













MODE READING ACCESS RELAY

0 - 30g C65
calibrated on 7/23/14
Next Cal due 7/23/18
Make Milltronics
Model CC II Serial 33127
Serial Number: DC 73 3L
Serial Number: 83127

1 2 3 F D
4 5 6 P U
7 8 9 A C
0 * - R E

OPEN CHANNEL MONITOR II

MILLTRONICS

DISPLAYS & FUNCTIONS
D0 HEAD MEASUREMENT
D1 FLOW RATE
D2 TOTAL FLOW
D3 AIR TEMPERATURE
D4 VELOCITY
D5 DISTANCE TO SURFACE
D6 SAMPLER COUNTDOWN
F2 NORMAL RUNNING MODE
F0 MODE TO RECEIVE ACCESS CODE
E - ENTER C - CLEAR R - RECALL

COLUMBUS ELECTRIC

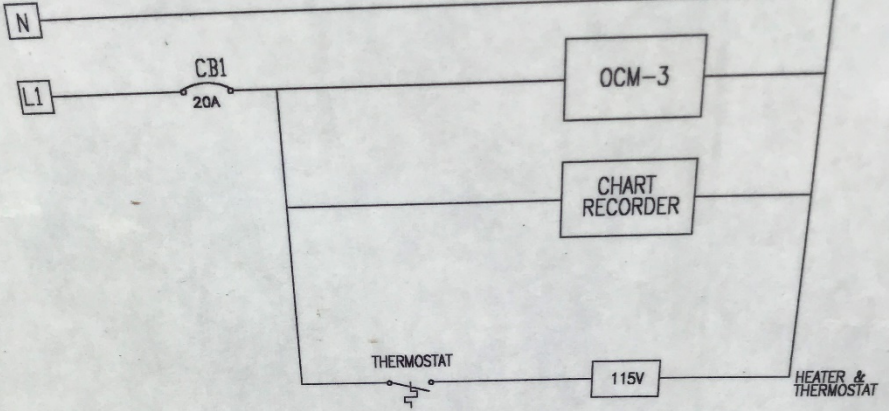
50 60 70 80

SENSOR PULSE RELAY

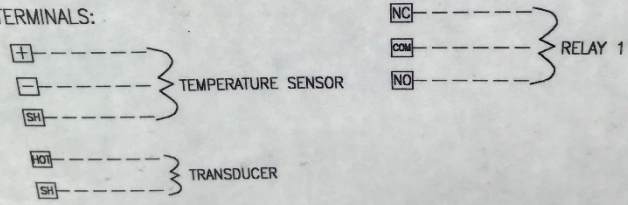
MRC 5000



115V/1/60



TERMINALS:

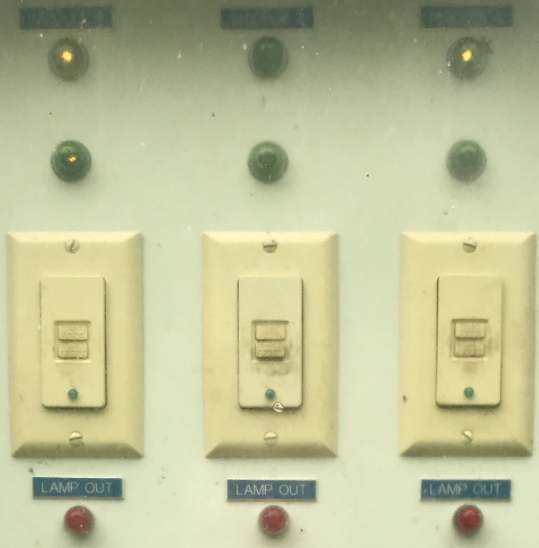


| | | |
|----------------------------------------------------------------------------------------|-------------------------|----------------|
| R.W. AUSTIN COMPANY 5700 DRY FORK ROAD, CLEVELAND OHIO 44102 937-393-2500 | | |
| SCALE: | APPROVED BY: <i>RWA</i> | DRAWN BY: A.W. |
| DATE: 7/12/99 | REVISED: | |
| HYDRO AEROBIC FLOW PANEL | | |
| DRAWING NUMBER: | | 9-5070 |









ULTRAVIOLET INTENSITY MONITOR

100%
75%
50%
25%
0

SAFE

LOW

FAILURE

FAILURE ALARM

IDI

Inflico Degremont Inc.
Richmond, Va.

