Civil Engineering

Surveying & Mapping

Potable Water

Wastewater Treatment

Civil Site Design Construction Support Transportation Wastewater Collection

Timberland Wastewater Facility Improvements - KY0083755 Design Considerations – Construction Permit Application Date: September 28, 2020

Introduction

The purpose of this document is to specifically address the criteria used for the design of various improvements to the Timberland Wastewater Treatment Facility, and to describe pertinent information required in Section IV - "Design Considerations" of the Construction Permit Application for said improvements.

21 DESIGN

E. Design Criteria

The process flow diagram for the proposed improvements is included in Section A of the appendix to this specific document. Raw sewage will continue to enter the facility through the existing lift station and will be conveyed to a hydraulic overflow structure. Flows in excess of 50,000 gpd received in the overflow structure will be diverted to the existing lagoon for equalization. When excess flow conditions subside at the plant, wastewater can be returned to the existing lift station via a 4" PVC gravity line with a plug valve. The dry weather flow discharge from the overflow structure (up to 50,000 gpd) will be received in a three stage Moving Bed Biological Reactor, and two hopper bottomed clarifier sections for secondary treatment. Following secondary treatment if polishing is necessary, clarified effluent can be diverted to the existing lagoon. If no extra polishing is necessary, wastewater will continue to flow downstream to the new chlorine tablet feeder, and will proceed to the newly constructed contact/postaeration tank. This will be used to elevate the dissolved oxygen levels and to meet the disinfection and DO residual limits prior to effluent discharge. A dechlorination tablet feeder will be installed downstream of the contact chamber to lower residual chlorine levels to meet the limit specified on the discharge permit. Sludge can be conveyed from the clarifiers into either the First Stage MBBR as Return Activated Sludge, or to a pair of aerobic digesters where it will be stabilized to a Class B sludge and thickened using telescoping valves. More details on the sludge management plan can be found in Section H located further within this document. The system has been designed to be operated as a pure MBBR, fixed film system, and the use of a return activated sludge is not required to meet effluent objectives. However, the system will be equipped with a return to allow the system to be operated as an integrated fixed film activated sludge system if desired by the operational team.

Based on the level of redundancy in the design, we believe the plant qualifies for classification as Grade A Reliability. A transfer switch will be installed that allows the use of a backup generator which will provide sufficient power for the entire facility including the blowers and influent pumps, allowing continuous use of all treatment processes. The use of multiple MBBR stages allows certain tanks to be bypassed while performing maintenance within the system while simultaneously treating wastewater to a level that will meet the effluent parameters required by the KDEP. **Civil Engineering**

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A summary of the design criteria used for unit process sizing is included in Section B of the Appendix including:

- Plant & MBBR Influent Characteristics
- Tank Sizing Summary
- BOD/Nitrification MBBR Aeration Requirement Summary
- Blower Requirement Summary
- Clarifier Summary
- Aerobic Digestion Tank No. 1 & 2 Summary
- Aerobic Digestion Mixing and Aeration
- Chlorine Contact Time
- Post Aeration

Each process was designed in accordance with the 2014 version of Ten State Standards for Wastewater Facilities and 401 KAR 5:005.

G. Site Location

A site plan can be found in the plan document which clearly shows the site boundaries and the position of the site in reference to those boundaries. The most recently available subdivision plat available is attached in the appendix, as well as an Alta Survey of the existing site. There are no dwellings within 200 feet of the treatment plant.

H. Other Information

During construction, the existing package plant will be shut down, while the existing lagoon and chlorine contact chamber will be used for treatment and disinfection.

Sludge will be generated within the MBBR Process and conveyed via air lifts from the clarifier hoppers to a series of two aerobic digesters. The aerobic process will serve as a sludge thickening vessel with the use of a telescoping valve in each tank. After sludge is sufficiently thickened in the primary tank, it will be conveyed to the second tank using a 2.5 hp single centrifugal pump. Using telescoping valves to decant/thicken the sludge in the digester, it has been estimated that the digested sludge solids concentration in the first aerobic digester may range from 10,000-15,000 ppm, which would result in a Solids Retention Time (SRT) between 70 and 105 days, and in the second digester from 20,000-25,000 ppm which would result in an SRT between 41 and 51 days. The thickened and stabilized sludge would be considered Class B and will be hauled away by contractors and may be used for land application.

A new effluent pipe will be constructed around the northern section of the existing lagoon, ending at the same location of the existing outfall. The facility discharges into West Fork Massac Creek, who's nearest downstream intake is the Ohio River about 45 miles downstream. The outfall can be seen on the ALTA Survey attached.

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Appendix

Section A - Process Flow Diagram Section B - Summary of Design Criteria Section C - Subdivision Plat Section D - ALTA Survey Civil Engineering Surveying & Mapping Potable Water

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Section A – Process Flow Diagram



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Section B – Summary of Design Criteria

	Plant Influent Characteristics		
1	No. of Customers	70	
2	Population Equivalent	210	PE
3	Annual Average Daily Flow	25,000	gpd
4	Maximum Monthly Average Daily Flow	25,000	gpd
5	Peak Daily Flow	75,000	gpd
6	Peak Hourly Flow (w/out Equalization)	100,000	gpd
7	Influent BOD	225	mg/L
8	Influent BOD	46.9	lbs/day
9	Influent TSS	225	mg/L
10	Influent TSS	46.9	lbs/day
11	Influent NH3-N	35	mg/L
12	Influent NH3-N	7.3	lbs/day
13	Influent TKN	40	mg/L
14	Influent TKN	8.3	lbs/day
15	Influent pH	7	
16	Water Temperature	13	deg-C
	MBBR Influent Characteristics		
17	Annual Average Daily Flow	25,000	gpd
18	Maximum Monthly Average Daily Flow	25,000	gpd
19	Peak Daily Flow (w/Equalization)	50,000	gpd
20	Peak Hourly Flow (w/Equalization)	50,000	gpd
21	21 Influent BOD 225		mg/L
22	Influent TSS	225	mg/L
23	Influent NH3-N	35	mg/L
24	Influent TKN	40	mg/L
25	Design Influent TKN	40	mg/L
26	Influent pH	7	
27	MBBR Water Temperature	10	deg-C
	MBBR Tank Sizing Summary		
17	No. of Tanks Proposed	3	
18	Length of Each	6.0	ft
19	Width of Each	11.25	ft
20	Side Water Depth of Each (Average)	10.17	ft
21	Tank Height of Each	11.8	ft
22	Volume of Each	5,133	gallons
23	Volume Total	15,400	gallons
24	Hydraulic Retention Time at Average Flow	14.8	hours
25	Hydraulic Retention Time at Peak Daily Flow	7.4	hours
26	Total Media Surface Area Requirement	6,483	m ²
27	Total Media Surface Area Proposed	8,745	m²

