protect and maintain your septic system. In case you sell your house, your records will show a prospective buyer that your system has been properly maintained.

**FOR YOUR RECORDS**

1. Maintenance Log: Date, what was done and reason for the maintenance (Example: measure sludge and scum layers, pump the tank).
2. Inspection Log: Date, what you observed upon walking over the septic system (Example: any unpleasant odors, soggy soil, lush green grass over the lateral lines, surfacing wastewater).
3. Site Drawing: Show accurately the layout of the system on your lot. Include exact distances of each portion of the system from at least two (2) fixed reference points (corner of house, garage, large trees, property line markers).
4. Any permits or receipts.
5. Residential Address \_\_\_\_\_

**Sketch Septic Tank and Drainlines Location Here**


**Septic System Type:**

	Septic tank - drainfield
	Septic tank – constructed wetland - drainfield
	Septic tank – leaching chambers

	Septic tank – low pressure pipe
	Septic tank – sewage lagoon - drainfield
	Septic tank – gravelless pipe

### System Inspection Log

Date	Description

### System Maintenance Log

Date	Description

# SYSTEM DESCRIPTION

A septic system uses natural processes to treat and dispose of the wastewater in your home. It typically consists of a septic tank and a drainfield (also called a leachfield, lateral field, or subsurface soil absorption beds/trenches). The system accepts both "blackwater" (toilet wastes) and "greywater" (wastes from the kitchen sink, bath tub/showers, and laundry). Water that should not be discharged to the system includes water from foundation or footing drains, roof gutters, and other "clear" water.