Model 6070-001

*Programmed Dev. Group
4201 Long Ln
Leesville*

*Programmed Sub.
197 Ace Court
1411 Lakeside Dr
Bull Run Camp*

*Bought By SV
804-756-760
Tech Support
804-756-77
Rich*

*Richard Kellere
SV*







WARNING
EXPOSURE TO UV
LIGHT WILL CAUSE
EYE IRRITATION
USE SAFETY
GLASSES OR SHIELD







DEP WORKSITE HAZARD ASSESSMENT

| | |
|--------------------------------------------------------------------------------------------|---------------------------|
| <p>PART A</p> <p>Site Name: Kingswood WWTP AI #: 455</p> | <p>Incident #:</p> |
|--------------------------------------------------------------------------------------------|---------------------------|

This form must be started before a site visit and considered during the site visit, as worksite conditions change or as new conditions are discovered, but remain incomplete and unsigned until after the site visit is concluded. This will help ensure your safety and health.

Description of Activities:

PART B

Check the hazard(s) located at the site being assessed sufficient to require Personal Protection Equipment (PPE).

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I. TORSO/WHOLE BODY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Cut/Abrasion/Puncture 2. <input type="checkbox"/> Electrical 3. <input type="checkbox"/> Chemical 4. <input type="checkbox"/> Biological 5. <input type="checkbox"/> Temperature 6. <input type="checkbox"/> Struck By/Against 7. <input type="checkbox"/> Body Fluids 8. <input type="checkbox"/> Strain 9. <input type="checkbox"/> Cumulative 10. <input type="checkbox"/> Slip/Trip/Fall 11. <input type="checkbox"/> Same Level Fall (A) 12. <input type="checkbox"/> Different Level Fall (B) 13. <input type="checkbox"/> Entrapment 14. <input type="checkbox"/> Immersion, Submersion, Water 15. <input type="checkbox"/> Permit Required Confined Space 16. <input type="checkbox"/> | <p>I. 29 CFR 1910. MISC. STANDARDS - TORSO/WHOLE BODY</p> <ol style="list-style-type: none"> 1. Adequate clothing 2. NO GO or maintain safe distance 3. Review MSDS and determine proper PPE 4. Proper clothing/barrier, cream/repellant 5. Cold-insulated jacket/coat, heat-appropriate clothing, work/rest intervals 6. Protective clothing, warning devices, guards 7. Protective apron/coveralls review BBP Plan 8. Proper work habit, assistance, appropriate tools 9. Body mechanics, proper tools, workstations 10. Proper footwear, harness/tether/lifeline, assistance 11. Same as # 10 (A) 12. Same as # 10 (B) 13. NO GO - Do not enter 14. Personal flotation device, tether/lifeline 15. NO GO 16. Call supervisor/branch manager/and/or ERT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>II. HEAD</p> <p>LIKELY INJURY/HAZARD</p> <p>1. <input type="checkbox"/> Struck By 2. <input type="checkbox"/> Struck Against 3. <input type="checkbox"/> Electrical 4. <input type="checkbox"/> Temperature 5. <input type="checkbox"/></p> | <p>II. 29 CFR 1910.135 HEAD PPE</p> <p>1. Hard hat 2. Hard hat 3. NO GO – Maintain distance 4. Hard hat with winter liner or sweat band, cooling device as required 5. Call supervisor, branch manager and/or ERT</p> |
| <p>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <p>1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/></p> | <p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <p>1. Safety goggles with side shields, goggles or full face shield for hazard 2. Review MSDS and determine appropriate eyewear and beware of any respiratory hazard 3. Non-vented goggles or full face shield filter or tinted lens and sunscreen for sun exposure 4. Call supervisor, branch manager and/or ERT</p> |