	BOD/Nitrification MBBR Aeration Requirement Summary	Stage 1	Stage 2 & 3
28	AOR (lbs/day)	62	38
29	Assumed Diffuser Subm. at AWL (ft.)	9.5	9.5
30	Elevation (ft.)	358	358
31	Alpha	0.70	0.70
32	Beta	0.9	0.9
33	Target DO Residual (MBBR Process) (mg/L)	3.0	5.0
34	SOR (lbs/day)	146	132
35	Target Diffuser Efficiency/ft. Submergence	1.1	1.1
36	Airflow (scfm)	56	50
	Blower Requirement Summary		
37	No. of Blowers (for MBBRs, Airlifts and Post-Aeration)	2	1 Op., 1-standby
38	Airflow Required for O2 Demands in MBBR	106	
39	Airflow Requried for Airlifts	12	
40	Airflow Required for Post-Aeration	4	
41	Airflow Requirement per Blower	122	scfm
42	Airflow per 1,000 scfm in MBBRs	52	scfm/1,000 cf
43	Discharge Pressure	5.47	psig
44	Assumed Overall Efficiency	0.62	
45	Approximate BHP Requirement/Blower	4.6	bhp
46	Approximate BHP Requirement Total	4.6	bhp
47	Estimated Nameplate HP / Blower	5	hp
48	Blower Type	Bi-Lobe PD	
	Clarifier Summary		
49	No. of Hopper Bottom Clarifiers	2	
50	Clarifier Nos 1 and 2 - Existing		
51	Length	5.5	
52	Width	7.70	
53	Depth	10	
54	Total Surface Area	85	ft2
55	Surface Overflow Rate at Peak Flow	590	gpd/ft2
56	Allowable Surface Overflow Rate for Fixed Film	1,500	gpd/ft2

	Aerobic Digestion Tank No. 1		
57	WAS Sludge Production Rate	0.4	lbs WAS/lb. BODr
58	WAS Sludge Production	18.8	lbs. WAS/day
59	Volatile Solids Concentration	75%	
60	% Volatile Solids Destroyed	45%	
61	Digested Sludge Production	12.4	lbs. DS/day
62	Digested Sludge Concentration	10,000	mg/L
63	Digested Sludge Production	149.0	gpd
64	No. of Sludge Holding Tanks	1	
65	Length	12	ft
66	Width	11.25	
67	Height	10.33	ft
68	Volume	10,431	gallons
69	Volume per Population Equivalent	6.6	cf/PE
70	SRT	70	days
	Aerobic Digestion Tank No. 2		
71	Digestate from Digester No. 1	12.4	lbs. DS/day
72	Volatile Solids Concentration	65%	
73	% Volatile Solids Destroyed	10%	
74	Digested Sludge Production	11.6	lbs. DS/day
75	Digested Sludge Concentration	20,000	mg/L
76	Digested Sludge Production	69.6	gpd
77	Length	3.25	ft
78	Width	11.25	
79	Height	10.33	ft
80	Volume	2,825	gallons
81	Volume per Population Equivalent	1.8	cf/PE
82	SRT	41	days
	Aerobic Digestion Mixing and Aeration		
83	SCFM / 1,000 cf	30	scfm/1,000 cf
84	Airflow Requried to Mix and Aerate Both Tanks	53	scfm
85	Airflow Requried to Mix and Aerate Aer Dig No. 1	42	scfm
86	No. of Diffuser Laterals in Aer Dig No. 1 (6' width)	1	lateral
87	No. of Diffusers Total in Aer Dig No. 1	8	diffusers
88	Airflow Requried to Mix and Aerate Aer Dig No. 2	11	scfm
89	No. of Diffuser Laterals in Aer Dig No. 2 (3.25' width)	1	lateral
90	No. of Diffusers Total in Aer Dig No. 2	4	diffusers
91	Discharge Pressure Required	5.47	psig
92	No. of Aerobic Digester Blowers	2.0	(1 op., 1 stndby)

	Chlorine Contact Time		
93	No. of Contact Tanks	2	
94	Contact Tank No. 1 - Existing (Not fed with		
95	Length	11.25	ft
96	Width	3	ft
97	Depth	3.17	ft
98	Contact Tank No. 1 Volume	800	gallons
99	Contact Tank No. 1 Hydraulic Retention Time	23	minutes
100	Contact Tank No. 2 - New (Serves as Post Aeration as well)		
101	Length	6	ft
102	Width	6	ft
103	Depth	5	ft
104	Contact Tank No. 2 Volume	1,346	gallons
105	Contact Tank No. 1 Hydraulic Retention Time	38.8	minutes
106	Total Volume	2,147	gallons
107	Total Hydraulic Retention Time	62	minutes
	Post Aeration		
108	No. of Post Aeration Tanks	1	
109	Length	6	ft
110	Width	6	ft
111	Depth	5.0	ft
112	Volume	1,346	gallons
113	HRT	38.8	minutes
114	scfm/1,000 cf	20	scfm/1KCF
	scfm Required (provided with blowers common for MBBRs,		
115	Airlifts and Post-Aeration)	3.6	scfm
116	Discharge Pressure	3.2	psig

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Section C – Subdivision Plat







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Section D – ALTA Survey

1351 Jefferson St., Suite 301 Washington, MO 63090





See the INSTRUCTIONS for more information about selected portions of this application. Questions on completing this application? Contact the Water Infrastructure Branch at 502/564-3410 or visit our website at <u>http://water.ky.gov</u> for more information.