| <p>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <p>1. <input type="checkbox"/> Oxygen Deficiency 2. <input type="checkbox"/> Airborne Particles 3. <input type="checkbox"/> Dusts 4. <input type="checkbox"/> Fumes 5. <input type="checkbox"/> Mists 6. <input type="checkbox"/> Airborne Contaminants 7. <input type="checkbox"/> Gases 8. <input type="checkbox"/> Vapors 9. <input type="checkbox"/> Combinations 10. <input type="checkbox"/> Temperature 11. <input type="checkbox"/></p> | <p>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <p>1. NO GO 2. NO GO unless in DEP Respiratory Protection Program (RPP) OR unless respiratory hazard can be avoided (explain) 3. Same as #2 4. Same as #2 5. Same as #2 6. Same as #2 7. Same as #2 8. Same as #2 9. Same as #2 10. Cold temps - cover mouth/nose, Hot temps - SCBA or supplied air (tempered) 11. Call supervisor/branch manager and/or ERT NOTE: If in the RPP follow proper respirator selection protocols and procedures for any item checked above.</p> |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>V. HAND/ARM</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Cut/Abrasion/Puncture 2. <input type="checkbox"/> Electrical 3. <input type="checkbox"/> Chemical 4. <input type="checkbox"/> Biological 5. <input type="checkbox"/> Temperature 6. <input type="checkbox"/> Sunburn 7. <input type="checkbox"/> Body Fluids 8. <input type="checkbox"/> Cumulative 9. <input type="checkbox"/> Strain 10. <input type="checkbox"/> | <p>V. 29 CFR 1910.138 HAND/ARM PPE</p> <ol style="list-style-type: none"> 1. Gloves - canvas, leather, mesh, Kevlar 2. NO GO or maintain safe distance 3. Review MSDS and determine appropriate gloves/sleeves or coveralls 4. Clothing/gloves/coveralls/barrier cream repellent 5. Gloves/clothing 6. Wear long sleeves, gloves or sunscreen 7. Latex/nitrile gloves (review Bloodborne Pathogen Plan - BBP) 8. Gloves/restraints 9. Adequate tools/assistance from others 10. Call supervisor/branch manager and/or ERT |
| <p>VI. FOOT/LEG</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Cut/Abrasion/Puncture 2. <input type="checkbox"/> Electrical 3. <input type="checkbox"/> Chemical 4. <input type="checkbox"/> Biological 5. <input type="checkbox"/> Temperature 6. <input type="checkbox"/> Struck By/Against 7. <input type="checkbox"/> Strain 8. <input type="checkbox"/> | <p>VI. 29 CFR 1910.136 FOOT/LEG PPE</p> <ol style="list-style-type: none"> 1. Approved safety shoe, proper clothing 2. NO GO or maintain safe distance 3. Review MSDS and determine proper PPE 4. Coverall/barrier cream/repellent 5. Insulated footwear, clothing adequate for hazard 6. Safety shoes, adequate clothing, proper techniques 7. Adequate tools, assistance from others 8. Call supervisor/branch manager and/or ERT |
| <p>VII. AUDITORY</p> <p>NOISE LEVEL</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Ambient Level above 85 dBA 2. <input type="checkbox"/> Impact Level above 85 dBA 3. <input type="checkbox"/> <p>NOTE: Noise level rule of thumb: If you are within 2-3 feet of someone and you have to yell to communicate you are above 85 dBA.</p> | <p>VII. 29 CFR 1910.95 HEARING PROTECTION</p> <ol style="list-style-type: none"> 1. Appropriate NRR ear plugs or muffs 2. Appropriate NRR ear plugs or muffs 3. Call supervisor/ branch manager and/or ERT |