I. CONSTRUCTION PROJECT INFORMATION

Project N	Name:	Timberland Wastewater Facility Improvements		
Project C	City/County:	ty/County: Paducah/McCracken County		
Name of	lame of WWTP: Timberland Wastewater Facility			
KPDES N	Number of W	WTP, if known (for modifications to an existing plant): KY 0083755		
Estimate	d cost of W	NTP improvements and sewer line extension: \$ _425,000		
Project is	s:	WWTP Only WWTP with sewer lines		
		Minor Modification to WWTP (Complete only Sections I, II, IV A, B, C, E3, H1, VII, VIII)		
II. APPLI	ICANT INFOR	RMATION		
Applicant	t (Entity payir	g for construction): Bluegrass Water Utility Operating Company LLC E-mail: ifreeman@cswrgroup.com		
Street Ad	ldress:	1650 Des Peres Road, Suite 303		
City, State	e, Zip:	St. Louis, MO 63131		
Will ownership be transferred? U Yes. Name of new owner: 4 No				
	·			
III. PRELIN	MINARY SUBM	TTAL		
III. Prelin Has a Pre	MINARY SUBM	TTAL mittal been made with all the information in this section? [See 401 KAR 5:005, Section 3]		
Has a Pre	MINARY SUBM eliminary Sub Name of pro	TTAL omittal been made with all the information in this section? [See 401 KAR 5:005, Section 3] oject:		
Has a Pre	NINARY SUBM eliminary Sub Name of pro County and	TTAL omittal been made with all the information in this section? [See 401 KAR 5:005, Section 3] oject: Location of project, then skip to next section:		
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III. PRELIN Has a Pre Yes.	NARY SUBM eliminary Sub Name of pro County and Provide the (✓) by the it A. A di A. Fo	TTAL mittal been made with all the information in this section? [See 401 KAR 5:005, Section 3] ject: Location of project, then skip to next section: Location of project, then skip to next section: information below that has not been previously submitted (use additional pages, as necessary). Place a check ems included in the application or an N/A if the item is not applicable to the project. copy of a 7½ minute USGS topographic map, with the WWTP, any proposed sewer lines, service area, and scharge location identified. or a WWTP located within a planning area, a letter from the regional or facility planning agency stating the		
III. PRELIN Has a Pre Yes.	NARY SUBM eliminary Sub Name of pro County and Provide the (✓) by the it A. A A. A B. Fo	TTAL mittal been made with all the information in this section? [See 401 KAR 5:005, Section 3] oject: Location of project, then skip to next section: information below that has not been previously submitted (use additional pages, as necessary). Place a check ems included in the application or an N/A if the item is not applicable to the project. copy of a 7½ minute USGS topographic map, with the WWTP, any proposed sewer lines, service area, and scharge location identified. or a WWTP located within a planning area, a letter from the regional or facility planning agency stating the roposed WWTP is compatible with the regional facility plan or the water quality management plan.		
III. PRELIM Has a Pre Yes.	NARY SUBM eliminary Sub Name of pro County and Provide the (✓) by the it ✓ A. A di <u>N/A</u> B. Fo pro <u>N/A</u> C. Fo	TTAL Tran TTAL Tran Tran Tran		
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IV. DESIGN CONSIDERATIONS

A. PLANS AND SPECIFICATIONS.

Design plans and specifications shall comply with 401 KAR 5:005 and "Recommended Standards for Wastewater Facilities" ("Ten States' Standards") 2014 edition. If engineering practices, other than those contained in "Ten States' Standards", were used in the design, indicate the source and the corresponding portion of the design. [See 401 KAR 5:005, Section 7]

Plans and specifications submittals shall meet on of the following options:

- Submit at least one paper printed set of detailed plans (no larger than 24" x 36") and a PDF copy of the plans and specifications on a data storage device such as a USB flash drive. Both copies shall be dated with a stamp, signature of a licensed professional engineer in Kentucky which complies with the requirements of 201 KAR 18:104. The digital plans shall consist of a single pdf file and be in a folder called "Engineering Plans" and the specifications manual shall be in a folder called "Specifications".
- Submit a PDF copy of the plans and specifications digitally via the electronic form on the KY One Stop Business Portal website. The PDF copy shall be dated with stamp and signature of a licensed engineer in Kentucky which complies with the requirements of 201 KAR 18:104 Section 3. The plans shall be submitted as a single pdf file.
- **B. DESIGN ENGINEER, if** the WWTP design capacity is greater than 10,000 gpd or if the sewer lines associated with the WWTP will become part of a sewer system served by a regional facility. **[Section 6]**

P.E.'s Name: Benjamin Kuenzel		Firm: ^{21 Design Group}
Street Address: 1351 Jefferson St. Suite 301		
City, State, Zip: Washington, MO 63090		
Phone: 636-432-5029	_Fax:_ ^{N/A}	E-mai: ben@21designgroup.net

C. CONFORMITY TO PLANS AND SPECIFICATIONS. Provide name of person who will inspect and certify that the constructed facility conforms to the approved plans and specifications. If the WWTP's design capacity is greater than 10,000 gpd, or if the sewer lines will become part of a sewer system served by a regional facility, this person must be a professional engineer (P.E.). [Section 3]
Name: Benjamin Kuenzel
Firm: 21 Design Group

			1 mm. <u> </u>		
	Street Address: 1	351 Jefferson St. Suite 301			
	City, State, Zip: ^{Wash}	City, State, Zip: Washington, MO 63090			
	Phone: 636-432-5029	Fax_ ^{N/A}	E-mail: ben@21designgroup.net		
D.	DESIGN CAPACITIES.	Provide the following design capacities, in mill	ion gallons per day or pounds per day. [Sec	tion 3]	
	Average Daily Flow:	.025MGD	Influent BOD: 46.94	_lb/day	
	Peak Daily Flow:	<u>.1</u> MGD	Influent SS: 46.94	lb/day	
	Peak Hourly Flow:	.12 MGD	Influent NH ₃ -N: 7.3	_lb/day	
Е.	Design Criteria. Pro	ovide the following information (use additional)	pages, as necessary). Place a check (<) by	the items included	

in the application or an **N/A** if the item is not applicable to the project.

1. A schematic drawing of the facility layout and explanation of the proposed facility and method of operation. [Section 3]

- 2. WWTP's Reliability Category, Grade A, B, or C: ______. Include a detailed description of the reliability measures that will be used for the WWTP. [Sections 3 and 13]
- 3. A discussion of the design criteria used to size the unit processes. [Section 3]

LABORATORY SERV	ICES. Give name of laboratory that will provide services for self-monitoring and process control. [Section 3]
Firm Name:	Microbac Laboratories, Inc.
Street Address:	3323 Gilmore Industrial Road

City State Zin: Louisville, KY 40213

City, State, Zip:

F

- G. SITE LOCATION. Place a check (✓) by the items that are included in this application or an N/A if the item is not applicable to the project.
 - 1. Include a plat or survey clearly indicating the site's boundaries, position of proposed facility in reference to the boundaries, and position of dwellings within 200 feet of the WWTP. [Section 3]
 - N/A 2. If an open-top WWTP is closer than 200 feet to the closest dwelling, include what structure or other measures will be used for noise and odor control. [Section 4]
 - <u>N/A</u> 3. For a WWTP with a spray irrigation system, if the distance from the spray field to the property boundary is less than 20 feet, include what protective measures will be used to inhibit spray from crossing property boundary. **[Section 21]**
- H. OTHER INFORMATION TO BE SUBMITTED WITH APPLICATION. Place a check (✓) by the items that are included in this application or an N/A if the item is not applicable to the project.
 - 1. If modifying or replacing an existing WWTP or sewer line, a closure plan indicating how the new facility will be constructed without a by-pass to a stream and the procedures that will be used for abandoning the existing facility. [Section 3]
 - 2. A Sludge Management Plan for WWTPs, including the sludge processing method and how sludge will be ultimately disposed. [Section 3]
 - 3. If the discharge point does not coincide with a blue line on a USGS map, a copy of a recorded deed, recorded other right of ownership, or recorded right of easement for a corridor to the nearest blue line stream. [Section 3]
 - N/A 4. A description of and detailed specifications for the flow measuring device. [Section 7]
 - <u>N/A</u> 5. If the WWTP discharges to a sinkhole or sinking stream, a plan for a groundwater tracer study (or a previously conducted groundwater tracer study). [Section 4]

V. SEWER LINES

Include the following items for projects that include sewer lines. If project is for only a WWTP, skip to next section. Place a

check (✓) by the items that are included in this application or N/A if the item is not applicable to the project.

N/A A. If the project includes a pump station, the pump performance curve. [Section 8]

- N/A B. If the project includes gravity sewer lines or force mains, a plan view and profile view for each. [Section 6]
- N/A C. A demonstration that the sewer system has adequate capacity to treat the current and the anticipated flow to the WWTP and that the sewer system is not subject to excessive infiltration or excessive inflow. **[Section 8]**
- N/A D. A demonstration that the WWTP has adequate capacity to transport the anticipated flow to the WWTP and the WWTP is not subject to excessive infiltration or excessive inflow. [Section 8]

VI. OTHER REQUIRED APPLICATIONS

A. If the WWTP has a discharge, complete and file with this application: KPDES Application (KPDES Form 1); and Form A, B,
 C, or Short Form C, as applicable.

____B. If the WWTP does not have a discharge, complete and file with this application the "No Discharge Operating Permit Application, Form ND."

VII. FEES

Fees. Check or money order must be made payable to "Kentucky State Treasurer" for the total amount. Fees do not apply for a municipality, sanitation district, or other publicly owned facility. [Section 5]

WWTP Category:	Amount:	\$
Sewer Line Category:	Amount:	\$
	Total Amount:	\$

VIII. CERTIFICATION

I, the applicant, certify under penalty of law that this document and all attachments were prepared under my direction or supervision. 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 fine or imprisonment or both for known violations. **[Section 2]**

Applicant's Name and Official Title (Type or Print)		Phone Number (Include area code)
Jacob Freeman		(314)-550-1167
Signature	of o oftwar	Date 1/27/2021



See the INSTRUCTIONS for more information about selected portions of this application. Questions on completing this application? Contact the Water Infrastructure Branch at 502/564-3410 or visit our website at <u>http://water.ky.gov</u> for more information.

CONSTRUCTION PROJECT INFORMATION Timberland Wastewater Facility Improvements Project Name: Project City/County: Paducah/McCracken County Timberland Wastewater Facility Name of WWTP: KPDES Number of WWTP, if known (for modifications to an existing plant): KY ⁰⁰⁸³⁷⁵⁵ Estimated cost of WWTP improvements and sewer line extension: \$ 400,000.00 **WWTP Only** Project is: WWTP with sewer lines Minor Modification to WWTP (Complete only Sections I, II, IV A, B, C, E3, H1, VII, VIII) **II. APPLICANT INFORMATION** Applicant (Entity paying for construction). Bluegrass Water Utility Operating Company LLC E mail: ifreeman@cswrgroup.com

Applicant (Entity paying for construction).		
Street Address:	1650 Des Peres Road, Suite 303	
City, State, Zip:	St. Louis, MO 63131	
Will ownership be transferred? Yes.	Name of new owner:	4 No

III. PRELIMINARY SUBMITTAL

Has a Preliminary Submittal been made with all the information in this section? [See 401 KAR 5:005, Section 3]

Yes. Name of project: _

County and Location of project, then skip to next section: ____

- A No. Provide the information below that has not been previously submitted (use additional pages, as necessary). Place a **check**
 - (\checkmark) by the items included in the application or an N/A if the item is not applicable to the project.
 - A. A copy of a 7¹/₂ minute USGS topographic map, with the WWTP, any proposed sewer lines, service area, and discharge location identified.
 - N/A B. For a WWTP located within a planning area, a letter from the regional or facility planning agency stating the proposed WWTP is compatible with the regional facility plan or the water quality management plan.
 - <u>N/A</u> C. For a WWTP located within a planning area, a demonstration that a connection to the regional facility is not available.
 - N/A D. For a regional WWTP, a water quality management plan that is in compliance with 401 KAR 5:006.

IV. DESIGN CONSIDERATIONS

A. PLANS AND SPECIFICATIONS.

Design plans and specifications shall comply with 401 KAR 5:005 and "Recommended Standards for Wastewater Facilities" ("Ten States' Standards") 2014 edition. If engineering practices, other than those contained in "Ten States' Standards", were used in the design, indicate the source and the corresponding portion of the design. [See 401 KAR 5:005, Section 7]

Plans and specifications submittals shall meet on of the following options:

- Submit at least one paper printed set of detailed plans (no larger than 24" x 36") and a PDF copy of the plans and specifications on a data storage device such as a USB flash drive. Both copies shall be dated with a stamp, signature of a licensed professional engineer in Kentucky which complies with the requirements of 201 KAR 18:104. The digital plans shall consist of a single pdf file and be in a folder called "Engineering Plans" and the specifications manual shall be in a folder called "Specifications".
- Submit a PDF copy of the plans and specifications digitally via the electronic form on the KY One Stop Business Portal website. The PDF copy shall be dated with stamp and signature of a licensed engineer in Kentucky which complies with the requirements of 201 KAR 18:104 Section 3. The plans shall be submitted as a single pdf file.
- **B. DESIGN ENGINEER, if** the WWTP design capacity is greater than 10,000 gpd or if the sewer lines associated with the WWTP will become part of a sewer system served by a regional facility. **[Section 6]**

P.E.'s Name: Benjamin Kuenzel		Firm: ^{21 Design Group}
Street Address: 1351 Jefferson St. Suite 301		
City, State, Zip: Washington, MO 63090		
Phone: 636-432-5029	_Fax:_ ^{N/A}	E-mai: ben@21designgroup.net

C. CONFORMITY TO PLANS AND SPECIFICATIONS. Provide name of person who will inspect and certify that the constructed facility conforms to the approved plans and specifications. If the WWTP's design capacity is greater than 10,000 gpd, or if the sewer lines will become part of a sewer system served by a regional facility, this person must be a professional engineer (P.E.). [Section 3]
Name: Benjamin Kuenzel
Firm: 21 Design Group

			1 mm. <u> </u>	
	Street Address: 1	351 Jefferson St. Suite 301		
	City, State, Zip: ^{Wash}	nington, MO 63090		
	Phone: 636-432-5029	Fax_ ^{N/A}	E-mail: ben@21designgroup.net	
D.	DESIGN CAPACITIES.	Provide the following design capacities, in mill	ion gallons per day or pounds per day. [Sec	tion 3]
	Average Daily Flow:	.025MGD	Influent BOD: 46.94	_lb/day
	Peak Daily Flow:	<u>.1</u> MGD	Influent SS: 46.94	lb/day
	Peak Hourly Flow:	.12 MGD	Influent NH ₃ -N: 7.3	_lb/day
Е.	Design Criteria. Pro	ovide the following information (use additional)	pages, as necessary). Place a check (<) by	the items included

in the application or an **N/A** if the item is not applicable to the project.