PART C

GO:

NO GO:

I WILL FOLLOW THE RECOMMENDATION FOUND IN THE RIGHT COLUMN ABOVE FOR EACH HAZARD CHECKED IN THE LEFT COLUMN ABOVE. IF EXCEPTIONS, CONTACT YOUR SUPERVISOR.

COMMENTS:

PART D

NOTE: Any *NO GO* situation witnessed should prompt immediate notification to your supervisor, branch manager, and/or the DEP's Emergency Response Center, (800) 928-2380, for further assessment and possible emergency declaration/contracting.

(Optional)SUPERVISOR: I have reviewed this document with the employee to discuss responsible safety measures, equipment and techniques.

(Optional) Supervisor Name

Date

EMPLOYEE CERTIFICATION: I certify this WORKSITE HAZARD ASSESSMENT was conducted, reviewed and/or updated. Appropriate Personal Protective Equipment was utilized per hazards noted or anticipated.

<NO_DATA_FOUND>

Employee Signature

Date

NOTES:

If you need to refer a facility to OSHA for specific questions or conditions:
Kentucky Labor Cabinet, 1047 US Hwy 127 South, Suite 4, Frankfort, KY 40601
502-564-3070 – Phone 502-564-5387 – Fax

Energy and Environment Cabinet
Department for Environmental Protection
Division of Water
Wastewater Inspection Report

AI ID: 455 **AI Type:** SANI-Wastewater Treatment & Collection (2213)
AI Name: Kingswood WWTP
AI Address: Kings Church Rd

City: Taylorsville, **State:** Kentucky **Zip:** 40071
County: Bullitt **Regional Office:** Louisville Regional Office
Latitude: 38.090101 **Longitude:** -85.490572
Site Contact: [Insert Site Contact Here]
Title: [Insert Contact Title] **Phone #:** [Insert Contact Phone Here]
Inspection Type: WW CEI-Minor Non-Mun **Activity #:** CIN20210001
Incident IDs:
Inspection Start Date: May 19, 2021 **Time:** 12:15 PM **End Date:** May 19, 2021 **Time:** 01:15 PM
Site/Permit ID: KY0101419

Lead DEP Investigator: Rodney Haskell
Other DEP Investigators:
External Investigators:
Persons Interviewed: Kathy Carey

General Comments: On Wednesday 05/19/21 a CEI -Minor Non Municipal Inspection was conducted by KYDOW inspector, Rodney Haskell at the Kingswood Development Subdivision's WWTP. The WWTP operates under permit KY0101419. The WWTP is under the operation of Certified Operator Kathy Carey. Kathy holds a WW Collection II license #31241 and a WW Treatment II license # 31228. Both licenses expire 06/30/21. The plant takes influent waste waters from the Kingswood Subdivision thru a digester, to the aeration tanks to the clarifier, then to disinfection via UV and ultimately discharges to the waters of the Commonwealth. At the time of the inspection, many solids were noted in the digester and dark mixed liquor was noted, indicating older sludge. There were trace amounts of sewage sludge observed at the discharge Outfall 001 location. DMRs were reviewed from 04/01/20 thru 04/30/21. Violations were found in 03/21 (E. Coli was 245 and should be <= 130/30 days and <=240/7 days.) The elevated E. Coli numbers was possibly due to light debris stirred up during collection. The DO reading for 11/20 was 6.0 and should be >= 7.0. The violation was possibly due to a malfunction of the air diffuser line in the contact chamber when the sample was collected. Overall, at the time of the inspection, the plant seems to be operating effectively.
Overall Compliance Status: Out of Comp- Viol documented

Investigation Results

SI: AIO0455

SI Description:

Inspector Comment: KY0101419

Requirement: Does the facility hold the proper KPDES permit?. [401 KAR 5:055 Section 2]

Compliance Status: C-No Violations observed

Comment: The facility operates under KY0101419.

Requirement: Have all required permits been obtained from the Division of Water prior to the construction or modification of the facility? [401 KAR 5:005 Section 1]

Compliance Status: N-Not Applicable

Comment:

Requirement: Is the facility being operated under the supervision of a properly certified operator? [401 KAR 5:010]

Section 1]

Compliance Status: C-No Violations observed

Comment: Yes, the facility is being operated under the supervision of Certified Operator Kathy Carey.

Requirement: Is the collection system under the primary responsibility of an individual who holds an active collection system certification at the level appropriate for the size of the treatment facility receiving the waste? [401 KAR 5:010 Section 2]

Compliance Status: C-No Violations observed

Comment: Yes Kathy Carey holds a WW Collection II license #31241.

Requirement: Does the permittee retain records of all monitoring information including: the date, exact place, and time of sampling or measurements; the name of the individual who performed the sampling or measurements; the dates and times analyses were performed; the name of the individual who performed the analyses; the analytical techniques or methods used; the results of the analyses; all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation; copies of all reports required by this permit; and records of all data used to complete the application for this permit, for the period required by the cabinet and at a minimum of at least three (3) years from the date of the sample, measurement, report, or application? [401 KAR 5:065 Section 2(1)]

Compliance Status: E-Not Evaluated

Comment: Beckmar does the sampling and analysis for this location.

Requirement: Is the facility required to prepare and implement a groundwater protection plan (GPP) as specified in regulation 401 KAR 5:037? If yes, does the facility have a GPP?. [401 KAR 5:037]

Compliance Status: C-No Violations observed

Comment: Ali Alexander, with CSWR Group provided a copy of the GPP.

Requirement: Is the permittee reporting monitoring results to the cabinet at the intervals specified in the permit? [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: Yes, the permittee is reporting monitoring results to the Cabinet at the permit specified intervals.