1. A schematic drawing of the facility layout and explanation of the proposed facility and method of operation. [Section 3]

- 2. WWTP's Reliability Category, Grade A, B, or C: ______. Include a detailed description of the reliability measures that will be used for the WWTP. [Sections 3 and 13]
- 3. A discussion of the design criteria used to size the unit processes. [Section 3]

LABORATORY SERV	ICES. Give name of laboratory that will provide services for self-monitoring and process control. [Section 3]
Firm Name:	Microbac Laboratories, Inc.
Street Address:	3323 Gilmore Industrial Road

City State Zin: Louisville, KY 40213

City, State, Zip:

F

- G. SITE LOCATION. Place a check (✓) by the items that are included in this application or an N/A if the item is not applicable to the project.
 - 1. Include a plat or survey clearly indicating the site's boundaries, position of proposed facility in reference to the boundaries, and position of dwellings within 200 feet of the WWTP. [Section 3]
 - N/A 2. If an open-top WWTP is closer than 200 feet to the closest dwelling, include what structure or other measures will be used for noise and odor control. [Section 4]
 - <u>N/A</u> 3. For a WWTP with a spray irrigation system, if the distance from the spray field to the property boundary is less than 20 feet, include what protective measures will be used to inhibit spray from crossing property boundary. **[Section 21]**
- H. OTHER INFORMATION TO BE SUBMITTED WITH APPLICATION. Place a check (✓) by the items that are included in this application or an N/A if the item is not applicable to the project.
 - If modifying or replacing an existing WWTP or sewer line, a closure plan indicating how the new facility will be constructed without a by-pass to a stream and the procedures that will be used for abandoning the existing facility.
 [Section 3]
 - 2. A Sludge Management Plan for WWTPs, including the sludge processing method and how sludge will be ultimately disposed. [Section 3]
 - 3. If the discharge point does not coincide with a blue line on a USGS map, a copy of a recorded deed, recorded other right of ownership, or recorded right of easement for a corridor to the nearest blue line stream. [Section 3]
 - N/A 4. A description of and detailed specifications for the flow measuring device. [Section 7]
 - <u>N/A</u> 5. If the WWTP discharges to a sinkhole or sinking stream, a plan for a groundwater tracer study (or a previously conducted groundwater tracer study). [Section 4]

V. SEWER LINES

Include the following items for projects that include sewer lines. If project is for only a WWTP, skip to next section. Place a

check (✓) by the items that are included in this application or N/A if the item is not applicable to the project.

N/A A. If the project includes a pump station, the pump performance curve. [Section 8]

- N/A B. If the project includes gravity sewer lines or force mains, a plan view and profile view for each. [Section 6]
- N/A C. A demonstration that the sewer system has adequate capacity to treat the current and the anticipated flow to the WWTP and that the sewer system is not subject to excessive infiltration or excessive inflow. **[Section 8]**
- N/A D. A demonstration that the WWTP has adequate capacity to transport the anticipated flow to the WWTP and the WWTP is not subject to excessive infiltration or excessive inflow. [Section 8]

VI. OTHER REQUIRED APPLICATIONS

A. If the WWTP has a discharge, complete and file with this application: KPDES Application (KPDES Form 1); and Form A, B,
 C, or Short Form C, as applicable.

____B. If the WWTP does not have a discharge, complete and file with this application the "No Discharge Operating Permit Application, Form ND."

VII. FEES

Fees. Check or money order must be made payable to "Kentucky State Treasurer" for the total amount. Fees do not apply for a municipality, sanitation district, or other publicly owned facility. [Section 5]

WWTP Category:	Intermediate	Amount:	\$ 900.00
Sewer Line Category:		Amount:	\$
		Total Amount:	\$_900.00

VIII. CERTIFICATION

I, the applicant, certify under penalty of law that this document and all attachments were prepared under my direction or supervision. 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 fine or imprisonment or both for known violations. **[Section 2]**

Applicant's Name and Official Title (Type or Print)		Phone Number (Include area code)	
Jacob Freeman		(314)-550-1167	
Signature	of o oftwar	Date 09/28/2020	

Form 1	KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM Permit Application					Division of Water	
NAME OF FACILITY: Timberland Wastewater Facility AGENCY USE ONLY							
PERMIT NO.: KY00837	755			COUNT	Y: McCracken		
 This is an application to: △ Apply for a new per ○ Apply for reissuanc ✓ Modify an existing A complete application con 	This is an application to: (check one) □ Apply for a new permit. □ Apply for reissuance of expiring permit. ✓ Modify an existing permit.* (Give reason for modification under Section III) A complete application consists of this form (Form 1), and one or more of the following: Form A, Form B, Form C, Form F, or Form SC.						
I. FACILITY AND CON	NTACT INFORM	ATION					
Name of business, munic	ipality, company, e	tc. requesting permit	: Bluegrass W	ater Utility	Operating Com	pany	
Owner Name (and Title i	f applicable): Josia	h Cox - President					
Owner Mailing Address ((Street, etc.): 1650	Des Peres Road, Sui	ite 303				
Owner City, State, Zip: S	St. Louis, MO 6313	1					
Owner Telephone Numbe	er: (314) 736-4672						
Owner Email Address: jo	cox@cswrgroup.co	m					
Type of Ownership:	□ Publicly Owned	Privately Owned	□ State O	wned	Both Publicly Privately Own	ned Federally Owned	
Contact Name and Title ((if different):						
Contact Mailing Address	(if different):						
Contact City, State, Zip (i	if different):						
Contact Telephone Numb	per (if different):						
Contact Email Address (i	f different):						
NetDMR Official Contac	t for Facility: Kale	b Stephens					
NetDMR Official Contac	NetDMR Official Contact Telephone Number: (715) 790-2559						
NetDMR Official Contact Email Address: kstephens@cswrgroup.com							
II. FACILITY LOCATION							
Facility Location (street, road, highway, etc.): Timberland Drive							
Facility City, State, Zip: I	Facility City, State, Zip: Paducah, KY 42086						
Facility Latitude (Decima	al Degrees): 27.079	938					
Facility Longitude (Decir	mal Degrees): -88.7	77579					
Attach a site location other map that ident	on map with the faci tifies the site location	ility and outfalls clea on and significant feat	rly marked. Pr atures.	ovide eithe	er an aerial map,	topographic map, or	

III. FACILITY DESCRIPTION

Provide a brief description of activities, products, etc.: Sanitary waste treatment facility for Timberland Subdivision

* Reason for modifying existing permit, if applicable: We are currently in the process of upgrading the plant.