Requirement: Are the monitoring results reported to the cabinet on a Discharge Monitoring Report (DMR)? [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: Yes, monitoring results are reported electronically on DMRs via Net-DMR.

Requirement: If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in the permit, are the results of this monitoring included in the calculation and reporting of the data submitted in the DMR? [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: Permittee is aware of the requirement.

Requirement: Are the calculations for all limitations which require averaging of measurements utilizing an arithmetic mean unless otherwise specified by the Cabinet in the permit? [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: Permittee is aware of the requirement.

Requirement: Is the permittee in compliance for the reporting of spills, bypasses, and non-compliance according 401 KAR 5:065 Section 2(1). [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: Yes, the facility is aware of the requirement to report all spill, accidents, bypasses, releases, etc. to the Cabinet by the most rapid means available. The 24-hour emergency reporting number is (800) 928 2380. Reports are made to the Division of Water through the 24-hour reporting number, calling regional personnel office, and through the e-notification system.

Requirement: Is the permittee in compliance with immediate reporting requirements for emergency or accidental releases to the environment according to 401 KAR 5:065 Section 3(5)?. [401 KAR 5:065 Section 3(5)]

Compliance Status: C-No Violations observed

Comment: Yes, the permittee is in compliance with immediate reporting requirements for emergency or accidental releases to the environment.

Requirement: Is the facility being properly operated and maintained as specified in regulation 5:065? This includes:
(a) proper operation and maintenance of all facilities, systems of treatment and control, and related appurtenances which are installed or used by the permittee to achieve compliance with permit conditions;
(b) proper operation and maintenance also includes adequate laboratory controls, and appropriate quality assurance procedures;
(c) this provision also requires the

operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. [401 KAR 5:065 Section 2(1)]

Compliance Status: I-No Violations obs-but impending viol trends obs

Comment: AT the time of the inspection, the plant is working well at waste water treatment. The digester contains a lot of solids, the mixed liquor in the aeration tank is darker brown than desired which indicates older sludge, The clarifier and UV disinfection system are working properly. Previous DMRs discussed in the general comments indicate very few violations during the reviewed periods.

Requirement: Are the disinfection unit(s) maintained and operated properly to allow for compliance with permit conditions? [401 KAR 5:005 Section 11]

Compliance Status: D-Out of Compliance-Violations Documented

Comment: The facility has failed to properly maintain and / or operate the disinfection unit. DMRs reveal violations in 03/21 & 11/20.

Requirement: Does the flow measuring device measure all flow received at the WWTP? For large wastewater facilities (average daily design capacity >50,000 gpd), is flow measured by an indicating, recording, and totalizing flow measuring device? [401 KAR 5:005 Section 12]

Compliance Status: C-No Violations observed

Comment: At the time of the inspection, yes, influent and effluent flow meters are maintained and functioning correctly.

Requirement: Is a source of water provided for cleanup? If potable water is used, is a backflow preventor installed to protect the water supply? [401 KAR 5:005 Section 10(6)]

Compliance Status: C-No Violations observed

Comment: Yes, there is a potable water source onsite for clean-up with a back flow preventer.

Requirement: Has fencing with a lockable gate been installed around the wastewater treatment plant? [401 KAR 5:005 Section 10(7)]

Compliance Status: C-No Violations observed

Comment: Yes, the facility is encased within a chain link fence with a lockable gate.

Requirement: Has an all-weather access road been installed to allow access to the wastewater treatment plant? Is the road adequately maintained to allow access to the facility for operation and maintenance activity? [401 KAR 5:005 Section 10(8)]

Compliance Status: C-No Violations observed

Comment: Yes, the facility is located near the back of the subdivision.

Requirement: Sewage sludge. Did the facility meet the requirements governing the disposal of sewage sludge from publicly owned treatment works, in accordance with 40 CFR Part 503? [401 KAR 5:065 Section 2(4)]

Compliance Status: E-Not Evaluated

Comment: The previous CEI indicated the sewage sludge is transported to the landfill. The darker brown color of the mixed liquor could indicate older sludge and the need to manage and dispose of the sewer sludge more often.

Requirement: Is the effluent in compliance with KPDES permit limitations? Do the Discharge Monitoring Reports indicate KPDES permit violations? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: D-Out of Compliance-Violations Documented

Comment: The facility has failed to comply with the effluent limitations contained in the permit. DMRs reveal violations in 03/21 and 11/20.

Requirement: Are samples taken in compliance with the monitoring requirements and taken at the following location(s): nearest accessible point after final treatment, but prior to actual discharge or mixing with receiving waters? Are the samples representative of plant flow? Are flow proportioned samples obtained when required by the KPDES permit? Are grab samples collected according to the KPDES permit requirements? Are composite samples collected and analyzed according to the KPDES permit conditions? Are samples collected according to KPDES permit requirements? [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: Yes, certified lab Beckmar takes samples and does the sample analysis within compliance of the permit.

Requirement: Are the facility sample collection procedures adequate? Are the samples collected in proper containers, preserved, and refrigerated properly? Are all samples analyzed within the allowed holding times? [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: Yes, certified lab Beckmar takes samples and does the sample analysis within compliance of the permit.

Requirement: Have samples been analyzed by a lab that has been certified according to 401 KAR 5:320? Are all field

parameters collected by a lab or individual that holds a Field Only certification according to 401 KAR 5:320?. [401 KAR 5:320]

Compliance Status: C-No Violations observed

Comment: Yes, certified lab Beckmar takes samples and does the sample analysis within compliance of the permit.

Requirement: Have pollutants entered the waters of the Commonwealth? [KRS 224.70-110]

Compliance Status: I-No Violations obs-but impending viol trends obs

Comment: At the time of inspection, pollutants have not entered the waters of the Commonwealth. DMR review show some violations.

Requirement: Have surface waters been aesthetically or otherwise degraded? [401 KAR 10:031 Section 2]

Compliance Status: I-No Violations obs-but impending viol trends obs

Comment: At the time of inspection, the surface waters have not been aesthetically or otherwise degraded. DMR review show some violations.

Requirement: Is the permittee in compliance with all permit conditions? [401 KAR 5:065 Section 2]

Compliance Status: D-Out of Compliance-Violations Documented

Comment: The facility has failed to comply with the terms of the permit.

Documentation

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Photos taken | <input type="checkbox"/> Record of visual determination of opacity |
| <input type="checkbox"/> Documents obtained from facility | <input type="checkbox"/> Samples taken by DEP |
| <input type="checkbox"/> Samples taken by outside source | <input type="checkbox"/> Regional office instrument readings taken |
| <input type="checkbox"/> Request for Submission of Documents | <input type="checkbox"/> Other documentation |

Inspector:

Date: **[Insert Signature Date Here]**

Received By: _____ **Title:** _____ **Date:** _____

Delivery Method: **[Insert Delivery Method Here]**

Certified Mail Number: **[Insert Cert Mail # Here]**



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
9116 LEESGATE RD
LOUISVILLE, KY, 40222

July 16, 2021

Bluegrass Water Utility Operating Company LLC
Kingswood WWTP
Kings Church Rd
Taylorsville, Kentucky 40071

RE: **Kingswood WWTP -- 455**
Permit No.: KY0101419
Bullitt County, Kentucky
Activity ID: CIN20210001

Dear Bluegrass Water Utility Operating Company LLC:

Attached for your information and records is a copy of the **WW CEI-Minor Non-Mun** performed at **Kingswood WWTP** on **May 19, 2021**.

[INSERT COMMENTS/SUMMARY OF DEFICIENCIES AS NECESSARY]

If you have any questions or comments concerning this inspection, please contact the **Louisville Regional Office** at: **(502) 429-7122**.

Sincerely,

[Redacted signature area]

Rodney Haskell
Environmental Inspector
Louisville Regional Office
Division of Water

[Insert Initials]
Enclosure:

March 14, 2023

Nicholas Fields
Kentucky Department for Environmental Protection
Division of Enforcement
300 Sower Blvd., 3rd Floor
Frankfort, KY 40601

Bluegrass Water Utility Operating Company, Inc.
Kingswood WWTF
KYPDES Permit No. KY0101419
Agency Interest No. 455

On behalf of Bluegrass Water Utility Operating Company, LLC, we are submitting this letter to address the current Corrective Action Plan status that was approved January 28, 2020. BGUOC submitted an extension request on September 23, 2022, with a projected completion date of March 31, 2023. We are continuing to work to effluent compliance for this facility.