Principal SIC Code and description: 4952 - Sewerage Syst	tems					
Other SIC Codes: N/A						
IV. OPERATOR INFORMATION						
Treatment Plant Operator Name: Stephen Roach						
Operator Mailing Address (Street, etc.): 5625 Warrendale	Drive					
Operator City, State, Zip: Paducah, KY 42003						
Operator Telephone Number: 502-744-1856						
Operator Email Address: sroach@midwestwaterop.com						
Operator Certification Class: IV	Operator Certification Number: 63051					
V. ENVIRONMENTAL PERMITS/REGISTRATIONS	S FOR THIS FACILITY					
KPDES Permit Number:KY0083755Issue Date of Current Permit:February 1, 2020						
Expiration Date of Current Permit: January 31, 2025	Date of Original Permit Issuance: Unknown					
□ Other DOW Permits (list):						
□ Sludge Disposal Permit Number:						
□ Air Emission Source Control Permit Number:						
□ Solid Waste or Special Waste Permit Number:						
□ Hazardous Waste Registration or Permit Number:						
□ Surface Mine or Underground Mine Permit Number:						
\Box Other (specify):						
VI. PERMIT FEE (See instructions)						
Select the type of permit being requested. See instructions for applicable fees and methods of payment. Additional information can be found in "General Instructions" at <u>Water.Ky.Gov/Permitting/WastewaterDischarge</u>						
□ Major Industry	□ Large Non-POTW					
Minor Industry	□ Intermediate Non-POTW					
□ Non-Process Industry	□ Small Non-POTW					
\Box Surface Mining Operation \Box 501(c)(3)						

Total Amount Enclosed \$		

IX. CERTIFICATION

I certify 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 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 the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE: Josiah Cox - President

SIGNATURE:

TELEPHONE NO. (314) 736-4672

DATE: 09/28/2020 EMAIL: jcox@cswrgroup.com

Return completed application form and attachments to: Division of Water Surface Water Permits Branch 300 Sower Boulevard, 3rd Floor Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

NAME OF FACILITY: Timberland Wastewater Facility					AGENCY USE ONLY			
PEF	RMIT NO.: KY0	083755	COUNTY: McCracken					
I. O	UTFALL LOCA	ATION						
	□ For each outfall, list the latitude and longitude of its location to five decimal points.							
	OUTFALL NUMBER	TFALLLATITUDELONGITUDEJMBERIn Decimal DegreesIn Decimal Degrees			RECEIVING WATER (name)			
	001	37.07917	-88.78111		West Fork Massac Creek			
II. I	FLOWS, SOUR	CES OF POLLUTION, AND TR	REATMENT TECHNO	LOGIES				
A.	Attach a line dr	rawing showing the water flow the effluent, and treatment units lab	rough the facility. Indic	ate sources of more detail	of intake water, operations contributing ed descriptions in Item B.			
 For each outfall, provide a description of: (1) operations contributing wastewater to the effluent; (2) the average and/or design flow contributed by each operation; and (3) the treatment received by the wastewater. 								
	(3) the treatmen	t received by the wastewater.	-					
	(3) the treatment	t received by the wastewater. SOURCES OF	WASTEWATER		TREATMENT DESCRIPTION			
	(3) the treatmen OUTFALL NUMBER	tt received by the wastewater. SOURCES OF Operations Contributing to Flow	WASTEWATER Average / Design (include unit	n Flow (s)	TREATMENT DESCRIPTION (refer to Table SC-1 for description)			
	(3) the treatmen OUTFALL NUMBER 001	nt received by the wastewater. SOURCES OF Operations Contributing to Flow 100%	WASTEWATER Average / Design (include unit .0071/.0025 M	n Flow (s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
	(3) the treatment OUTFALL NUMBER 001	nt received by the wastewater. SOURCES OF Operations Contributing to Flow 100%	WASTEWATER Average / Design (include unit .0071/.0025 M	n Flow (s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
	(3) the treatmen OUTFALL NUMBER 001	nt received by the wastewater. SOURCES OF Operations Contributing to Flow 100%	WASTEWATER Average / Design (include unit .0071/.0025 M	a Flow (s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
	(3) the treatmer OUTFALL NUMBER 001	nt received by the wastewater. SOURCES OF Operations Contributing to Flow 100%	WASTEWATER Average / Design (include unit .0071/.0025 M	a Flow s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
	(3) the treatmen OUTFALL NUMBER 001	nt received by the wastewater. SOURCES OF Operations Contributing to Flow 100%	WASTEWATER Average / Design (include unit .0071/.0025 M	a Flow (s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
Ш.	(3) the treatmer OUTFALL NUMBER 001 FACILITY DIS	At received by the wastewater. SOURCES OF Operations Contributing to Flow 100%	WASTEWATER Average / Design (include unit .0071/.0025 M	a Flow (s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
III. A.	(3) the treatment OUTFALL NUMBER 001 FACILITY DIS Check the appro-	At received by the wastewater. SOURCES OF Operations Contributing to Flow 100% CHARGE Opriate boxes indicating the types of	WASTEWATER Average / Design (include unit .0071/.0025 M	a Flow (s) (GD (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
ШІ. А.	(3) the treatment OUTFALL NUMBER 001 FACILITY DIS Check the appro- Check the appro-	At received by the wastewater. SOURCES OF Operations Contributing to Flow 100% CHARGE Opriate boxes indicating the types of wastewater (60% or more sanitary	WASTEWATER Average / Design (include unit .0071/.0025 M	h Flow (s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			
Ш . А.	(3) the treatment OUTFALL NUMBER 001 FACILITY DIS Check the approx ✓ Domestic □ Non-conta	At received by the wastewater. SOURCES OF Operations Contributing to Flow 100% CHARGE Opriate boxes indicating the types of wastewater (60% or more sanitary act cooling water	WASTEWATER Average / Design (include unit .0071/.0025 M	a Flow (s) GD	TREATMENT DESCRIPTION (refer to Table SC-1 for description) 1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P			

KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM

Permit Application

1

 $\hfill\square$ Other non-process was tewaters. Provide description:

SC
\sim

B.	B. Does discharge occur all year?							
	Yes.							
	How many days per week does discharge occur? 7							
	What is the average duration of discharge? Specify hours or days. 24							
	□ No.							
C.	2. Except for stormwater runoff, leaks, or spills, are any of the discharges intermittent or seasonal?							
		Yes. If yes, provide description	of approximate number, duration	, and volume of seasonal o	or intermittent flows.			
		No.						
D.	Prov The	vide the basis for design and sizing documents attached to the constru	g of the wastewater facility. Action permit application address	this question in detail.				
E.	If th	e facility is a new discharger, wha	at is the anticipated discharge date	e?				
	Trea	tment Plants Only to complete Se	ection F & G.					
F.	Doe	s all water used at facility (except	for human consumption) flow to	a treatment plant?				
		Yes.						
		No. If no, please describe.						
G.	Wha	at is the design capacity of the trea	atment system .025 MGD					
IV.	ARE	A SERVED BY WASTEWATE	R TREATMENT PLANT					
	NAME OF AREA OR COMMUNITYACTUAL POPULATION SERVED							
		Timb	perland Subdivision		210			
		Total	Population Served		210			
V. (COOI	LING WATER ADDITIVES						
	Are cooling water additives used?							
	Yes. In the table below, list each additive, its composition, concentration, and feed rate. Attach Safety Data Sheets for each.							
	No No							
	N	NAME OF ADDITIVE	COMPOSITION	CONCENTRATION	N FEED RATE			

VI. EFFLUENT CHARACTERISTICS

OUTFALL NO: 001

Complete Sections A, B, and C for each outfall.