Per the original CAP, Bluegrass Water UOC continues to make improvements stipulated on the submitted construction permit. Due to the effect of supplier chain setback and limited contractor availability, our operations contractor has encountered delays on the installation for the disinfection unit. The new UV disinfection system was shipped to the site on February 20, 2023, roughly 5 weeks later than expected. BGUOC plans to decommission and install the new unit after the contractor provides a revised timeline for completion. With uncertainty of contractor availability, Bluegrass Water Utility Operating Company, LLS determined that the unit replacement at Kingswood will be completed by December 31, 2023. Following the improvements included in the construction permit the facility should be able to consistently comply with permitted limits.

Please let me know if this letter meets the status report requirements of achieving system compliance.

Sincerely,



Enrique Chavez Jr.
Bluegrass Water Utility Operating Company, LLC
Program & Compliance Manager



BLUEGRASS WATER

Utility Operating Company

A CSWR Managed Utility

July 29, 2020

Michael Kroeger (CC. Wesley Dement)
Kentucky Department for Environmental Protection
Division of Enforcement
300 Sower Blvd., 3rd Floor
Frankfort, KY 40601

Bluegrass Water Utility Operating Company, Inc.
Kingswood WWTF
KYPDES Permit No. KY0101419
Agency Interest No. 455

Corrective Action Plan Revision:

I am pleased to submit this update to the Corrective Action Plan for the Kingswood WWTF approved by EEC/DEP on 1/2/2020. The scope of the original CAP was completed within the projected schedule of the CAP. Triage and repair work has been completed and the main aeration plant is in better shape than it was at acquisition. The damaged components of the aeration system have been repaired or replaced as needed and the plant was cleaned up and solids were removed from tankage. The plant is currently meeting all limits. The most significant remaining issue at the facility relates to the disinfection system. The UV unit is very old and parts are no longer available for it. The system is oversized so while it is now operating at 2/3 capacity it is still adequate for disinfection currently. Additionally, the sensor that alerts operators to underperforming bulbs is no longer available, so bulbs are being replaced on an aggressive preventative maintenance schedule instead of based on the sensor system.

Per the original CAP, our evaluation following triage improvements has determined that the facility does require a construction permit to complete improvements. We are in the process of applying for a permit to replace this UV system with a newer one with available parts. We believe that the replacement will proceed quickly following approval of the permit and expect to complete the improvements at Kingswood by February 18, 2022, assuming the permit is issued in the near future. Following the improvements included in the construction permit the facility should be able to consistently comply with permitted limits

Sincerely,

JON MEANY

Utility Engineer

 (314) 380-8537 Ext. 215
 (314) 482-0342
 (314) 736-4759
 jmeany@cswrgroup.com
 1650 Des Peres Rd., Suite 303,
Des Peres, MO 63131

Civil Engineering
Surveying & Mapping
Potable Water
Wastewater Treatment



Civil Site Design
Construction Support
Transportation
Wastewater Collection

December 12, 2019

Wes Dement
Kentucky Department for Environmental Protection
Division of Enforcement
300 Sower Blvd., 3rd Floor
Frankfort, KY 40601

Bluegrass Water Utility Operating Company, Inc.
Kingswood WWTF
KYPDES Permit No. KY0101419
Corrective Action Plan

In light of the Kingswood WWTF's failure to meet permitted limits, Bluegrass Water Utility Operating Company (BWOC) submits the following corrective action plan.

BWUOC has recently purchased this treatment plant. With the change of ownership, operational modifications have been implemented and are ongoing. With proper operation, the facility should be capable of meeting permit limits without process modification. Over the next several months, repairs will be made and monitoring will continue to confirm that the existing processes can meet permit limits.

1. Causes of Effluent Violations

- Ammonia (Intermittent)
- Total Suspended Solids (TSS) (Intermittent)
- E. Coli

Recent effluent testing data shows the plant exceeded permit limits for Ammonia, TSS, and E. Coli. Ammonia levels were just slightly over the current limit. With further operational modifications, the facility should be capable of meeting ammonia limits without permit modification. The TSS violation is in large part due to several failed and/or missing clarifier components which are planned to be repaired or replaced. These items consist of failing valving on returns and skimmers, a missing skimmer and the existing skimmer is improperly installed. Finally, E. Coli levels have consistently exceeded permit limits. This is due to the UV system having an inoperable ballast and the UV sensor has failed. These components will be replaced to return the UV system to full operational capacity.

2. System Evaluation and Corrective Actions

Recent testing shows the facility should be able to meet Ammonia limits and we will continue to monitor ammonia levels to confirm. Further monitoring is recommended at this time.

The TSS violation is due to failed clarifier components. BWUOC plans to install new valving on the returns and skimmer lines. This will improve operational control of the clarifier. Additionally, a new skimmer will be

Civil Engineering
Surveying & Mapping
Potable Water
Wastewater Treatment



Civil Site Design
Construction Support
Transportation
Wastewater Collection

installed and the existing skimmer will be repaired in place. These repairs and improvements will reduce TSS levels.

The E. Coli exceedances have occurred as a result of failed UV components. The manufacturer is currently working to price a new style sensor since they no longer make the existing style. The manufacturer no longer makes the ballast currently installed. However, a new style ballast will be modified to work with the current system. It is unknown what the longevity of the modified parts will be, therefore the UV system will be closely monitored to ensure it is functioning properly. If the UV system struggles to perform with the modified parts, a new disinfection system will need to be installed.

A Mission remote monitoring system and magnetic flow meter will be installed to provide real time monitoring of the facility. This will improve capabilities to monitor the effect of inflow and infiltration and status of the facility. The monitoring system will improve operations and maintain reliable service for the customers.

In addition to flow monitoring, a multi-step process is employed on the collection system to determine the extent of inflow and infiltration. The first step involves smoke testing the system, which is already complete. Next, the sanitary sewers will be cleaned and jetted. Analysis of the information obtained from these processes will be used to create a plan to address inflow and infiltration issues. With the sanitary sewers predominately in customer's back yards, jetting work will need to be scheduled around the weather to prevent damage to customer's yards. The jetting work is currently planned for summer 2020 unless the ground adequately dries prior to that time in which the jetting will be performed earlier.

3. Project Milestones

- Continue monitoring performance of facility. (July 31, 2020)
- Replace valving on clarifier returns and skimmers (April 30, 2020)
- Repair existing skimmer and install a new skimmer(April 30, 2020)
- Replace UV system ballast and sensor (April 30, 2020)
- Install new magnetic flow meter and Mission monitoring system (April 30, 2020)
- Clean and jet the collection system (July 31, 2020)
- Submit status report detailing improvements and whether process changes are required (July 31, 2020)

Sincerely,

A handwritten signature in blue ink that reads 'Benjamin Kuenzel'.

Benjamin Kuenzel, PE
Principal of 21 Design Group, Inc.



MATTHEW G. BEVIN
GOVERNOR

CHARLES G. SNAVELY
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

October 18, 2019

Bluegrass Water Utility Operating Company LLC
Josiah Cox, President
500 Northwest Plaza Dr Ste 500
St. Ann, MO 63074

RE: **Change of Ownership**
Agency Interest # 455
KPDES Permit #: KY0101419
Location: Spencer County, Kentucky

Dear Mr. Cox:

The Division of Water received your request for modification of the Kentucky Pollutant Discharge Elimination System (KPDES) coverage for the above-referenced facility. The KPDES permit has been modified to reflect the change of ownership.

If you have any questions, please contact me at (502) 564-3410, or via e-mail at Joy.Haden@ky.gov.

Sincerely,

Joy Haden
Surface Water Permits Branch
Division of Water

JH: jh

Enclosure

C: ARM



KPDES



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM**

PERMIT TRANSFER

**TRANSFER OF
AUTHORIZATION TO DISCHARGE UNDER THE
KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM**

PERMIT NO.: [KY0101419](#)

AGENCY INTEREST NO.: [455](#)

Pursuant to Authority in KRS 224, this permit for:

New Facility Name: [Kingswood WWTF](#)
Facility Address: [Kings Church Rd](#)
[Taylorsville, Spencer County, Kentucky](#)

Prior Owner: [Kingswood Development Inc](#)
Address: [9201 Lena Lane](#)
[Louisville, KY 40299](#)

is hereby transferred to:

New Owner: [Bluegrass Water Utility Operating Company LLC](#)
Mailing Address: [500 Northwest Plaza Dr Ste 500](#)
[St. Ann, MO 63074](#)

in accordance with effluent limitations, monitoring requirements and other conditions set forth in this permit.

The effective date of this permit transfer is October 18, 2019

[October 18, 2019](#)

Date Signed

**Peter T. Goodmann, Director
Division of Water**