A. What is the frequency and duration of flow? Continuous

B. In the first part of the table below, provide results of effluent analysis for each pollutant / parameter listed.

C. Samples below are from the Summer of 2020

POLLUTANT/PARAMETER	UNITS	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
$\square BOD_5$ or $\blacksquare CBOD_5$	mg/l	11	8.33	4
Total Suspended Solids	mg/l	29	20.2	5
E.Coli	colonies/ 100 ml	2419.6 with outliers 7.5 without	969.94 with outliers 3.5 without	5 with outliers 3 without
Total Residual Chlorine	mg/l	2.2	.91	5
Oil and Grease	mg/l	N/A	N/A	N/A
Chemical Oxygen Demand	mg/l	N/A	N/A	N/A
Total Organic Carbon	mg/l	N/A	N/A	N/A
Ammonia	mg/l	18	16.5	4
Discharge of Flow	MGD	N/A	N/A	N/A
рН	s.u.	7.79	7.44	5
Temperature (winter)	°C	N/A	N/A	N/A
Temperature (summer)	°C	28.6	26.44	5
METALS	UNITS		AVG CONCENTRATIO	DN
□ Antimony	μg/l			
□ Arsenic	μg/l			
□ Beryllium	μg/l			
Cadmium	μg/l			
□ Chromium	μg/l			
□ Copper	μg/l			
	μg/l			
Mercury	μg/l			
□ Nickel	μg/l			
□ Selenium	μg/l			
Silver	μg/l			
□ Thallium	μg/l			
□ Zinc	μg/l			

VII. CERTIFICATION

I certify 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 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 the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE: Josiah Cox - President				
SIGNATURE:	DATE: 09/28/2020			
TELEPHONE NO. (314) 736-4672	EMAIL: jcox@cswrgroup.com			

Return completed application form and attachments to: Division of Water Surface Water Permits Branch 300 Sower Boulevard, 3rd Floor Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

USGS QUAD MAP FOR TIMBERLAND SUBDIVISION WWTF PADUCAH, KY (HEATH QUAD MAP) CROTZER RD Cowlin-Cen 0 Heath 0 WOODVILLE RD WOODVILLE RD WASTEWATER FACILITY Cip. OUTFALL #001 1 6 1: 1 C'ENANCE AVE (996) CAIRO RD HINKLEVILLE RD [60] OLD CAIRO RD 13 Quartes-Cem D Saint Thomas Ce NA DO D Rives Cem-HINKLEVILLE 0 Barkley Future Regional Airport City HINKLEVILLE RD





Form	1
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KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM



Permit A	pplication
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NAME OF FACILITY: Timberland Wastewater Facility AGENCY USE ONLY				
PERMIT NO.: KY0083755	COUNTY: McCracken			
 This is an application to: (check one) Apply for a new permit. Apply for reissuance of expiring permit. Modify an existing permit.* (Give reason for modification under Section III) A complete application consists of this form (Form 1), and one or more of the following: Form A, Form B, Form C, Form F, or Form SC. 				
I. FACILITY AND CONTACT INFORMATION				
Name of business, municipality, company, etc. requesting permit: Bluegrass	Water Utility Operating Company			
Owner Name (and Title if applicable): Josiah Cox - President				
Owner Mailing Address (Street, etc.): 1650 Des Peres Road, Suite 303				
Owner City, State, Zip: St. Louis, MO 63131				
Owner Telephone Number: (314) 736-4672				
Owner Email Address: jcox@cswrgroup.com				
Type of Ownership:DPublicly OwnedPrivately OwnedDState OwnedDBoth Publicly and Privately OwnedFederally Owned				
Contact Name and Title (if different):				
Contact Mailing Address (if different):				
Contact City, State, Zip (if different):				
Contact Telephone Number (if different):				
Contact Email Address (if different):				
NetDMR Official Contact for Facility: Kaleb Stephens				
NetDMR Official Contact Telephone Number: (715) 790-2559				
NetDMR Official Contact Email Address: kstephens@cswrgroup.com				
II. FACILITY LOCATION				
Facility Location (street, road, highway, etc.): Timberland Drive				
Facility City, State, Zip: Paducah, KY 42086				
Facility Latitude (Decimal Degrees): 27.07938				
Facility Longitude (Decimal Degrees): -88.77579				
Attach a site location map with the facility and outfalls clearly marked. Provide either an aerial map, topographic map, or other map that identifies the site location and significant features.				

III. FACILITY DESCRIPTION

Provide a brief description of activities, products, etc.: Sanitary waste treatment facility for Timberland Subdivision

* Reason for modifying existing permit, if applicable: We are currently in the process of upgrading the plant.

-1 -1 -1 -1 -1 -1 -1 -1	Principal SIC C	Code and descript	tion: 4952 - Se	werage Systems
---------------------------------------	-----------------	-------------------	-----------------	----------------

Other SIC Codes: N/A

IV. OPERATOR INFORMATION

Treatment Plant Operator Name: Stephen Roach

Operator Mailing Address (Street, etc.): 5625 Warrendale Drive

Operator City, State, Zip: Paducah, KY 42003

Operator Telephone Number: 502-744-1856

Operator Email Address: sroach@midwestwaterop.com

Operator Certification Class: IV

Operator Certification Number: 63051

V. ENVIRONMENTAL PERMITS/REGISTRATIONS FOR THIS FACILITY

KPDES Permit Number: KY0083755	Issue Date of Current Permit: February 1, 2020
Expiration Date of Current Permit: January 31, 2025	Date of Original Permit Issuance: Unknown

 \Box Other DOW Permits (list):

□ Sludge Disposal Permit Number:

□ Air Emission Source Control Permit Number:

□ Solid Waste or Special Waste Permit Number:

□ Hazardous Waste Registration or Permit Number:

□ Surface Mine or Underground Mine Permit Number:

 \Box Other (specify):

VI. PERMIT FEE (See instructions)

Select the type of permit being requested. See instructions for applicable fees and methods of payment. Additional information can
be found in "General Instructions" at Water.Ky.Gov/Permitting/WastewaterDischarge

Major Industry	Large Non-POTW
Minor Industry	Intermediate Non-POTW
Non-Process Industry	Small Non-POTW
Surface Mining Operation	501(c)(3)

Total Amount Enclosed \$		

IX. CERTIFICATION

I certify 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 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 the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE: Josiah Cox - President

SIGNATURE:

TELEPHONE NO. (314) 736-4672

DATE: 1/27/2021 EMAIL: jcox@cswrgroup.com

Return completed application form and attachments to: Division of Water Surface Water Permits Branch 300 Sower Boulevard, 3rd Floor Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

Form SC

NA	ME OF FACILIT	Y: Timberland Wastewater Facil	ity	AGENCY US	SE ONLY	
PERMIT NO.: KY0083755 COUNTY			COUNTY:	McCracken		
I. (OUTFALL LOCA	ATION				
	For each outfall	l, list the latitude and longitude of	its location to five decim	al points.		
	OUTFALL NUMBER	LATITUDE In Decimal Degrees	LONGITUD In Decimal Deg	E rees	RECEIVING WATER (name)	
	001	37.07917	-88.78111		West Fork Massac Creek	
II.	FLOWS, SOUR	CES OF POLLUTION, AND TR	REATMENT TECHNO	LOGIES		
A.	Attach a line dr wastewater to th	rawing showing the water flow the effluent, and treatment units lab	rough the facility. Indic	ate sources more detail	of intake water, operations contributing ed descriptions in Item B.	
B.	For each outfall (1) operations c (2) the average (3) the treatmen	l, provide a description of: ontributing wastewater to the efflu and/or design flow contributed by tt received by the wastewater.	each operation; and		•	
	OUTFALL SOURCES OF WASTEWATER TREATMENT DESCRIPTION					
	NUMBER	Operations Contributing to Flow	Average / Design (include unit	n Flow ts)	(refer to Table SC-1 for description)	
	001	100%	.0071/.0025 M	GD	1-Y, 3-I (MBBR), 1-U, 2-F, 2-E, 3-L, 5-A, 4-A, 3-P	
					2-H (PAA)	
III	. FACILITY DIS	CHARGE				
A.	Check the appro	opriate boxes indicating the types	of wastewater discharged	1.		
	Domestic	wastewater (60% or more sanitary	v sewage)			
□ Non-contact cooling water						
	□ Filter backwash					

KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM

Permit Application



Other non-process wastewaters. Provide description:

В.	B. Does discharge occur all year?						
	Yes.						
		How many days per week does a	discharge occur? 7				
		What is the average duration of	discharge? Specify hours or days	. 24			
	□ No.						
C.		Except for stormwater runoff, le	aks, or spills, are any of the disch	arges intermittent or seaso	onal?		
		Yes. If yes, provide description	of approximate number, duration	, and volume of seasonal c	or intermittent flows.		
		No.					
D.	Prov The	vide the basis for design and sizing documents attached to the constru	g of the wastewater facility. action permit application address	this question in detail.			
E.	If th	e facility is a new discharger, wha	at is the anticipated discharge date	e?			
	Trea	ttment Plants Only to complete Se	ection F & G.				
F.	Doe	s all water used at facility (except	for human consumption) flow to	a treatment plant?			
	Ves.						
	□ No. If no, please describe.						
G.	G. What is the design capacity of the treatment system .025 MGD						
IV.	IV. AREA SERVED BY WASTEWATER TREATMENT PLANT						
		NAME OF A	AREA OR COMMUNITY		ACTUAL POPULATION SERVED		
	Timberland Subdivision 210						
	Total Population Served210						
V. (V. COOLING WATER ADDITIVES						
	Are	cooling water additives used?					
	Yes. In the table below, list each additive, its composition, concentration, and feed rate. Attach Safety Data Sheets for each.						
	No No						
	N	NAME OF ADDITIVE	COMPOSITION	CONCENTRATION	N FEED RATE		

VI. EFFLUENT CHARACTERISTICS

OUTFALL NO: 001

Complete Sections A, B, and C for each outfall.

A. What is the frequency and duration of flow? Continuous

B. In the first part of the table below, provide results of effluent analysis for each pollutant / parameter listed.

C. Samples below are from the Summer of 2020

POLLUTANT/PARAMETER	UNITS	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
\Box BOD ₅ or \mathbf{M} CBOD ₅	mg/l	11	8.33	4
Total Suspended Solids	mg/l	29	20.2	5
E.Coli	colonies/ 100 ml	2419.6 with outliers 7.5 without	969.94 with outliers 3.5 without	5 with outliers 3 without
Total Residual Chlorine	mg/l	2.2	.91	5
Oil and Grease	mg/l	N/A	N/A	N/A
Chemical Oxygen Demand	mg/l	N/A	N/A	N/A
Total Organic Carbon	mg/l	N/A	N/A	N/A
Ammonia	mg/l	18	16.5	4
Discharge of Flow	MGD	N/A	N/A	N/A
рН	s.u.	7.79	7.44	5
Temperature (winter)	°C	N/A	N/A	N/A
Temperature (summer)	°C	28.6	26.44	5
METALS	UNITS		AVG CONCENTRATIO	DN
□ Antimony	μg/l			
□ Arsenic	μg/l			
□ Beryllium	μg/l			
□ Cadmium	μg/l			
□ Chromium	μg/l			
□ Copper	μg/l			
	μg/l			
Mercury	μg/l			
□ Nickel	μg/l			
□ Selenium	μg/l			
Silver	μg/l			
Thallium	μg/l			
□ Zinc	μg/l			

VII. CERTIFICATION

I certify 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 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 the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE: Josiah Cox - President	
SIGNATURE:	DATE: 1/27/2021
TELEPHONE NO. (314) 736-4672	EMAIL: jcox@cswrgroup.com

Return completed application form and attachments to: Division of Water Surface Water Permits Branch 300 Sower Boulevard, 3rd Floor Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

USGS QUAD MAP FOR TIMBERLAND SUBDIVISION WWTF PADUCAH, KY (HEATH QUAD MAP) CROTZER RD Cowlin-Cen 0 Heath 0 WOODVILLE RD WOODVILLE RD WASTEWATER FACILITY Cip. OUTFALL #001 1 6 1: 1 C'ENANCE AVE (996) CAIRO RD HINKLEVILLE RD [60] OLD CAIRO RD 13 Quartes-Cem D Saint Thomas Ce NA DO D Rives Cem-HINKLEVILLE 0 Barkley Future Regional Airport City HINKLEVILLE RD



